

Aspire Living Limited

Aspire Living - 94 Chatsworth Road

Inspection report

Westfields
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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?	Good ●

Summary of findings

Overall summary

The inspection took place on 23 and 24 August 2017. The first day of our inspection was unannounced.

Aspire Living - 94 Chatsworth Road provides accommodation and personal care for up to four people who have a learning disability who may also have physical disabilities. At the time of the inspection, four people were living at the home.

The service is required to have a registered manager and there was a registered manager in post when we inspected. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run

People were protected from avoidable harm and abuse. Staff had received training in, and understood, how to work safely and recognise and report abuse. The risks to people had been assessed, kept under review and plans put in place to manage these. The involvement of people's relatives, where appropriate, in decisions about risks affecting their family members was actively encouraged. Staffing levels at the service meant people's needs were met safely and flexibly. The provider followed safe recruitment procedures to ensure prospective staff were suitable to work with the people living at the home. People received their medicines safely and as prescribed from trained staff.

Staff had the training and ongoing management support required to work effectively. People's rights under the Mental Capacity Act 2005 were understood and protected by the provider and staff team. People had enough to eat and drink, and any associated needs or risks were managed with appropriate input from nutritional specialists. Staff helped people to access healthcare services and took prompt action in response to any significant changes or deterioration in their health.

Staff adopted a kind and compassionate approach towards people's care and support, taking the time to get to know people well. People's involvement in decision-making that affected them was actively encouraged. People were treated with dignity and respect by staff who understood their associated responsibilities.

People received personalised care and support shaped around their assessed needs and preferences. Staff understood the importance of, and followed, people's care plans. People had support to spend time doing things they found interesting and enjoyable, both inside the home and out in the local community. People's relatives knew how to raise concerns and complaints with the provider, and felt comfortable doing so.

The management team promoted positive, open communication with people, their relatives and the community professionals involved in their care. Staff felt valued, supported and able to approach the management team for any additional guidance or advice needed. The provider carried out effective quality

assurance activities to assess, monitor and improve the quality of the service.

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.

People were protected from abuse by staff who understood how to recognise and report any concerns of this nature. The risks to people were assessed and plans put in place to manage these. People's medicines were handled and administered in line with good practice.

Is the service effective?

Good ●

The service was Effective.

People were supported by staff with the required knowledge, skills and support to meet their needs effectively. People's rights under the Mental Capacity Act 2005 were understood and protected by the provider and staff. Any risks or complex needs associated with people's eating and drinking were assessed, reviewed and managed.

Is the service caring?

Good ●

The service was Caring.

Staff adopted a caring approach towards people's care and support, and treated people with dignity and respect. People's involvement in decision-making about their care was actively encouraged by staff.

Is the service responsive?

Good ●

The service was Responsive.

People's care plans contained information about what was important to them, and were adhered to by the staff supporting them. People had support to spend time doing things they found enjoyable and interesting. People's relatives knew how to raise concerns and complaints about their family members' care and support.

Is the service well-led?

Good ●

The service was Well-led.

The management promoted an open and inclusive culture within the service. Staff benefited from effective leadership and management. Quality assurance systems and procedures were used to improve the service people received.

Aspire Living - 94 Chatsworth Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

This inspection took place on 23 and 24 August 2017. The first day of our inspection was unannounced.

The inspection team consisted of one inspector.

Prior to our inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this information into account during our inspection of the service.

As part of our inspection, we reviewed the information we held about the service. We contacted representatives from the local authority and Healthwatch for their views about the service and looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During our inspection, people were unable to share their views on the service in detail due to their learning disabilities and communication needs. We spoke with three relatives, an advocate, two social workers, a speech and language therapist and a continence nurse specialist. We also spoke to the provider's senior operations manager, the registered manager, two senior care staff and four care staff. We looked at one person's care record, medicines records, staff training records, three staff recruitment records, incident records and records associated with the provider's quality assurance systems. We also spent time in the communal areas of the home to observe how staff supported and responded to people.

Is the service safe?

Our findings

People's relatives were confident about the safety and wellbeing of their family members living at the home. One relative described how staff helped their family member, who was unsteady on their feet, to move around the home safely. They told us, "As far as [person's name's] safety is concerned, I'm happy with that. They (staff) look after them really well, and they act on things." Another relative praised the constant vigilance of staff in ensuring their family member did not come to any avoidable harm. They told us, "Every time I leave the home, I feel quite happy going, as I know [person's name] is well cared for."

