

Aspirations Support Bristol Limited

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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

The inspection took place on 8 September 2017 and was announced. The provider was given 48 hour notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

Aspirations Support is registered to provide a personal care service to people living in their own homes. There were four people receiving support with personal care.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

At this inspection it remained Good.

Why the service is rated good

At the last inspection, the service was rated Good. During this inspection we found the service remained Good. The service remained good because risks to people were assessed with appropriate plans in place to keep them safe. Where incidents occurred, actions were taken to prevent them from reoccurring. People's medicines were administered safely by trained staff. Staff understood their role in safeguarding people from abuse. The provider carried out appropriate checks to ensure staff were of good character. Staff were deployed in a way that meant people's needs could be met safely. Call times were monitored to check that staff arrived and left their care visits so that people were safely supported with their care at the right time.

People were supported by staff who had received sufficient training and were supported with their on-going learning and development needs to carry out their roles. Staff worked in accordance with the Mental Capacity Act 2005, this meant that people's legal rights were protected. People's consent was sought before care was carried out and their decisions about this were adhered to. People were supported to prepare food in line with their dietary requirements and preferences. Staff worked alongside healthcare professionals to meet people's needs.

People were supported with kindness and compassion by staff that knew them well. People were involved in their care and their independence was encouraged. Staff were respectful and promoted people's privacy and dignity.

Care plans were person centred and reflected people's individual personalities and interests. People had access to a range of activities that they enjoyed. People were supported to complain if they wished to. Any complaints were responded to appropriately.

Measures were in place to involve people and staff in the running of the service. Regular checks were carried out in people's homes to make certain staff were following the correct procedures to monitor the quality of

the care that people received. The provider kept up to date records that were easy to access.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Aspirations Support Bristol

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 checked 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. Explain whether this was a comprehensive or focused inspection:

This inspection took place on 8 September 2017 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be in

The inspection was undertaken by one inspector.

Before the inspection, we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us and information from the local authority. A notification is information about important events, which the provider is required to tell us about by law.

We visited one person in their home spoke with one care staff and observed people's care being delivered. We visited the provider's office and spoke with the deputy manager, two team leaders, the director of care services and the training manager. We reviewed the care records of two people who used the service. We looked at three staff recruitment files, supervision and training records, audits, policies and records relating to the management of the service. This included policies relating to safeguarding, medicines, complaints and quality assurance.

Before and after the inspection visit we made a phone call to one relative of a person who used the service and to get their feedback about what it was like to receive care from the staff. We also spoke with five staff members. We also received feedback from two health and social care professionals about their views of the service after the inspection.

Is the service safe?

Our findings

The service continued to provide safe care to people. A person's relative told us that their family members felt safe with staff and the service. "The relative told us, "I feel my family member is safe with the service. We had some few issues in the past but things are much better now".

Risks to people were assessed and plans were in place to enable people's independence, whilst keeping them safe. Staff had a good understanding of the risks people faced and what measures were in place to reduce them. One staff member said, "Yes I am aware of the risks the people we support face. For example, risk of choking and falling and injury if left alone. We make sure we sit by them when they are eating to make sure they don't choke. It is all about making sure they are safe". Care records contained detailed risk assessments, with plans for staff to follow to keep people safe.

Where incidents occurred, staff took steps to ensure that people were safe. Incidents were documented and staff recorded the actions they had taken. Actions taken were appropriate, with measures to prevent incidents reoccurring. Where appropriate, people's care plans and risk assessments were reviewed following incidents. One medical professional told us, "Aspirations have good incident reporting procedures in my experience. They review incidents for patterns and feedback to staff".

People received their medicines safely. Staff had been trained in how to administer medicines and kept up to date records. One staff member told us "We received a lot of training on medication for [Name of person]. The medicines are given few times in the day and also before bed time." One relative said, "On odd occasions there had been a medicine error but on the whole the staff are very good and they give the medicine safely". Information about people's medicines was documented in their care records and on the medicine administration records (MARs). The medicines administration record also showed the names of the medicines to be administered. There was an accompanying body map which would highlight where the topical medicines should be applied if required. Staff followed the guidance of healthcare professionals. Where staff noticed possible side effects of medicines they told us that they would speak to the persons' GP or call 111 for guidance and advice or call the ambulance if it was an emergency.

People were supported by staff that understood their roles in protecting them from abuse. All staff completed safeguarding training before working with people. Staff understood the signs of abuse and how to report suspected abuse. One staff member told us, "We have a whistleblowing policy. I will first of all contact my line manager immediately and they will contact safeguarding. We also have the contact details of the duty desk of the local authority so we can contact them directly. I can also contact the CQC." We saw evidence of the service working with the local authority and healthcare professionals where there had been safeguarding concerns.

