

Aspirations Care Limited

Aspirations (Midlands)

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?

Good ●

Summary of findings

Overall summary

This was our first ratings inspection of Aspirations (Midlands). The visit was announced and was carried out on 19 and 20 December 2017. The provider was given notice because the location provides a domiciliary care and supported living service. We needed to be sure that someone would be in the location office in Nottingham from where the service is managed.

Aspirations (Midlands) provided personal care for people with learning disabilities and mental health needs living in both their own homes and in their own 'supported living' homes in and around the Nottingham and Mansfield areas. There were 44 people receiving support when we inspected.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 told us they felt safe using Aspirations (Midlands) and felt safe with the staff team who provided their care and support. Relatives we spoke with agreed that their relatives were safe with the staff team who supported them.

Training on the safeguarding of adults had been completed and the staff team were aware of their responsibilities for keeping people safe from avoidable harm or abuse. The registered manager and management team understood their responsibilities for keeping people safe and knew to refer any concerns on to the local authority and Care Quality Commission (CQC).

People's support needs had been identified and risks associated with people's care had been assessed and monitored. There were arrangements in place to make sure action was taken and lessons learned when things went wrong, to improve safety across the service.

The appropriate checks had been carried out for people wishing to join the staff team. Once employed, support workers had been provided with an induction into the service and relevant training had been completed.

People felt there were enough staff members suitably deployed to meet their current care and support needs. Staffing rotas reflected appropriate numbers of staff were available.

The staff team had received training in the management of medicines. People were supported with their medicines as prescribed by their GP and in a safe way.

People were protected by the prevention and control of infection. The staff team had received training in infection control and understood their responsibilities around this. Food hygiene training had also been

completed and the appropriate procedures were understood by staff when food was to be prepared and stored.

People were supported by a staff team who had the knowledge and skills to deliver effective care and support.

People were supported to access relevant healthcare services such as doctors and community nurses when needed and they were supported to maintain good health. The staff team supported people to eat a balanced and healthy diet which included people's preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were supported by a staff team that was kind and caring and who treated them with dignity and respect. People were supported to make choices about their care and support and their independence was promoted.

Plans of care had been developed with the people using the service and with people who knew them well. The staff team understood people's needs and preferences because they had read their plans of care.

People were supported to follow their interests and take part in activities they enjoyed.

People knew what to do if they had a concern and they were reminded of this through meetings and conversations with the staff team.

People's views of the service were sought through meetings and informal chats. Systems were in place to regularly monitor the service being provided and a business continuity plan was available for the staff team to follow in the event of an emergency or untoward event.

The registered manager and management team were aware of their registration responsibilities including notifying CQC of significant incidents that occurred at 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.

The staff team kept people safe from avoidable harm and abuse.

The risks associated with people's care and support were minimised because risk assessments had been completed.

Appropriate recruitment processes were followed and suitable numbers of staff were deployed to meet people's needs.

People were supported with their medicines as prescribe by their GP.

Appropriate systems were in place to make sure people were protected against the risk of infection.

Lessons were learned and improvements made when things went wrong.

Is the service effective?

Good ●

The service was effective.

People using the service had their support needs assessed prior to their care and support package commencing.

The staff team were suitably skilled and knowledgeable to be able meet the needs of those in their care.

People's consent to their care and support had been sought and the staff team understood the principles of the Mental Capacity Act 2005.

People were supported to eat well and were assisted to access health care services when they needed them.

Is the service caring?

Good ●

The service was caring.

The staff team were kind and caring and involved people in their

care and support.

People's privacy and dignity were promoted and protected by the staff team.

Information was made available to people in ways that were easier for them to understand.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the assessment of their needs and the developing of their plan of care.

People's plans of care reflected their individual personal care and support needs.

A formal complaints process was in place. People were reminded of the process to follow so they knew who to talk to if they had a query or concern of any kind.

People's preferences and choices at the end of their life were discussed during the assessment and care planning process.

Is the service well-led?

Good ●

The service was well led.

Monitoring systems were in place to monitor the quality of the service being provided.

The staff team working at the service felt supported by the management team.

The management team worked in partnership with other organisations including the local authority and safeguarding team.

People using the service, their relatives and the staff team had been given the opportunity to have a say on how the service was run.

Aspirations (Midlands)

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 19 and 20 December 2017 and was announced. We gave the provider notice of the inspection. This was because the location provides a personal care service to people in both their own homes and in 'supported living' homes. We needed to be sure someone would be available at the location office in Nottingham from where the service is managed.

The inspection was carried out by one inspector.

Before the inspection we reviewed information we held about the service such as notifications. These detail events which happened at the service that the provider is required to tell us about.

We contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people using the service. We also contacted Healthwatch Nottingham who are the local consumer champion for people using adult social care services to see if they had any feedback about the service. We used this information to inform our inspection planning.

At the time of our inspection there were 44 people using the service. With their prior agreement we visited one person in their own home and spoke with them and one support worker who was present at the time.

During our visit to the Nottingham office we spoke with the registered manager, the branch manager and a further six members of the management team. We also spoke with three support workers with a further support worker being contacted by telephone after our visit. We contacted three relatives of people using the service after our visit to gather their views of the service.

We reviewed a range of records about people's care and how the service was managed. This included four

people's plans of care and associated documents including risk assessments. We also looked at three staff files including their recruitment and training records and the quality monitoring processes that the management team completed.

Is the service safe?

Our findings

The person we spoke with told us they felt safe with the support workers who provided their care and support. They told us, "Yes I feel safe." Relatives we spoke with agreed with what they told us. One relative explained, "[Name] is safe yes, I don't worry." Another stated, "I have no concerns about [name] safety."

People were kept safe from abuse and avoidable harm because the support workers had received training in the safeguarding of adults. They knew what to look out for and what to do should they suspect that someone was at risk of harm. One explained, "I would report it and I know it would be acted on." Another told us, "Types of abuse can include, financial, physical and emotional. I would listen to the person, record what they told me and report it to my line manager straight away."

The management team knew the actions they needed to take to keep people safe. They knew the procedure to follow when a safeguarding concern was raised with them, including referring it to the safeguarding authority and CQC. When safeguarding concerns had been raised, these had been appropriately handled by the management team. They worked in partnership with the local safeguarding team and actions had been taken to reduce the possibility of any concern reoccurring.

The risks associated with people's care and support had been assessed prior to their care and support packages commencing. This ensured that as far as possible, risks to people's health and welfare were minimised and they were kept safe from avoidable harm. Risks assessed included those associated with supporting people with their medicines, behaviours that could be a challenge to others and the environment in which the care and support were to be delivered. The risk assessments identified the action the staff team were required to take to reduce the acknowledged risks to individual people and these had been reviewed.

People who used the service were protected by the recruitment processes in place. For prospective new staff, previous employment had been explored, references had been collected and a check with the Disclosure and Barring Service (DBS) had been carried out. DBS checks help to keep those people who are known to pose a risk to people using care services out of the care workforce. An interview using standard interview questions had also taken place to ensure all prospective staff members were treated fairly and equally.

There were sufficient numbers of suitable staff available to meet people's care and support needs. Staffing rotas were monitored closely by the management team and we were told should there be an occasion where support workers could not cover calls; a member of the management team would do this. Support workers we spoke with confirmed this.

Where concerns had been raised with regard to staff practice, these had been handled appropriately. The provider's disciplinary procedure had been followed and the necessary steps had been taken to ensure the staff team continued to support people in a safe way. One staff member told us, "I am not afraid to whistle blow."

People received their medicines in a safe way and as prescribed by their GP. A relative told us, "They support [name] with her medicines and check she has taken them." Information on the support people needed was included in their plan of care. Medicines stocks were checked daily to make sure they were correct and in line with the medicine administration records. Audits were carried out on a weekly and monthly basis to make sure records were up to date and the appropriate support people needed was provided. Competency checks were carried out on the staff team to make sure they continued to offer people their medicines in a safe way.

People were protected from risks to their health and well-being by the prevention and control of infection. The staff team had completed training in infection control and protective personal equipment (PPE) was readily available. The staff team had received training in food hygiene and were aware of the correct procedures to follow whenever food was prepared and stored.

The office premises were secure and well maintained. A business continuity plan was in place providing the staff team with guidance to follow in the event of an emergency. We did note this was rather generic in content. The registered manager confirmed this would be improved and include more relevant local information. There were meeting rooms for confidential meetings and training sessions and these were readily available.

The staff team understood their responsibilities for raising concerns, accidents and incidents with the management team. Evidence was seen of lessons being learned when things went wrong. This included a safety incident that had occurred to one of the people using the service. This was immediately referred to the local safeguarding team. An investigation was carried out and a protocol developed and distributed to all staff members. This highlighted the actions the staff team were to take to ensure a similar incident did not occur. This showed us people's safety was treated seriously at all times.

Is the service effective?

Our findings

People who used the service had their support needs assessed prior to their care and support package commencing. This was so the management team could satisfy themselves the person's needs could be met by the support workers working for the service.

