

Aspire: for Intelligent Care and Support C.I.C

Adult Placement

Inspection report

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Date of inspection visit:
26 November 2018
27 November 2018

Date of publication:
28 December 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 26 and 27 November 2018 and was announced. We announced the inspection 48 hours in advance so that staff would be available at the head office to facilitate our inspection.

Adult Placement provides care and support for people over the age of 18 years who need support due to age, illness or disability. Care is provided by approved carers in their own home or, in some circumstances the person's own home. Carers provide support to people on either a long-term basis, for short-breaks (respite) or for day support. The service forms part of Aspire: for Intelligent Care and Support C.I.C and is located in Salford, Greater Manchester.

On the day of the inspection Adult Placement, Salford were supporting 130 people.

The service had a registered manager. A registered manager is a person who has registered with the 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.

The service was rated as good at the last inspection in March 2016. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. However, we identified some gaps in training and made a recommendation that the provider review their induction and training package to ensure that carers have sight of recent best practice to care for people appropriately.

The service had been developed and designed in line with the principles that underpin the Registering the Right Support and other best practice guidance; these values include choice, promotion of independence and inclusion. This policy asserts that people with learning disabilities and autism using a service should live as ordinary a life as any citizen. This policy can be found on the Care Quality Commission website.

The registered manager and staff understood their role and responsibilities to keep people safe from harm. Risks were assessed and plans put in place to keep people safe. Pre-employment checks were carried out on staff to assess their suitability to support vulnerable people.

People's needs were assessed before using the service and on an ongoing basis to reflect any changes in need.

People who used the service and their relatives told us care staff were kind, caring and helpful and treated them with respect. All the people/relatives we spoke with felt the care staff were approachable, listened to them and acted in accordance with their wishes. People we spoke with told us staff respected their privacy

and dignity and felt they encouraged them to be as independent as possible.

Staff understood the principles of the Mental Capacity Act 2005 (MCA), they told us that if they had any concerns about the capacity of a person using the service, they would contact the office. We saw where people lacked capacity this was clearly recorded within their care plan.

The service was aware of equality and diversity and ensured any support people needed with their gender, sexuality, ethnicity, religion and culture was provided with empathy.

People's communication needs were tailored to each person to ensure their wishes were known.

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 remains Good.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Some carers were not up to date with the mandatory training required to refresh and update their knowledge.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and could recognise what a deprivation of liberty was and how they must protect people's rights.

Carers understood people's physical, mental and medical needs, and liaised appropriately with relevant health care professionals.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Adult Placement

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 was an announced inspection and was conducted by one adult social care inspector on the 26 and 27 November 2018.

We requested and received 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 any improvements they plan to make. We used this information to help plan the inspection.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us.

Notifications tell us about any incidents or events that affect people who use the service. We also asked Salford Healthwatch and local authority for their views of the service and they did not have any concerns.

We spoke with three people who used the service, two relatives, the registered manager, the adult placement social worker, four support staff members/carers.

During our inspection we looked at the care records of four people. We also looked at the recruitment, training and supervision records for four members of staff, minutes of meetings and a variety of other records related to the management of the service.

Support workers and those that care for people at Adult Placement are referred to as 'carers' by the service and we have used that term throughout our inspection report.

Is the service safe?

Our findings

People told us they felt safe receiving support from Adult Placement. One person told us, "I do feel safe and well looked after." A relative told us, "It is a great support knowing the carers are coming regularly to keep an eye on things."

Carers we spoke to understood their responsibilities to identify and report any concerns. Carers were confident that action would be taken seriously if they raised any concerns relating to potential abuse. One carer said, "If I was worried about something I wouldn't hesitate to pass it on to the office. They always know how to sort things out."

Carers were aware of the provider's whistleblowing policy. When asked about this, one carer told us, "I am comfortable talking to the managers but I'm aware of the whistleblowing policy." Another told us, "It's always better to be safe than sorry." A whistleblowing policy shows a commitment by the service to encourage staff to report genuine concerns with no recriminations.

The service managed accidents and incidents effectively. There was an appropriate, up to date accident and incident policy and procedure in place which was supported by additional health and safety policies. Incidents were logged and tracked including the date of the incident the name of the person concerned and the action taken to reduce the potential for repeated events. Records we saw indicated no serious accidents had occurred. Data reflecting accidents and incidents was reviewed by management and an action plan formulated to avoid a recurrence.

