

Aspects 2 Limited

Aspects 2 Supported Living Service

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

About the service:

Aspects 2 Supported Living Service provides care and support to people living in a 'supported living' setting so that they can live in their own homes as independently as possible. The service was supporting 17 people at the time of our inspection who received personal care and support in seven 'supported living' settings.

People's experience of using this service:

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The principles and values of Registering the Right Support and other best practice guidance were seen to be met in the following ways:

- People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.
- Staff understood how to communicate with people effectively to ascertain and respect their wishes. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- People were protected from abuse and discrimination
- People were supported to access their local community and supported to prevent becoming socially isolated.
- Systems for monitoring the quality and risks in the service had improved. Some time was needed for the provider to complete and evaluate some of their recently introduced improvements.
- People told us they were happy living where they did and that care staff were good.
- Improvements had been made to care and support plans, staff morale, quality monitoring, managing complaints and medicine management.
- Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents and concerns.
- The service assessed risks to people's safety and plans were in place to minimise those risks.
- We received positive feedback from people, their relatives and health and social care professionals and were told things had improved since our last inspection.
- The provider had recruited a new manager who was in the process of registering with CQC and a quality manager who was responsible for monitoring the quality of the service. A service improvement and action plan was in place.
- The new manager had sent out surveys to relatives and was due to send out to people supported by the

service soon to get their views, seek feedback and make improvements where appropriate.

- People were supported by staff who had received the training and support they needed to provide effective care.

Rating at last inspection: At the last inspection on 27 and 30 July and 1 August 2018 the service was rated as Requires Improvement. (This report was published on 25 September 2018).

Following the last inspection, we asked the provider to complete an action plan to show us what they would do and by when to improve the key questions, 'Is the service safe, effective, caring responsive and well led?' to at least Good.

In September 2018 and March 2019 the provider told us they had changed the management structure and had employed a quality manager to ensure regular audits were completed. An on-going service improvement plan had also been implemented.

Why we inspected: We inspected this service as part of our on-going Adult Social Care inspection programme. This was a planned inspection based on the previous Requires Improvement rating. We also followed up on progress against agreed action plans to address the two breaches in regulation found at our inspection in July and August 2018. Previous CQC ratings and the time since the last inspection were also taken into consideration.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner. We will also ask the provider to send us an improvement plan to show us what they would do and by when to improve the key question, 'Is the service well led?' to at least Good.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our well-led findings below.

Aspects 2 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one adult social care inspector.

Service and service type:

Aspects 2 Supported Living provides care and support to people living in a 'supported living' setting so that they can live in their own homes 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.

The service did not have a manager registered with the Care Quality Commission. A registered manager is legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had started three weeks before our inspection and was planning to complete their registration with CQC.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started on 21 March 2019 and ended on 26 March 2019. We visited the office location on both days to see the manager and office staff and to review care records and policies and procedures. We visited two 'supported living' settings where people resided, to speak with people and staff about their experiences.

What we did:

We reviewed information we had received about the service since the last inspection. This included previous inspection reports and details about incidents the provider must notify us about, such as abuse, serious injuries and deaths. We used information the provider sent us in their Provider Information Return as part of our Provider Information Collection. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During our visit to the service's office we looked at four people's care records and files relating to staff development and the management of the service. We spoke with six care staff, the quality manager, senior manager and the new manager. We also spoke with three people and five relatives by telephone and received feedback from one health care professional. We looked at recruitment records, records of incidents and accidents and complaints. We also looked at a selection of audits and quality assurance reports.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection in July and August 2018, we asked the provider to take action to make improvements to managing medicines safely, improve agency worker's induction and update risk assessments. This action had been completed and the provider met the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence

Systems and processes to safeguard people from the risk of abuse

- The manager reported and shared appropriate information with the provider and relevant agencies to safeguard people.
- The provider's policies and procedures supported people's and staff's' diversity and equality and any form of discrimination or harassment was not tolerated.
- A new easy read document was used by staff to explore with people if they felt safe with support workers, if they knew what 'bullying' was and if they had any complaints or concerns.

Assessing risk, safety monitoring and management

- Following our previous inspection risk assessments had been completed to reflect current risks to people.
- Regular health and safety checks, including cleaning schedules were in place and any issues were reported appropriately.
- Following our previous inspection staff received a comprehensive induction and sufficient training and mentoring by more senior staff. Newly recruited staff told us they felt fully supported to provide safe and effective care.