Staff were deployed in a way that meant people's needs were met safely. Numbers of staff supporting people in their houses were based upon people's needs. Staff were not rushed when providing care and they were able to respond to people's needs quickly. A staff member told us, "There are definitely enough staff to support our service users. We are not rushed in any way. We are really very relaxed and chilled". Another staff member said, "We use agency staff sometimes but those agency staff know our clients very

well and they are like permanent members of the team. I know the service is trying to recruit more members of staff for continuity." This was echoed by one relative and one social care professional we spoke with. Comments included, "There have been some issues with recruiting and retaining staff to work with [name of person] and at times, agency staff have had to be used. Aspirations do try to restrict the number of agency staff involved as [Name of person] does require a consistent approach and will react on the occasions when there are staff working with them who are unfamiliar or unconfident in working with them. One relative told us, "I know they use agency staff to cover some times. I also know they are trying to recruit more permanent staff". One social care professional said, "[Name of person] does have a core group of staff who know them very well and who they have a strong attachment to. [Name of person] does generally seem happy in their present home". Systems were in place to monitor that staff had arrived and left their call visits on time. For one placing authority the provider used electronic call monitoring (ECM). Using ECM meant the provider could monitor the actual times people received their care calls.

Safe recruitment practices were followed before new staff were employed. Checks were made to ensure staff were of good character and suitable for their role. The provider had obtained a Disclosure Barring Service (DBS) certificate for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Other checks included references from previous employment and record of identity.

Is the service effective?

Our findings

The service continued to provide effective care to people. A relative told us they felt that staff were skilled enough to meet the needs of their family members and said, "I think that the service has good training for staff. I think Makaton and signing training are still outstanding for some staff but some have been on it". Staff had completed training that ensured they were effective in their roles. Records showed a training programme was facilitated by the training manager who had the assessed skills to teach staff in areas such as dementia, moving and handling, medicines, equality and diversity and safeguarding. Staff completed relevant training in areas such as safeguarding, fire and health and safety. They had also completed training in how to support people with autism and learning disabilities such as epilepsy, signing, and Makaton and specific medicine such as Buccal Midazolam. Staff explained they had completed an induction that required them to shadow more experienced members of staff to demonstrate how best to support people with the care that they required. One staff member told us, "Everyone was really very supportive. I learnt that openness, patience and being understanding is what I need to meet the needs of the people I support. During that time I spent time participating in activities with people to get to know them". Evaluations of staff performance were carried out by the management team and feedback was provided to staff during their one to ones, group supervisions and spot checks.

People's rights were protected because staff worked in accordance with the Mental Capacity Act 2005 (MCA). People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. We saw evidence of the correct legal process being followed and staff seeking advice from the local authority or the courts where necessary. One staff member told us, "Our service users have complex needs and their capacity has been assessed so we are aware of how to support them to make everyday decisions. For example what they want to wear, what they would like to eat and if they would like to go out for a walk".

People's healthcare needs were met. Important information about people's conditions were in their care plans. Where staff identified problems that would require a healthcare professional, the relevant referrals were made. Staff had noted one person had vomiting and diarrhoea, they quickly called the GP and 111 for advice. The person was taken to hospital for treatment. Another person who was autistic, was anxious about the dentist. Staff were working with them to receive treatment from a specialist dentist.

People's nutritional needs were met and they were involved in planning meals. We observed staff asking a person what they wanted for breakfast whilst also interacting with them. The person was presented with two options and they chose what they wanted. Information about what foods people liked were in their records. People were supported to prepare food. One staff member told us [Name of person] lets us know what they want to eat when we ask and sometimes they help us with preparing the food in their own way". Staff used pictures to help people make choices about food. Where people had specific dietary requirements, these were listed in their records. For example, guidance was in place for staff from the dietician in relation to preparing a special food supplement for the person who required it.

Is the service caring?

Our findings

The service continued to provide a caring service to people. A relative told us staff were caring and kind and they understood their relative's needs and that they were excited to see staff and enjoyed their company. We observed staff member was caring, kind and compassion towards one person we visited. The person was comfortable spending time with the staff member. They were observed laughing and enjoying sharing conversations and jokes with the staff member.

People were supported by staff that knew them well. Care plans were detailed and contained information on people's backgrounds and preferences.

Staff had a good knowledge of people's stories. One staff member said, "One person had a challenging behaviour. Because we know their background story it helps us to reassure them to reduce their anxiety". People were involved in key aspects of their care and in the writing of their care plans. All of the care records that we looked at included information directly from the person receiving the care including their likes and dislikes. For example, one person enjoyed listening to music and spending time with family and another person liked going for a drive in the local community.

People were supported by staff who respected their privacy and dignity. Staff had a good understanding of how to provide care in a way that promoted people's privacy and dignity. A member of staff was observed being discreet when providing personal care. One staff member told us, "We make sure the doors are shut and curtains are closed. We tell people what we are about to do and make sure people are properly covered before a shower. Other aspects of personal care are done in the person's bedroom".

