

Aspire Community Benefit Society Limited

Aspire Specialised Supported Living Service

Inspection report

2 Westfield Court
Lower Wortley Road
Leeds
LS12 4PX

Date of inspection visit:
19 April 2022
28 April 2022
30 April 2022
17 May 2022

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30 June 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Aspire Specialised Supported Living Service is a supported living service providing personal care to 14 people at the time of the inspection. The service can support up to 15 people with learning disabilities and autism.

People's experience of using this service and what we found

Right Support

People's independence was promoted and staff encouraged people to take control of their own care. People's care and support needs were assessed before they started to use the service and care plans were reviewed regularly. Risks associated with people's care were assessed to identify how their care could be provided safely. Staff supported people to achieve their goals, take part in meaningful activities and pursue their interests where staffing levels permitted. However, the service had struggled with staffing levels at various times throughout the COVID-19 pandemic and this had impacted the consistency of some people's care. We discussed this with the leadership team who evidenced steps taken to promote recruitment and retention of staff through regularly advertising for jobs, financial incentives and a local recruitment drive.

Right care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People had access to health care professionals when they needed them. The provider had systems in place to support people with end of life care. Medicines were not always managed safely; records contained gaps and did not always clearly identify details on how people's medicines should be administered. Medicines were not always stored safely.

Right culture

People received good quality care, support and treatment because staff were trained in areas related to their needs and they received regular supervision from support leaders. Feedback from relatives on the culture within the service was mixed. Some relatives felt support and care had been provided to a high standard with very good outcomes for people. However, other relatives were equally as concerned with the outcomes for people and felt this was because of a lack of continuity and motivation within people's allocated staff teams.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Aspire Specialised Supported Living Service

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One Inspector, a member of the CQC medicines team and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Aspire Specialised Supported Living Service is a supported living service. This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. However, a manager had been

recruited and was going through the registration process at the time of our inspection.

Notice of inspection

We gave a short period notice of the first inspection visit because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this. We gave the service 48 hours' notice of the inspection. Subsequent visits were unannounced.

Inspection activity started on 19 April 2022 and ended on 17 May 2022.

What we did before inspection

We reviewed information we received about the service. We asked the service's manager to send us information relating to people's addresses, communication needs and asked the manager to gain consent from people and their relatives for us to visit or contact them. We sought feedback from professionals who work with the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We communicated with four people who used the service and 10 relatives about their experience of the care provided. To communicate verbally with people effectively we tailored our communication to suit people's preferences. We also observed people's body language.

We spoke with 11 members of staff including the senior area manager, the area manager, service manager, support leaders, support workers and professionals involved in delivering training to staff.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We made observations of people's care to understand their experience.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also reviewed records relating to staffing levels and additional policies.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medication was not always managed safely. Medication administration records (MARs) had not been completed in accordance with current guidance and did not always have information recorded to accurately state how medicines should be administered. Medication was not always stored at the correct temperatures.
- Dosage instructions for prescribed medication had been incorrectly recorded on people's handwritten MARs and were not always signed by two staff. For example, one person had a medication which could be prescribed in three different strengths, the dosage had not been recorded on their MAR. Names of medication was not always recorded accurately.
- Instructions for medication to be given at specific times was not always available. Administering medication as directed by the prescriber reduces the risk of the service user experiencing adverse effects or the medication not working as intended. For example, one person was prescribed a medication which should be taken 30 minutes before breakfast when the stomach is empty, these instructions were not available on the MAR.
- Temperature records to ensure the safe storage of medication requiring refrigeration were completed daily. However, they were consistently outside of the manufacturers recommended range. No action had been taken.
- MAR folders did not always contain a photograph of the service user to reduce the risk of medication being given to the wrong person.
- The providers medication audit had not identified the issues found on this inspection.