Staffing and recruitment

- The manager routinely reviewed the staffing numbers with the provider. Each person was allocated individual support hours as per their contract.
- New staff had been recruited using safer recruitment procedures and there were enough staff with the right skills and experience to look after people.

Using medicines safely and Preventing and controlling infection

- All staff had training in infection control and protective aprons and gloves were used where appropriate.
- Medicine administration records (MAR) were used to record when people received their prescribed

medicines and the dose of the medicine given. MARs showed that people had received their medicines as prescribed and these were checked to ensure there were no recording errors.

- Staff who administered medicines had received training and their competency was checked.

Learning lessons when things go wrong

- A record of incidents and accidents was kept which showed these were appropriately responded to. The action taken was reviewed and lessons learned to ensure this action remained effective in preventing future incidents and harm to people.
- The manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and for staff. On-going action and improvement plans were in place to improve areas of the service since our last inspection.
- The provider had employed a quality manager who was responsible for overseeing all areas of the service and ensuring action plans were being completed effectively.

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

- People's needs were assessed before they received care from the service to ensure staff had the skills and capacity to meet their needs.
- The service worked in collaboration with a range of external health and social care services including the Community Learning Disability Team (CLDT) to plan people's care.

Staff support: induction, training, skills and experience

- All the staff we spoke with told us they felt fully supported by the new provider. One staff member said, "Things have really improved, there are staff inductions, lots of training and there is always someone to talk to now and I get regular supervisions." One to one supervisions were planned in advance every eight weeks for staff and a system was in place to ensure the provider and manager could monitor these took place and were able to audit these records.
- The Care Certificate had been introduced and newer members of staff were completing this as part of their induction. The Care Certificate is a set of nationally recognised standards to ensure staff new to care developed the skills, knowledge and behaviours to provide safe, compassionate and high-quality care.

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

- People were able to choose the food they wanted and were supported by staff to assist with food preparation. People were supported to eat a healthy diet and to manage their dietary needs. One relative said, "The staff do encourage [The person] to eat healthy food; however, it does depend on which staff is on shift, some are better than others."
- People had been referred to the dietician or Speech and Language therapist when needed for advice around their diet. Safe eating and drinking guidelines were in place for those who required them. All the relevant information was accessible to staff.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support

- Staff worked with other health care services and professionals to help prevent unnecessary hospital admissions and maintain people's health.
- People received support to keep them healthy. People had access to a range of medical professionals including; dentists, doctors, chiropodists and opticians. All planned appointments were communicated

through shift handovers and using communication books. One relative told us that a dentist appointment had been missed however; staff had sorted another one out.

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

- Each service we visited was clean and tidy and had communal areas for people to socialise if they wished. Each person's bedroom was decorated to their taste and people were able to have their pictures, photographs and possessions as they wished. People were consulted on how the communal areas should be decorated. People were asked in easy read documents we saw whether they liked the decoration in their homes and if they would like any changes.
- People's mobility needs had been considered when initial assessments had taken place and each person's home was suitable for their required needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- The service obtained people's consent to care and treatment in line with legislation and guidance. For people who lacked the mental capacity to consent, written records showed mental capacity assessments and best interest decisions had been completed and documented to comply with legislation. Care was delivered to people in the least restrictive way.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Ensuring people are well treated and supported; equality and diversity

- Staff treated people with kindness, respect and compassion. Feedback from people was positive about the way staff treated them. One person said, "They help me. I can go out by myself if I want to, I get on the train or bus. But when I'm here they help me with things. They are nice."
- Staff understood people's personal, cultural, social and religious needs.
- People's independence was supported. One relative said, "They really try to encourage [The person] to do as much for themselves as possible. Some staff are really good and we don't worry at all." One person was being supported to look for employed work and the service was pursuing local businesses to support them to increase their independence.