Staff empowered people by promoting their independence. People's goals and aspirations were included in their care plans. Staff supported people to develop skills to increase their independence. One staff member said we try to get [name of person] to dress themselves and open the deodorant. We give them money in the shop to pay for things. They can count the coins and make their own calculation".

Is the service responsive?

Our findings

Care and support remained responsive to people's needs. People had access to a range of activities. People had individual activity timetables. Records noted people's hobbies and the activities they were fond of, in and outside of their homes. These were listed in their care plans. One person had a love of music. Their room was decorated in a way that reflected their interest. One person went out for a walk at the lakes enjoyed visit to the garden centre and went shopping and visited family on weekends " A relative told us, "They always go out for a walks with staff and they take them out for a drive. They have a plan of activities every week". Information in one person's care plan included the times they liked to structure their day. Another person did not like to have a structure to their day. They decided what they wished to do each morning.

People received person-centred care. Care plans were kept up to date and important information on how to meet people's needs was present. People's needs were appropriately assessed and met. Care plans captured information based on the referral information sent from the local authority. This also included information from the provider's first assessment after they held one to one meetings with people and their representatives about their care. People's care records showed how they wanted to be supported in relation to their physical and mental health and their wellbeing. Information comprised of written guidance to show if people required two to one care and the details of multi-disciplinary teams involved with their care. The registered manager had visited people regularly to review their care needs and to check the service was responsive to their changing needs and changes in need were acted upon by staff.

Complaints were responded to appropriately. There was a complaints policy in place and people were given information on how to complain in an accessible pictorial format. Where complaints had been received, the provider took appropriate actions to address them. There had been two complaints since the last inspection, both of these had been resolved.

The provider had visited people regularly to review their care needs and to check the service was responsive to their changing needs. Communication records demonstrated the responsive action the provider took to make certain people received the appropriate care and support including equipment and aids for their care if required. For one person specialists had been contacted and visited the person to reassess their health and safety equipment that was provided in addition to reviewing their mental health needs. The provider had written instructions for staff to follow to ensure the person was safe when they displayed a challenging behaviour. One health professional told us, "Aspirations have remained engaged with the Community Learning Disability Team (CLDT) and are keen for CLDT input". This meant that the service was responsive to people's needs.

Is the service well-led?

Our findings

The service continued to provide a well-led service to people. A relative told us, "I can call the manager at any time. The manager is quite receptive and the management are approachable ". One medical professional told us, "The leadership team are dedicated to providing good care for [Name of person] and are very supportive of their staff team". One staff member said, "The senior management are quite good. They are like one big family. I feel I can talk to them. The on-call is good they will respond if you have any concerns".

At the time of our inspection there was a registered manager in post. 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.

Staff felt well supported by the registered manager. One staff member told us, "Our manager is approachable and would listen to you, she is hands on and that makes her very accessible." Another staff member said, "Management is approachable. They are just one phone call away. I can call them, text or email them. The company is a good one and I feel good with them. I have worked in many places and they are not as good as Aspirations".

The registered manager visited people's houses regularly and staff said they could call the office at any time for management support.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service. The registered manager carried out regular audits and documented their findings and any actions taken. Audits were undertaken in areas such as health and safety, infection control and medicines. Where improvements were identified, we saw evidence that these had been actioned.

The provider kept important records up to date. Information in care plans and daily notes was clear and current. Due to the nature of the people they supported, up to date records in the office were important in ensuring that the registered manager had oversight of the service. Recording and storing systems were clear and information that we required was accessible on the day of inspection.

People and staff were regularly consulted on how the service was run. Surveys had been sent to people to check their satisfaction with the service and to find out what the provider could do better. These showed that 85% of people were satisfied with the quality of the service. However, surveys required further review to evaluate the feedback that showed 25% of people were not 'very satisfied' with the service. This would identify if further improvements were needed to the way the provider delivered care. The provider had developed an action plan in regards to the how to deal with the areas that people did not feel very satisfied about the service. For example, one person requested greater continuity in staffing and the service had extended the hours of the preferred support worker and reduced use of agency and other emergency cover. They had also reviewed the staffing policy to include how to retain competent staff. Regular staff meetings took place and staff used these as an opportunity to make suggestions that could improve people's lives. Senior management meetings also took place where service improvement was discussed. The director told

us, "Part of our 'vision' included the promoting of more effective and positive communication between staff and their colleagues, and also between staff and service users".

A local authority that made referrals to the service had conducted quality checks to assess the standards of care and the provider was working to address any shortfalls they found. The provider was aware of the requirement to notify the CQC of important events affecting people using the service. We had been promptly notified of these events when they occurred.

The registered manager told us they regularly updated their practice by using on line resources which included information updates on CQC website and bulletin. This information was shared with their team. They told us they undertook training with the local council to support their role as registered manager. They also attended Care and Support West registered manager's network conferences as well as local authority provider forums. This enabled them to share good practice and discuss issues and challenges that could be faced within the industry.