The provider had failed to ensure the safe management of medication. This placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staffing levels at the service had been impacted during the COVID-19 pandemic, this had impacted consistency across some people's allocated staff teams. However, the provider demonstrated steps they had taken to address the issue.
- The provider had experienced a fall in applicants for roles within the service. To promote recruitment the provider had financed continual advertisements, a leaflet drop around the local area and implemented financial incentives for staff who could refer successful applicants. Bonuses for staff were also implemented if they remained in the role for six months following their start date.
- Where possible staff had been deployed to meet people's needs. Staffs skills were considered to ensure

they were placed within a person's team who would benefit from their skills, values and experience. However, due to the impact on staffing levels, some people were unable to benefit from this approach.

- Feedback from relatives regarding staffing levels were mixed. One relative said, "It's brilliant, amazing. They know exactly how to support (person)." Another relative said, "It's okay but they're short staffed and one to one care is missed."
- We discussed this with the management team and they provided evidence of several new candidates who were going through the appropriate recruitment checks before a start date could be confirmed.

We recommend the provider continues to prioritise the deployment of safe staffing levels.

- Appropriate recruitment checks were carried out before staff started to work at the service. This ensured people were protected from the risks of unsuitable staff. People living at the service were involved in interviewing applicants.

Systems and processes to safeguard people from the risk of abuse

- The provider had implemented robust safeguarding systems to protect people from the risk of abuse. People told us they felt safe at the service. One person said, "Yes I feel really safe. I love my staff, (staff member) is a fantastic woman."
- Staff have a good understanding of how to raise a safeguarding concern and who to contact. One staff said, "I'd go to my support leader or the manager. If I didn't feel confident in telling them I'd contact head office, the local authority or CQC."
- Staff had received online safeguarding training and the proposed registered manager had a good understanding of safeguarding thresholds and their responsibilities in escalating safeguarding incidents appropriately.

Assessing risk, safety monitoring and management

- Risks associated with the provision of people's care and support had been assessed. Risk assessments were comprehensive and person centred.
- Staff understood how to access information associated with the management of risk. One staff said, "All the information about managing risks is in people's care plans."
- Staff and management had a good understanding of how risk should be assessed, monitored and managed. One staff said, "Risks are dealt with well here. When incidents happen, contingencies are put in place and the person's assessment is updated."

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keeping the premises clean and hygienic.
- The service prevented visitors from catching and spreading infections and the service ensured people moved into the service safely.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices. Plans were in place to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date. The service supported visits for people living in the home in line with current guidance.

Learning lessons when things go wrong

- The provider had systems in place to analyse accident and incidents so lessons could be learnt to improve practice and people's support.
- Management and staff understood the importance of recording accidents and incidents accurately. Staff described where accident and incidents would be recorded.
- The manager provided examples of incidents which had informed learning and which had subsequently improved people's care.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this domain for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the service. Information was gathered from people, their relatives and professionals involved. This information was then used to develop people's care plans and identify people's individual needs.
- Staff were able to explain how people's needs were assessed during transition into the service. They also explained how COVID-19 had impacted transitional work and what was done to manage the impact on people. One staff said, "It has been really difficult because of COVID-19. For example, we worked with one person for eighteen months before they came into the service. We provided assurances activities wouldn't be impacted and how we would develop their independence. Then when they moved in, COVID-19 started and we had to completely alter support because places closed and we had restrictions to deal with. We made sure though we altered things rather than take them away, so we did a lot in house activities, we used reasonable adjustments to access community based activities and we adjusted the transition by putting (person) in control."

Staff support: induction, training, skills and experience

- Staff received a robust induction and received regular training. While some training courses had been difficult to access due to COVID-19 restrictions, training was at almost full compliance at the time of inspection.
- The provider had accessed specialist autism training. The trainer said, "The staff are massively knowledgeable, it would be most unusual to get a member of staff who isn't really engaged and enthusiastic about training. To be fair Aspire are very keen to get staff through this training. One of the sessions is about debunking the stereotypes to do with autism such as, people won't engage or can't cope with change, when it's actually more about how to support people with that."
- Staffs skill and experience was identified during interview and induction. This was then considered when developing people's teams. Service managers were reviewing staff rotas at the time of inspection to increase consistency in all people's staff teams. Evidence was provided following the inspection of people's staff teams being more consistent, although further development was needed.
- Staff praised the support, advice and regular supervisions received from support leaders. One staff said, "(Support leader) is absolutely brilliant, they do so much work and really support the staff. I have regular supervisions with them."