The provider had taken steps to protect people from harm and abuse. Staff had received training in, and understood, how to recognise and report abuse. They gave us examples of the kinds of things that would give them cause for concern, such as sudden changes in a person's behaviour, appetite or sleep pattern, or any unexplained marks or bruising. They told us they would report any concerns of this nature without delay. A staff member explained, "I would take it through the proper channels. I'd talk to my senior, my manager and, if necessary, head office." The provider had procedures in place to ensure any abuse concerns were promptly notified to the appropriate external agencies, such as the local authority safeguarding team and CQC, and investigated. We saw they had previously made notifications and conducted investigations in line with these procedures.

The management team assessed and reviewed the risks associated with people's individual care and support needs. This assessment covered important aspects of people's personal safety and wellbeing, including their health, pressure care, mobility and nutrition. Plans were put in place to manage these risks and protect people's safety. For example, pressure-relieving equipment, barrier creams, skin integrity checks and support with repositioning were used to protect one person from the risk of developing pressure sores. People's relatives confirmed the management team involved them in decisions about how to help their family members stay safe. The registered manager had recently consulted with one relative about managing a specific risk to their family member's safety at night. This had resulted in the decision to turn an item of furniture in the individual's bedroom each night to keep them safe.

Staff told us communication within the home was good, and that they were quickly made aware of any changes in the risks to people or how to support them safely. "Handovers" were organised between shifts, and a staff communication book and "sign-off file" used to share information across the staff team. "Handover" is a face-to-face meeting in which the staff leaving duty pass on important information about people's care to those arriving on shift.

In the event people were involved in an accident or incident, staff understood how to respond to, document and report these events. The management team, senior operations manager and provider's health and safety department reviewed all reports of this nature. The purpose of this was to identify patterns, trends and root causes in order to prevent recurrence. One relative praised the action taken by the management team following their family member's slip out of a chair. They told us, "I think they (management) did everything you would expect. They informed me straightaway, reported it to the safeguarding team and spoke to the GP."

People's relatives and the staff we spoke with felt the staffing levels maintained at the home were safe and appropriate. Some relatives and staff commented on the beneficial increase in night-time staffing levels since our last inspection, which provided people with enhanced support during the night. During our inspection, we saw there were enough staff on duty to support people in an unrushed, person-centred manner, and to respond promptly to their needs and requests. The registered manager described how they assessed and monitored their staffing requirements based upon people's agreed care hours. All prospective staff underwent pre-employment checks to ensure they were suitable to work with the people living at the home. These included employment references and an enhanced Disclosure and Barring Service (DBS) check. The DBS carries out checks to help employers make safer recruitment decisions and prevent unsuitable people working in care. The provider had developed disciplinary procedures to deal with any serious conduct issues once staff were in post.

People's relatives were satisfied with the daily support their family members received from staff to take their medicines safely and as prescribed. We saw the provider had procedures in place to ensure people's medicines were handled and administered safely at all times. All staff involved in giving people their medicines had received medication training and underwent medication competency checks every four to six weeks. The staff we spoke with were clear how to respond in the event of medication errors or refusal. 'PRN protocols' had been developed in order to provide staff with clear guidance on the use of people's 'when required' medicines. People's medicines were stored securely in locked, wall-mounted medication cabinets in the home's medication room, and up-to-date medicine administration records (MAR) were maintained.

Is the service effective?

Our findings

People's relatives and the community professionals we spoke with talked positively about the knowledge and skills of the staff team. One healthcare professional told us, "They (staff) are very, very good, professional in what they do and keen to seek advice."

Upon commencing work at the home, all new staff completed the provider's induction training. This included initial training to enable them to work safely, the opportunity to work alongside and learn from more experienced staff and time to read and understand people's care plans. The registered manager confirmed the provider's induction incorporated the requirements of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff. Staff told us their induction had been valuable in helping them settle into their new job roles. One staff member explained, "It (induction process) was really lovely. I was really welcomed and felt valued from the start. The support was fantastic from [registered manager] and the operations manager. Even the chief executive had a presence!" Another staff member said, "It's the only care home where I've ever had a proper induction."