People's care plans contained risk assessments which included risks associated with; moving and handling, managing behaviour and environmental risks. Where risks were identified plans were in place to identify how risks would be managed. For example, one person's behaviour could challenge carers. This person's care record contained a plan which gave guidance to staff on reducing the risk associated with each care task. Carers were aware of this guidance and told us they followed it.

The provider had safe recruitment and selection processes in place. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers.

During the inspection we reviewed the number of staff employed by the service. The registered manager and staff told us that staffing levels were adequate and people/relatives we spoke with told us that they got support at the required time and staff did not rush them.

We looked at four care records and found that they were regularly reviewed and stored securely, whilst being accessible to staff. This meant that the service looked at ways to minimise any risks to enable people to live their lives in a safe way with the least possible impact.

Is the service effective?

Our findings

We saw that some carers had completed training courses in communication and moving and handling to carry out their role effectively. However, we reviewed carer training records and found that some carers had not refreshed their mandatory training for some time. Staff must receive training that is relevant and training should be updated at appropriate intervals to keep staff up to date in key areas, for example; safeguarding, the safe administration of medicines and health and safety. Training refreshes carer's knowledge and skills, meaning they can provide care appropriately and help to keep people safe.

We recommend that the service review their induction package, training schedule and training policy and ensure that all carers complete their mandatory training and have this refreshed regularly.

Many people accessing the service were able to make decisions about their own care and support. Where decisions were made on behalf of people who were unable to give their consent, mental capacity assessments had been carried out in accordance with the Mental Capacity Act 2005 (MCA). The 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. Staff were trained in the MCA and had a good awareness of the legislation. People told us staff asked for their consent before providing care.

Carers demonstrated they understood their responsibilities for supporting people to make their own decisions. For example, people were asked before support was provided and choices were offered at meal times and regarding activities. One person told us, "They always ask me what I want to do so I can choose myself." We asked carers how they sought permission from people before providing care. One staff member said, "I always give people as much choice and control as possible to ensure they are living the life they want. We are carefully matched with people so we can meet their needs."

The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as Adult Placement where people are resident in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection. Carers told us that if they had any concerns about the capacity of a person using the service, they would contact the office. We saw where people lacked capacity this was clearly recorded within their care plan.

People's needs were assessed in sufficient detail to inform the delivery of care. We saw and were told about care being re-assessed as people's needs changed. Initial assessments were thorough and fed into detailed support plans that were regularly updated. Carers supported people to access healthcare appointments and promoted healthy nutrition and lifestyle choices.

Carers we spoke with told us they received regular supervision (supervision is a one to one meeting with a manager). Unannounced spot checks were also completed to check whether staff continued to work with people safely. The staff told us the registered manager checked their knowledge, whether they supported people in the way they wanted to be supported, used protective equipment to maintain infection control standards, arrived at the correct time and whether they were suitably dressed. Any issues identified were addressed in a positive manner with staff being given additional support to promote improvement.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the provider was meeting this requirement by identifying, recording and sharing the information and communication needs of people who used the service with carers and staff, where those needs related to a disability, impairment or sensory loss; this meant staff understood how to best communicate with people. People could receive information in formats they could understand such as in easy read or large print and the service could provide information in other languages if required.

Is the service caring?

Our findings

People and relatives we spoke with were positive about the standard of care given by carers. Comments included; "They [carers] are lovely, they're so good" and "I've always had the same carers so I know them well."

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service embedded equality and human rights through effective person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different groups received the help and support they needed to lead fulfilling lives, which met their individual needs and promoted their independence.

Whilst we did not observe carers providing personal care when we visited people, carers gave appropriate examples of ways in which they would ensure people's dignity was maintained; for example, by ensuring curtains and doors remained closed whilst supporting with personal care tasks and speaking to people discreetly.

The registered manager and carers worked to ensure people were involved in planning their care and support. The service provided to people was based on their individual needs. Carers told us they took people's wishes and needs into account and tried to be as flexible as possible in accommodating any changes to visit times.

The service recruited carers based on their values in conjunction with their experience. This meant that the carers were driven to provide a service by their caring natures which was evident to us during the inspection. One carer told us, "It's not even like a job, I consider the people I support to be like friends. I genuinely love it."

It was clear from our discussions that carers knew people, their needs and preferences well and provided care accordingly. A relative said, "I really enjoy it when the carers come in, I know [name] is in good hands and I look forward to the break,". Another relative told us, "It's working really well and take the pressure of us all."

We saw numerous examples in care records of carers actively promoting people's independence. Staff understood the need to help people to maintain and improve their levels of independence. People were encouraged and supported to be as independent as they wanted to be. One person told us, "I am learning new things all the time to help me be more independent."