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were clearly recorded in their care plans. However, support relating to maintaining a balanced diet varied dependent on the consistency within people's staff team. For example, one person

had been supported to access a healthy eating course where they learnt how to maintain a healthy diet and prepare food.

- Some relatives felt people's diets were not managed well. One relative said, "I fill (persons) fridge with healthier choices and they're often not used."
- People we spoke with were happy with how they were supported to maintain a healthy diet. One person said, "I'm on a healthy diet. I get to choose what I have; I don't mind a bit of change, but I like what I pick and staff help me with healthy food."

Adapting service, design, decoration to meet people's needs

- People were able to choose how their rooms, flats and homes were decorated. People had personal items in their own rooms and homes were individualised with people's belongings.
- The provider had considered how people with autism can be affected by their environment and where appropriate significant changes had been made to ensure people were comfortable where they lived. For example, open plan flats had been altered to have separate rooms after the provider had advocated on behalf of people to the relevant housing group.

Supporting people to live healthier lives, access healthcare services and support

- The provider had worked in partnership with external professionals to manage and review people's support and care. External professionals such as dieticians, social workers and GP's were involved and actively contributed to regular reviews.
- People had access to support from healthcare professionals when needed. We saw records in people's care plans with details of appointments.
- People had been supported to express their views around health and wellbeing. For example, when people had requested for their medicines to be reviewed, they were supported to understand why they had a medication, what it was for and any side effects. People were then supported to express their views on taking specific medicines to their GP.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make decisions was assessed and retained within their care records. We saw best interest decisions were made and followed by staff where necessary. Best interest decisions were documented appropriately.
- Staff received training and understood the requirements of the MCA. Staff told us they asked for people's consent before providing support and they would not ask people to do something they didn't want to do.
- Staff had arranged for independent mental capacity advocates (IMCA) to advocate on someone's behalf

when best interest decisions were being made.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection in this domain for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us their care was provided with kindness, respect and warmth. One person said, "I like my staff, they're good girls, especially (staff member)".
- Staff had a good understanding of how to support people in line with their needs, preferences, likes and dislikes. One staff said, "It's about making sure that the individual is treated as an individual with their needs and not just another number where tasks are ticked off. No one person is the same."
- Some people's relatives felt positive outcomes had been achieved as a direct result of staff's support. One relative said, "(Staff) are marvellous and they really know (person) and (persons) confidence has come on so much, (the support) is in a different league."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and where people were unable to communicate the provider had advocated on their behalf or sought advocacy from relatives or IMCA's.
- People were encouraged to express opinions about their care and were involved in decision making processes. Plans to support people in achieving their expressed goals were carefully considered to maximise the potential for success.

Respecting and promoting people's privacy, dignity and independence

- Staff had a good understanding of how to promote and protect people's privacy and dignity. People were encouraged to be in control of their lives and independence was promoted.
- One staff said, "It's been baby steps sometimes, but that's so we're moving at the persons pace and with how their autism affects them. We'll identify what someone wants to do from what they say and then we look at how we can make it so that person does that thing as independently as possible. With all the people it's about them taking the lead and giving them that control."
- One staff said, "It's really important if we're giving personal care, to do simple things like closing the door, shutting the curtains, just making sure it's as dignified as possible."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection in this domain for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans described their health and social care needs in detail. Care plans included guidance on how people wished to be supported and what they did not want staff to do.
- Care plans reflected the principles of right support, right care and right culture. They clearly stated - when people wished to be independent and what they required support with. People's preferences relating to activities and community interaction were also clearly recorded.
- Staff had a good understanding of people's needs. They were able to tell us in detail about people's needs, choices, likes and preferences. For example, a staff member told us how they supported a person with their choice to manage a legal matter with the court of protection which had directly impacted their care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were clearly stated within their care plans. Staff demonstrated a good understanding of how to communicate effectively with people and interactions between staff and people appeared natural to the person.
- Staff offered advice to the inspection team in how to effectively communicate with people. For example, on one of our visits, before entering the main part of the premises, the staff member advised inspectors to avoid certain phrasing as this would cause the communication to break down.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Feedback relating to activities was mixed. People reported they received support to engage in all desired activities; however, some relatives felt activities hadn't been carried out in line with people's interests but noted this was starting to improve.
- We discussed this with the service manager who said, "We have struggled at times because of retention of staff and usually relatives' concerns track back to consistency of staff. So, we've continued to recruit and skill match people and because of the new staff we've recruited we have started to see an improvement. Where before we were managing the impact for some people, we are now seeing improvements in accessing activities and good outcomes for everyone. I think given how difficult it's been with staffing some of the outcomes we've achieved for people have been really amazing."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. Complaints were recorded accurately in a log and outcomes were reviewed to identify lessons which could further improve people's care.
- People and relatives knew who to contact if they had concerns and people felt confident, they would be listened to. One person said, "I'd tell the manager or (support leader) if I wasn't happy."