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

- The staff team discussed with people and helped people explore their needs and preferences in relation to support received.
- People living with a disability or sensory loss was given information in a way they could understand. Improvements had been made and the service met the requirements of the Accessible Information Standard (AIS). Pictures and easy read documents were available to support people to express their views and facilitate communication for people and their relatives.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us people's privacy and dignity was maintained when staff delivered their care.
- People's care plans highlighted what people could do independently and areas they required support with. Care plans also highlighted the importance of respecting privacy and dignity.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. There were many examples of easy read documents which meant people could understand relevant information. The new manager had sent out a welcome letter to people using the service introducing herself and how to contact her in an easy read format.
- Arrangements were in place to support those who found socialising more difficult and who were at risk of social isolation. Activity planners were in place and people were able to choose how they spent their time.
- People took part in a range of activities such as; local walks, swimming, local socialising groups for people living with a disability going to the local gym, bowling and shopping. One person said, "I do lots, I've been for a walk and swimming today. We have a car now so we can go more places. It's much better."
- A new easy read document had been implemented for staff to use to support people to make choices about how to spend their time, important things to them and if they wanted any changes to the support they received to make choices.
- One person had requested to undertake work experience within the main office. Their request had been accommodated and they worked two to three hours per week helping with the day to day running of the office and answering the telephone.
- The provider had implemented new and updated care plans and people had more structured activity planners.

Improving care quality in response to complaints or concerns

- People, relatives and other visitors to the service could raise a complaint or concern and felt they were now being listened to. At our previous inspection this was an area that required improvement. Relatives told us they had a point of contact now and were happy that any concerns raised would be dealt with effectively. One relative said, "I have no concerns, there has been so much progress. There are lots of opportunities now and I know who to contact and I visit regularly so I would know if things were not right."
- The provider had a complaints policy and procedure which outlined how complaints would be responded to. These were provided to people in an easy-read format to meet people's needs.

End of life care and support

- No one was nearing their end of life at the time we visited, but staff were aware of how end of life care should be delivered. Staff told us they would support people at the end of their life to have a comfortable and dignified death. There were well established links with GP's, pharmacies, community nurses to support

people if required.

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At the last inspection in July and August 2018, we rated this key question Inadequate. We asked the provider to take action to make improvements to their auditing and quality assurance systems, seeking feedback from people and their relatives, ensuring information was readily available and improving lines of communication. This action had mostly been completed and the provider met the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 and this key question has improved to Requires Improvement.

Further time was required for the provider to complete and evaluate the planned actions in relation to care plan format changes, people and relative feedback systems and communication with relatives and people.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- A new manager had been employed three weeks before our inspection and had submitted her application to register with CQC. The new manager told us they were committed to improving the service and felt like the management team had all of the relevant skills and knowledge to make sustained improvements. The new manager felt fully supported by the provider and told us, "I know there is still lots of work to do. I need to build relationships and ensure people and their families are happy with the services we provide. I feel having service managers who are responsible for the day to day running of locations and a quality manager in place enables me to do my job effectively."
- The manger told us the service had improved since our last inspection and the service was further working towards improving for example, the care plan format to ensure people received person centred care as planned and meeting with relatives and people to improve communication.
- Senior managers and the quality manager told us sufficient quality monitoring and audits were in place to ensure all areas of the service were being monitored. This included monitoring of medicine management, health and safety, care and support planning and staff training.

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

- The management team were supported by new and existing staff who were committed to the service.
- Regular senior manager meetings were held. Records showed that relevant issues were discussed and actions had been taken to address these. This had resulted in positive outcomes for people supported by the service.
- Regular reviews took place of all risk and quality issues with the senior management team, which resulted

in these being promptly addressed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The new manager had sent out quality assurance surveys to relatives the week before our inspection and was in the process of collating and analysing the results. The manager told us, "This is the only way we can get the points of view from relatives and ensure we are dealing with any areas that require improvement." A survey was still being introduced for people using the service in a way that each person could understand, for example; easy read questions and pictures. Time was still needed for these feedback systems to become embedded in the service and evaluated for their effectiveness.
- Managers were open to receiving feedback and suggestions which could help improve the overall service provided. One relative we spoke to said, "Things have drastically improved; however, they are not perfect. The new manager has introduced herself and we look forward to meeting them soon."

Continuous learning and improving care

- The provider held regular meetings with staff to discuss work practices, training, development needs and staffs' wellbeing. All the staff we spoke with told us they were happy in their job roles and had all the required training and support to do their job effectively.

Working in partnership with others

- The service had worked collaboratively with CQC and the local authority since the last inspection. Regular multi-agency meetings had been held and representations of the provider had attended and given updates on improvements to the service.
- Close working arrangements with local NHS hospitals and commissioners of health and social care helped people access and sustain the support they required. Each person had a health action plan which would be used to give medical staff guidance on areas such as; communication, health needs, medication and any barriers people may have to accessing medical help.