Information about people was kept securely. The registered manager ensured that confidential paperwork was collected regularly from people's homes and stored securely at the registered office. People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and carers.

Is the service responsive?

Our findings

The service considered and assessed how best to support people who wished to move into the service. The registered manager and carers knew the people supported by Adult Placement well and ensured each person had a care plan that was tailored to meet their individual needs. Person-centred care plans contained information on a range of aspects to help support people including mobility, communication, nutrition and health.

Adult Placement was responsive to people and their changing needs. Throughout the inspection we observed a very positive and inclusive culture at service. Promoting independence, involving people and using creative approaches was embedded and normal practice for carers. We saw that there were clear personal care guidelines in place for carers to follow which ensured that care delivered was consistent and respected people's preferences. People's support plans included information about people's personal history, their individual interests and their ability to make decisions about their day to day lives. The structure of the care files was clear and made it easy to access information.

We looked whether the service was working to National Institute for Health and Care Excellence (NICE) guidance entitled "People's experience in adult social care services: improving the experience of care and support for people using adult social care services." The guideline covers social care received at home, residential care and community care and aims to support people to make decisions about their care and to encourage providers to improve the quality of their services. NICE recommendations include the recognition each service user is an individual and that each person's self-defined strengths, preferences, aspirations and needs are the basis on which to provide care and support to help them live an independent life. We found that the service implemented these values by including details about people's life history, interests and goals for the future in their care plans.

The initial assessment also included information about any risks and support was sought from other relevant professionals. This helped to ensure that people's needs could be met by the service.

People were supported to participate in a range of leisure and educational activities. People attended college and social clubs, went swimming and shopping and to various community groups with the support of carers or independently.

The provider had a complaints policy and processes were in place to record any complaints received and to address them in accordance with their policy. The service had received no formal complaints since the last inspection. The registered manager told us, "We are available to speak to people, relatives and carers at any time so deal with any issues immediately." A carer told us, "They are great in the office, I call in often to speak to someone about issues that arise and they are great. So helpful and they really want to get it right for people."

The service had received many compliment cards from people and relatives about the high standard of support that had been given by staff at the office and carers.

Although the service did not usually provide end of life care, people were supported to stay in their own home for as long as their needs could be met with assistance from community based services, if needed.

Is the service well-led?

Our findings

The service is required to have a registered manager. 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. The registered manager had been in post since June 2015.

The registered manager was held in high regard by people, relatives and carers. One carer we spoke with told us, "The registered manager is great, always there to help you out both personally and professionally." Another carer said, "I can come into the office any time and speak to [Name of registered manager] or [Name of Social Worker], they are so supportive, and they try to help, whether it is work related or a more personal issue." All the carers we spoke with told us that the whole management team were approachable and welcoming.

From 1 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. During this inspection we saw that the rating from our last inspection was clearly displayed in the reception area and a link was available to the last inspection report on the service website.

We saw that staff meetings were held regularly and staff had the opportunity to raise any issues and discussions took place regarding individual people who used the service as well as training, planning, documentation and confidentiality. Carers told us they found these meetings to be useful. One staff member said, "It's always good to catch up with other carers and see where people are up to at a meeting."

An independent carers meeting took place regularly and any relevant information was fed back to the management team to support carers and overall quality improvement.

There was an 'on call' system in place, available every day and night, to ensure that staff could get support from a senior member of staff in the event of an emergency or if they needed advice and guidance. Carers we spoke with said the on-call system was effective and that someone was always available to support them. This showed that effective support measures were in place to assist staff and people in emergency situations.

The service's aims and objectives were referenced in the statement of purpose. A statement of purpose is a legally required document that includes a standard set of information about a provider's service. These were the guiding principles which determined how all staff approached their work and were based on offering a professional and effective service to the people who used it and their carers.

We found the service had policies and procedures in place, which covered all aspects of service delivery including safeguarding, medication, whistleblowing, recruitment, complaints, equality and diversity, moving

and handling and infection control. The service appropriately submitted statutory notifications to CQC.

We spoke with the registered manager about capturing formal feedback from people, relatives and carers on a regular basis, and they agreed that this would assist them to monitor the quality of their service and drive forward improvements.

There were identified lines of responsibility within the service and the registered manager, who was supported by a team that worked with the local authority and other professional services to develop the service.

During the inspection we found the service was managed by professionals with an obvious dedication to the people they support and the carers that work with them.