Once it was confirmed that a person's needs could be met, the branch manager took the time to match them with suitable support workers. People's preferences were always obtained with regard to whether they preferred a male or female support worker and whether they would benefit from support from a specific ethnic background to match their own. These preferences were then put into place and relevant information included in their plan of care.

People felt the staff team were appropriately trained and had the relevant knowledge and skills to meet people's care and support needs. A relative told us, "The staff are trained, they know the triggers [to their behaviour] and know how to support [name]." Another added, "As far as I am aware they are trained, they know what they are doing."

A training manager was in post and they were responsible for ensuring the staff team had the right skills and knowledge to carry out their roles. A comprehensive four day induction was completed when new staff members first joined the staff team. This incorporated the 15 care standards of the Care Certificate. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector. Relevant training had also been completed. This included training in health and safety, the safeguarding of adults, moving and handling, privacy and dignity and equality and diversity. One staff member explained, "I was given an induction booklet which I had to work through. My first week was office based going through the care plans and policies and procedures. Then the second week I was booked on all the training. I wasn't allowed out until I had done all of my mandatory training." Another told us, "I had face to face training and training through booklets. We have face to face refresher training every year."

The staff team supported people to have sufficient food and drink when they supported them at meal times. They knew the importance of making sure people were provided with a healthy balanced diet whilst providing them with the food and drink they liked. One staff member told us, "We plan a weekly menu and record what is eaten. We also keep a fluid intake chart so we know they are getting enough to drink and not get dehydrated."

The staff team monitored people's health and wellbeing and when concerns about people's welfare had been identified, these had been reported and acted on. A relative told us, "[Person] needs support with appointments; they always take them when needed."

People's care and support were provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. One person had an authorisation under the Court of Protection and this was being adhered to. The management team understood their responsibility around the MCA. They explained that if a person lacked the ability to make a decision about their care and support, a best interest decision would be made with someone who knew them well and when necessary, with the relevant professional's involvement. Training in MCA had been completed and the staff members we spoke with understood its principles. One explained, "MCA is there to protect people, to make sure people can make decisions for themselves and understand the questions they are being asked. If in doubt an assessment is carried out." Another told us, "If someone doesn't have capacity it's about supporting them for example when going to the doctors, it's about explaining they don't have capacity and supporting them to make the right decisions."

The staff team explained that they always sought people's consent before providing any care or support. The people we spoke with agreed with what they told us. A staff member explained, "It's all about gaining consent, we ask, we speak to [person] and explain what we are doing, we give them the time to decide what they want."

Is the service caring?

Our findings

The person we spoke with told us the support workers were kind and caring and they looked after them well. They told us, "They are nice, I think they are very good to me."

Relatives spoken with felt the staff team were caring and kind. One told us, "[Person] is happy there, they treat them with respect. They are friendly and support them to make decisions." Another explained, "They are caring yes, they do a fine job."

The person we visited was supported in a caring manner. The support worker had a good understanding of their needs and they provided this in a relaxed and good-humoured way. Good relationships had been built between the person using the service and the staff team who supported them. They told us, "The girls are alright; when you want something doing they will do it." The person was relaxed in the support workers company and clearly felt comfortable in their presence.

People were supported to make decisions on a daily basis and when decisions were made, these were respected by the staff team. A support worker explained, "We give [person] options and she decides what she wants to do. If she doesn't want to do something, that's fine." A relative told us, "[Person] loves her computer, she won't go out, she's happy with that and that is her choice and they respect that."

Support workers gave us examples of how they maintained people's privacy and dignity when they supported them with personal care. One explained, "I always make sure the door is closed and when [person] is in the bathroom I pull the door forward with my foot so they get some privacy."

People using the service had both a plan of care and a personal support plan and these documents included details about their personal preferences and their likes and dislikes. For example the personal support plan belonging to the person we visited stated that they loved crosswords, colouring and making things. The support worker was aware of these preferences and crossword and colouring books were available for their use. People and things that were important to them were also included in their personal support plan. This meant the staff team had the information they needed to provide them with individualised care and support. One support worker explained, "I had the opportunity to read the care plans and I think that is the most important thing. You get to know them [people using the service]. It's nice finding out what they do and what they like."

Information was made available in ways that were easy for people to understand. We saw information was available that had been presented using simple words and pictures. This included the provider's complaints process and details on advocacy services. Advocacy services provide support for people who are not always able to make decisions for themselves.

Is the service responsive?

Our findings

People had been visited to determine what help and support they needed. Information from relatives and relevant professionals had also been sought. A relative told us, "We were involved and if there are any reviews or anything happens we are invited, we like to be involved." The branch manager explained people's care and support needs were always assessed prior to their care and support package commencing. This was so they could assure themselves people's needs could be met by the staff team. Records we checked confirmed this. From the original assessment, a plan of care had been developed.