Following induction, staff participated in the provider's rolling training programme to support them in fulfilling their duties and responsibilities. Staff talked positively about the training they had completed to date. One staff member told us, "Since we've had new management, it's been fantastic. We've all had up-to-date training." This person went on to tell us how their dysphagia training and given them valuable insights in how to support people at the home who had swallowing difficulties. Another staff member spoke about the confidence their first aid training had given them to deal with any medical emergencies involving the people they supported.

In addition, staff met with the one of the home's team leaders or the registered manager, on a regular basis, to receive feedback on their work and identify any further support they may need. A staff member explained, "They (management team) check everything's ok with me, and whether I need any additional support or training." Staff told us they felt free to approach the management team for support at any point they needed to outside of these one-to-one meetings. The registered manager and team leaders also provided 24-hour management on-call support to deal with any urgent guidance or advice staff may need.

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.

We checked whether the service was working within the principles of the MCA. We found the registered manager and the staff we spoke with understood people's rights under the MCA. One staff member told us, "It's about whether they (people) have the mental capacity to make choices on their own." Another staff member said, "You must always give people choices, and never assume they lack capacity." The provider had carried out training to help staff understand what the MCA meant for their work with people. People's

care files also contained guidance for staff on how to help people make their own decisions about their day-to-day care. They also reminded staff that more significant decisions may be subject to a best-interests meeting. During our inspection, we saw staff sought people's consent before carrying care tasks. They actively encouraged and enabled people to make decisions, such as what they wanted to eat or how they wanted to spend their time, in line with their care plans. The registered manager had recently organised a best-interests meeting with appropriate health and social care professionals to review one person's Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) form.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had submitted DoLS applications for each of the people living at the home, based on their mental capacity and individual care arrangements. Where DoLS authorisations had been granted by the local authority, the registered manager understood the need to comply with any conditions placed upon these authorisations.

People's relatives felt their family members living at the home had enough to eat and drink, and received the support they needed from staff at mealtimes. One relative told us, "They (people) have balanced meals and go off for an occasional treat." We saw the management team assessed, recorded and reviewed any complex needs or risks in relation to people's nutrition and hydration. They worked effectively with dietary specialists, such as the local speech and language therapy team, to manage people's nutritional and dietary needs. A speech and language therapist told us, "They (management team) have always been forthcoming in seeking help and advice. There has been really good team working." During our inspection, we saw staff actively offered people choices about what they ate and drank throughout the day. Mealtimes were relaxed, social events in which people's chosen meals were prepared and served to them in line with their care plans. Where necessary, people had one-to-one assistance to ensure they were able to eat and drink safely and comfortably.

People's relatives were satisfied staff appropriately monitored their family members' health, and sought appropriate professional medical advice and treatment in the event they were unwell. We saw people's care files provided staff with information about their medical histories, long-term health conditions and current health needs to ensure staff understood this aspect of their care. The management team worked with a wide range of healthcare professionals, including GPs, district nurses, occupational therapists, physiotherapists and epilepsy nurse specialists to ensure people's health was monitored and their health needs met. Staff provided people with assistance to attend their routine medical appointments and health check-ups.

Is the service caring?

Our findings

At our last inspection, we found people's ability to make choices with the right staff support and use of appropriate communication aids was not being fully supported. At this inspection, we found the management team and staff actively encouraged people's involvement in decisions about their day-to-day care and support. During our inspection, we saw a number of examples of staff consulting with people about, for example, what they wanted to eat and drink or what they wanted to do next.

Staff adjusted their communication to suit individuals' communication needs and preferences. For example, staff used the Picture Exchange Communication System (PECS) to establish what one person wanted to eat for breakfast. PECS is a system used to help people communicate through, amongst other things, exchanging pictures of symbols for something they want. People's care files contained 'communication passports'. These documents described the individual's most effective means of communication and how staff could best communicate with them. Some staff had received specific training from the local speech and language therapy team to help them maintain effective communication with people. A speech and language therapist told us, "[Person's name] has come on leaps and bounds now they are using their communication book a lot more with staff."

