

Aspire Living Limited

Aspire Support

Inspection report

Aspire Community Hub
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Aspire Support is a service providing personal care to people in their own homes, some of which were supported living services. The service supports people with all types of needs. At the time of the inspection 266 people were supported.

Of the 266 people supported by Aspire Support 26 were living in a supported living type service where there were staff available 24 hours a day. Other people using this service were supported with arranged visits in their own home. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People told us they felt safe. Staff understood people's needs and knew how to manage risks associated with their care. Staff were trained and understood how to keep people safe from abuse and avoidable harm. People received their medicines safely. Measures were in place to reduce the risk of the spread of infection. The provider ensured practices were in line with current guidance during the COVID-19 pandemic.

People received person-centred care which met their needs and preferences. People's care continued to be reviewed with them and where appropriate their relatives ensuring care and support needs continued to be met. People were encouraged to be independent with preparing meals and drinks and were supported to have their nutritional needs met. Staff worked well with health professionals following any advice and guidance given.

Systems were in place to ensure any areas of improvement were identified and actions were taken to make any change so that people continued to receive good care.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence. People were supported to live as independently as possible. Staff supported people to make choices and to stay in contact with people important to them.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights. People's homes were respected by staff. People were supported to take part in activities of their choice. Staff were caring and spoke passionately of the people they supported.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. People were treated with respect and were the focus and at the heart of everything. Staff knew the needs of people they supported and were passionate about achieving good outcomes for them.

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

Rating at last inspection

The last rating for this service was good (published 07 August 2019).

Why we inspected

The inspection was prompted in part by notification of a specific incident. Following which a person using the service died. The information CQC received about the incident indicated concerns about the management of people's safety. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this report.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aspire Support on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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?

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Aspire Support

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 Care Act 2014.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

This service is a domiciliary care agency and supported living service. It provides personal care to people living in their own houses and flats and specialist housing. Where people received support in supported living settings, 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 had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us and that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 06 December 2021 and ended on 20 December 2021. We visited the office location on 09 December 2021.

What we did before the inspection

We reviewed information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us. We sought feedback from the local authority. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the nominated individual who is responsible for supervising the management of the service on behalf of the provider, registered manager, human resources representative, community support leaders and care workers. We also spoke with two health professionals who work with the service.

We reviewed a range of records. This included six people's care records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who were trained and understood how to protect them from abuse.
- Staff told us they knew how to report concerns and were confident appropriate action would be taken by the registered manager to protect people.
- The registered manager understood their responsibility to report safeguarding concerns to relevant organisations such as the local authority and the CQC.

Assessing risk, safety monitoring and management

- People said they felt safe and were happy with the support they received.
- Existing staff had a good understanding of people's risks and knew how to support them to stay safe.
- People had up to date risk assessments in place, however, some information about people's risks were located in a number of different places. For example, within people's care plans. We found no evidence of harm to people, but this could increase risk to people, if they were supported by staff who did not know them well. For example, in the event of staff illness. We spoke with the registered manager and provider about this. They gave us immediate assurance this would be addressed, to reduce risks to people further.

Staffing and recruitment

- People were supported by staff who knew them well. One person said, "They [staff] are great, there are enough [staff], I feel safe." Another person said, "Staff are fabulous, wonderful."
- The management team followed safe recruitment practices to ensure any potential staff were suitable to be employed at the service. This included DBS checks. A DBS check refers to the disclosure and barring services. These checks help providers make safer decisions with potential staff.

Using medicines safely

- People, where possible, managed their own medicines with minimal support from staff. For people who required support there were procedures in place to administer medicines safely.
- Staff were trained to administer medicines and regularly had their competency checked to ensure safe practices were followed.
- There were effective systems in place to ensure people had their medicines as prescribed.

Preventing and controlling infection

- People, staff and visitors were protected from the risks of cross infection as the provider had appropriate infection prevention and control (IPC) measures in place. People were supported by staff to maintain their own homes.

- Staff were provided with appropriate PPE and had been provided with adequate training in relation to infection control.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the supported living settings in accordance with the current guidance.

Learning lessons when things go wrong

- Staff understood how to report any accidents and incidents and told us the management team would act promptly.
- The management team reviewed and monitored accidents and incidents for any themes or trends. This helped to identify any action required to prevent reoccurrence. Staff were kept up to date with any changes, and care files updated to reflect any changes required in people's support.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 had been assessed and documented. Wherever possible, people were involved in their care planning and staff ensured their choices were respected.
- Personalised care plans were in place which enabled staff to deliver support specific to the person.
- People's assessments also considered how much support they wanted so they could be fully included in their local communities, places of learning and volunteering.

Staff support: induction, training, skills and experience

- Staff told us they were supported by the registered manager and senior staff. One staff member said, "Since the restructure we [staff] are so well supported, [registered manager's name] visits us at the service, and we have good relationships with the other community support leaders which we never had before."
- Staff told us they had been provided with the relevant training to carry out their roles. This included guidance on how to support people to continue to develop their independence and to encourage people to maintain their own physical health.

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

- Staff were aware of people's individual needs and preferences in relation to eating and drinking and who required staff support.
- People who did need help were supported to plan their meals. Staff ensured people were given choices about what they ate but always encouraged healthy choices.
- Staff supported people to maintain a healthy weight. For example, one person had been supported to eat more healthily in order to lose some weight.

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

- People were provided with appropriate support to access health care appointments when needed.
- Any advice or guidance from health professionals was communicated effectively to the staff team and followed to ensure people's needs were met.

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. Records showed people's capacity was assessed.
- People were supported to make their own decisions wherever possible and staff respected people's choices.
- Staff were trained in MCA and DOLS and understood the importance of seeking consent. Staff told us they explain to people before providing any care so people know when and how this would be done.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had created an inclusive, person-centred and empowering culture. They knew the needs of the people they supported and were passionate about achieving good outcomes.
- People told us because of the approach taken by staff they were encouraged to be involved in developing their care. One person told us as a result of this, "I have a good life. Everything is alright, I feel safe, I can always talk to staff if I need to and would let staff know if I wasn't happy."
- Staff were enthusiastic and committed to delivering the best care and support to people. They spoke passionately about how people had choices and how care and support is tailored to their individual needs.

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

- The registered manager understood their responsibilities to meet regulatory requirements and to notify CQC and other authorities of certain events. We discussed the importance of ensuring the correct identification was on all statutory notifications prior to submitting. The registered manager gave us assurances this would be consistently addressed moving forwards.

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

- There had been recent changes to the leadership at the service. Staff told us this had led to improvements in the support they received to assist people.
- We identified some areas within people's care records, such as guidance provided to staff to support people to remain safe, which required more detail. We discussed this with registered manager and provider who took immediate action to address this.
- The provider and registered manager told us they would continue to develop their governance systems, to ensure staff were consistently provided with the level of guidance required to ensure people received safe care.

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

- People had opportunities to provide feedback about the care in the form of a survey. Every six months the management team met with people and staff to discuss their views on the service, what was working well, and what could be developed further. They used this information to continuously improve the service.

Continuous learning and improving care

- The registered manager was committed to making improvements. Following the inspection, the registered manager provided updated and more personalised and detailed risk assessments. For example, stoma care and using mobility equipment.

Working in partnership with others

- The staff team worked closely with external health and social care professionals including the local authority, pharmacist and community learning disability nurses to ensure positive outcomes for people.