The plans of care seen were comprehensive and included people's care and support needs and how they wanted those needs to be met. They included people's personal preferences with regard to how they wanted to be supported. For example, the plan of care for the person we visited stated 'can make hot drink and simple snacks themselves'. When we visited them they were making themselves a cup of tea and preparing their own breakfast. The support worker encouraged their independence. People's likes and dislikes, hopes and dreams and things important to them were explored and also included in documentation held.

People were supported to follow their interests and take part in activities that were socially and culturally relevant to them. This included attending day centres, discos, dancing and shopping. A trip out to the local park had also been enjoyed. A support worker explained, "One person on occasion does like to go to church. On a Sunday we give her the option as to whether she wants to go and we will go with her."

Information on the different conditions people lived with such as autism, learning disability and high blood pressure was included in people's plans of care. This provided the support workers with information on how to best meet people's individual healthcare needs.

The person we visited told us the staff team knew them well. They told us, "They take me to the Café in Sutton, I like doing that." A relative explained, "Since [person] has been with them, [Aspirations] they have grown into a young adult. They have supported them for everything they have done. They take them where they need to go and are very, very good with them. They know them." The person we visited was encouraged and supported to maintain relationships with people who mattered to them.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Written information regarding people's needs when accessing healthcare appointments were in picture form and literature regarding what the service can offer was available in video format, picture form and large print when required.

A formal complaints process was in place and people knew who to contact if they were unhappy or unsure about anything. A relative told us, "I would talk to [member of the management team]. They are the one who

manages that part of Mansfield. You can leave messages and they will get back to you."

When a complaint had been received, this had been handled appropriately and investigated thoroughly. The branch manager had recently referred a complaint about the service to the local safeguarding team. This showed us that the registered manager and branch manager took complaints seriously and was open and transparent in the handling of them.

People's preferences and choices at the end of their life were discussed during the assessment and care planning process. Where people chose not to explore this further, a note had been made in their plan of care to show this. The provider had a policy in place for the staff team to follow as people approached the end of their life enabling them to support people in a way they preferred and with dignity and respect.

Is the service well-led?

Our findings

There was a registered manager in place. 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 told us the service was well managed and the registered manager, branch manager and the staff team were open and approachable. A relative told us, "They are doing a fine job, you have to trust that they are doing what they should, and I do trust them." Another explained, "I am happy that [person] is where they are. They keep me informed. They ask if you are happy and if not please ring [member of the management team] We are always made welcome no matter what time. [Person] is happy so I am happy."

Staff members we spoke with felt supported by the management team and told us there was always someone they could talk to if needed. One explained, "[Management team] are always available, the support is really good." Another told us, "I feel listened too. I can honestly say I have never worked with a branch manager who genuinely cares and knows everyone's name, both staff and the people we support." One staff member did share that it was sometimes difficult to get through to the office as there was only one phone line however; they told us they had all of the manager's mobile numbers and they could get hold of them that way.

Meetings for the people using the service had been held on a monthly basis. These provided them with the opportunity to discuss the service they received and share any issues or concerns. A relative told us, "They are always having family meetings. They needed new flooring in the hallway so they discussed it at a meeting, what they were going to have. They replace things when needed."

Staff meetings had taken place. These provided the staff team with the opportunity to discuss any issues and share their thoughts of the service provided. One told us, "We have staff meetings and house meetings where we can discuss anything." Another explained, "We have monthly meetings here [at the location office] and at the services where we work. I feel confident to talk at the meetings and share my thoughts."

Surveys were also used to gather people's thoughts on the service.

The staff team had an understanding of the provider's vision and values for the service. One explained, "As a company, we provide people with disabilities to live an independent life." Another told us, "Our aim is to support people to live healthy and happy lives, for them to be safe and make sure they have everything they need." The providers aims stated, 'Our aim is to give the people we support a good quality of life ensuring all healthcare needs are met in a timely fashion and people are safe and involved in the service.'

Monitoring systems were in place to check the quality and safety of the service being provided. Audits were being carried out on a weekly and monthly basis. These covered areas such as medicines management, incidents and accidents, people's personal finances and the environment in which support was provided.

The registered manager was aware of and understood their legal responsibility for notifying CQC of deaths, incidents and injuries that occurred for people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.

This was a first ratings inspection of the service. The provider understood their responsibilities for ensuring that once rated, this rating would be displayed. The display of the rating poster is required by us to ensure the provider is open and transparent with the people using the service, their relatives and other interested parties.