People's relatives praised the caring and compassionate approach staff took towards their family members' care and support, and their willingness to 'go the extra mile'. One relative told us, "They (staff) are all very caring and look out for [person's name]." An advocate said, "When [person's name] was in hospital, I was touched by the way staff came in in their own time to check on them. They put themselves out to meet their needs." The community professionals we spoke with also praised the caring attitude of the staff team. One social care professional told us, "I think they (staff) are doing an excellent job. You can tell they really care about their jobs and the residents there."

The staff we spoke with showed good insight into people's individual care needs and preferences, and discussed those they supported with affection and respect. During our inspection, we saw people were at ease in the home's environment and comfortable in the presence of staff. People interacted freely and confidently with staff who were attentive to their needs and requests at all times. As staff supported people with their routine care, they did so in a friendly, professional and patient manner, giving people plenty of praise and encouragement.

People's relatives felt staff protected their family members' rights to privacy and dignity. They also confirmed they were free to visit their family members at the home whenever these chose. During our inspection, we saw staff spoke to people in a professional and respectful manner and met their personal care needs in a dignified and sensitive way. We discussed the potential to further improve the security of people's personal information held within the home's office with the registered manager. They assured us they would address this issue without delay. The registered manager explained that staff used 'active support' to promote people's independence and encourage them to take an active part in their lives. 'Active support' is a method of enabling people with learning disabilities to engage more in their daily lives, changing the style of support from 'caring for' to 'working with' people. The staff we spoke with understood

people's rights to privacy and dignity and described to us how they promoted these on a day-to-day basis. One staff member explained, "It's about treating people as you would like to be treated yourself. It's about a smiling face that's prepared to listen and giving people time to tell you what they want."

Is the service responsive?

Our findings

People's relatives felt their family members received care and support at the home that was right for them, and that reflected their individual needs and requirements. A staff member told us, "The holistic approach and person-centred care I've witnessed here is the best I've ever seen." A social care professional said, "They (provider) have always looked at what's right for [person's name]." During our inspection, we saw how staff adjusted their communication and the support they gave people to suit individual needs. This included the support people had to eat and drink, join in with activities and move around the home safely. We saw staff had time to support people in an unrushed and person-centred way.

People's relatives explained how the management team and staff actively involved them in assessments and care planning to ensure their family members' needs and preferences were understood. One relative told us, "They (staff) will always ask me; we've had good two-way communication." They went on to say, "When we first came here, they (management team) went through everything with us. Anything we didn't think was working, they have amended." Another relative said, "I've been invited to look over [person's name's] care plans. They (staff) have phoned me a quite a lot over the last five weeks due to [person's name's] ill-health. They (staff) do get me involved quite a lot." People's relatives were invited to attend a yearly care review at the home to review their family member's progress over the last 12 months and make plans for the year ahead. We saw evidence of the involvement of people's relatives in assessments and care planning in the care files we looked at.

People's care plans and assessments were individual to them and took into account key aspects of their care and support needs. This included an assessment of people's religious and cultural needs. As well as providing staff with guidance on how to meet these needs, care plans also included information about what was important to the person and their preferred daily routines. Staff recognised the need to be aware of, and follow, people's care plans to ensure consistent and person-centred care and support. They told us they had the time they needed to read and refer back to these documents when they needed to. One staff member explained, "It's good to have a recoup as something may have been added, whilst I've been on holiday for example. There's always time to do this." The management team kept people's care plans under review to ensure the information they contained remained accurate and up to date.

At our last inspection, we found people were not receiving consistent support from staff to pursue their hobbies and interests and participate in activities of their choosing. The provider had not done enough to minimise the impact of the home's staffing and transport difficulties during that period.

At this inspection, people's relatives and the staff we spoke with commented on the significant improvement in the support people received to get out and about and spend time in ways they enjoyed. A relative told us, "[Person's name] goes out a lot more now. They go out to town, the local pub, and they've also been to the theatre and cinema. They go out more than I do!" One staff member explained, "A lot more goes on now. We access the community more now, such as going to concerts with [person's name]. There a lot more activities on offer and more time allocated for activities."

The registered manager explained they had introduced a "floating shift" during the day, which brought in additional staff support to facilitate people's activities. They had also allocated a team leader to drive improvements in the activities on offer to people. We saw people's care files included information about how they enjoyed to spend their time. 'Activity assessments' were also completed, on a day-to-day basis, to gauge people's interest in and enjoyment of activities to assist future activities planning. People's activities records confirmed they were being supported to participate in a greater range of in-house and community-based activities. During our time at the home, we saw people participating in a range of activities. These included arts and crafts, activities focused around sensory items, going out for a local walk and being supported to do personal shopping.