End of life care and support

- People had plans for how they wanted to be supported at the end of their life and any subsequent arrangements they wished to be carried out. Where possible, people had created end of life plans themselves with a copy present alongside their care plan.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a manager in post who was going through the registration process with the CQC. They had been involved in the service since it's opening and there was a robust management team in place including the proposed registered manager, service managers and support leaders. The services senior area manager was also actively involved with the service.
- Staff feedback on how the service was run was generally positive with praise for support leaders specifically. However, some staff felt management engagement and support could improve.
- One staff said, "I think the (manager) and (service managers) are sometimes too removed from the service. I think if they were more active in supporting us it would improve staff wellbeing. It is difficult because they've been faced with a lot of difficulties."
- Another staff said, "(All) the managers are really good, if I've got a problem they're straight on it for you. If I've raised a concern, they've been really good in responding."

We recommend the provider continues to develop staffs support systems.

- The provider had auditing systems in place and internal audits were carried out regularly within each supported living setting. However, medication issues had not been identified through the providers medication audit. Please refer to the safe section of this report for action taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People felt engaged and involved in the service. Observations of care and interactions demonstrated staff empowering people to be in control of their care. Peoples care plans and records demonstrated a person centred culture throughout the service.
- Staff felt empowered to promote people's independence and advocate to the provider on people's behalf. One staff said, "We're always taking things to the support leaders to say (person) wants to do this and we always find the best way to achieve that. I'd have no problem raising that to higher management if I needed to."
- Staffs achievements were awarded and celebrated in the providers quarterly newsletter.

Working in partnership with others

- The provider worked in partnership with external agencies and specialists to tailor care to people's specific needs. Reviews were held regularly with care management teams which included social workers, family members and other professionals where appropriate.
- The specialist autism trainer who worked closely with the service explained the provider encourages them to remain engaged with the service. They explained they had carried out follow up work which had been used to inform future training sessions. They said, "Aspire are very open to advice, the training is extremely interactive and gives lots of opportunities to feed back. With aspire because they do have very small groups, we do get a chance to focus it on the individual client that group works with. I think it's very productive."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The management team had a good understanding of their responsibilities relating to duty of candour. The manager told us how information should be shared when things went wrong and who it should be shared with.
- The provider carried out regular analysis of accidents and incidents and complaints to identify areas of improvement. The provider was open and transparent about the difficulties they have faced in relation to staffing levels and the impact this has had. This meant the provider had been able to implement plans to reduce the impact wherever possible and in some cases, achieve very good outcomes for people.
- The senior area manager said, "We're a relatively new service and we're still developing. We've had the difficulties with retention of staff and COVID-19 really threw a spanner in the works; but we've implemented a lot of incentives to improve staffing levels and we're starting to see better retention. Even when that's where we want it to be though, we'll continue to look for areas we can improve. I'm really proud of what's been achieved for people at (Aspire Specialised Supported Living Service)."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the safe management of medication. This placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.