We looked at how the provider and management team listened to and learned from concerns and complaints about people's care. People's relatives were clear how to raise concerns or complaints with the provider, and were confident these would be resolved. One relative explained, "I usually get hold of the seniors or speak to the care staff at the time about any issues. If it was extreme, I would go to [registered manager]." The provider had developed a complaints procedure to promote consistent complaints management. They had not received any formal complaints about the service since our last inspection. Annual feedback questionnaires were distributed to people's relatives to encourage their more general feedback on the service. We looked at the results of the most recent survey completed in May 2017 and saw the feedback provided had been positive in nature.

Is the service well-led?

Our findings

During our inspection, we met with the registered manager of the service. They demonstrated a good understanding of the duties and responsibilities of their post. These included the need to submit statutory notifications to CQC in line with their registration with us. At our last inspection, the previous registered manager had raised concerns regarding a perceived lack of support and resources from the provider. At this inspection, the registered manager praised the support they received from the provider's senior management team, and confirmed they had the resources needed to maintain and develop the service people received.

People's relatives, staff and the community professionals we spoke with all talked highly about the management of the service. One relative told us, "It's really well managed. [Person's name] seems really happy and really well cared for." A staff member said, "It's that well managed that it's a privilege and honour to be part of it."

People's relatives described a good relationship and open communication with the home's management team. They felt the management team kept them up-to-date with any significant developments, issues or concerns involving their family members. In turn, they felt able to bring matters to the attention of the management team, with confidence they would be listened to and acted upon. One relative told us, "I think it (management of the service) is a lot better than it was before; it's not so disjointed. I know who's in charge and who the seniors are." They went on to say "If I've got any issues, I'm not frightened to bring them up with management." An advocate said, "I've been impressed; [registered manager] seems to steady the ship somehow." They added, "They (management team) have kept me informed about all sorts of things."

A clear theme from our conversations with the community professionals involved in people's care was the keenness of the management team to seek advice and support and work together with them. A social care professional explained, "They (management team) wanted to know everything to make sure they could support [person's name] in the best possible way." They went on to say, "They (management team) will contact us if they have any queries or concerns; they're really proactive." Community professionals spoke positively about their experiences of working with the management team, and praised their commitment to the wellbeing of the people living at the home. One healthcare professional told us, "[Registered manager] puts clients first and that's the most important thing."

Staff felt very well supported by the management team, and able to approach the registered manager for guidance and advice at any time. One staff member told us, "[Registered manager] is a really amazing boss. I've never worked anywhere where I've felt so supported." Another member of staff said, "[Registered manager] is very helpful in every aspect of your job. They give you a lot of time, and if you have any issues or questions, their door is always open." They went on to say, "Staff morale is at its best; it's a very good atmosphere to work in."

Staff were clear about what was expected of them, and commented on the frequency with which the registered manager thanked them for their hard work and efforts. One staff member told us, "They

(registered manager) always thank you for working hard. You couldn't work for anyone better." Another staff member said, "I feel well cared for, appreciated and valued. We (staff) are encouraged to develop and reach our potential." Staff meetings were organised on a bi-monthly basis to consult with staff and provide them with an open forum to raise any issues or suggestions as a group. The provider also distributed annual feedback questionnaires to all staff, to invite any further feedback they may wish to share on their experiences of working at the service. The provider had developed a formal whistleblowing policy, and staff confirmed they knew how to raise concerns regarding any serious misconduct within the service.

We looked at the quality assurance systems and procedures the provider used, designed to ensure people received a high quality service. We saw these included a monthly quality monitoring visit from the provider's senior operations manager and periodic audits by the provider's service quality director. In addition, any safeguarding issues, complaints and accidents or incidents were monitored on an ongoing basis by the management and senior management teams. The team leaders and staff also completed other regular in-house quality assurance audits and checks covering, for example, the home's health and safety arrangements.

These quality assurance activities had resulted in a number of improvements, over recent months, in the service people received. These included the introduction of the 'active support' approach to people's care to promote greater involvement and independence, more robust, individualised risk assessment procedures and improved and more accessible care planning documentation.