

Aspirations Care Limited

Aspirations Northwest Adults

Inspection report

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22 March 2018

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection was prompted due to information shared with CQC about the potential concerns around the management of people's care needs, the management of risk and staffing, and management at the service. We decided to complete a focused inspection. This inspection examined those risks.

This inspection took place on 14 and 22 March 2018 and was unannounced.

This inspection was 'focused' in response to concerns in that we only looked at two domains; Safe and Well-led. The domains 'Effective', 'Caring' and 'Responsive' were not assessed at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Aspirations Northwest' website at www.cqc.org.uk.

This service provides care and support to people living in 'supported living' settings, so that they can live in their own home as independently as possible. 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. Some people chose to live together and did so in houses of multiple occupancy (HMO).

Houses in multiple occupation are properties where at least three people in more than one household share toilet, bathroom or kitchen facilities.

At the time of our inspection the manager informed us that there were 14 people in receipt of the regulated activity of personal care. There were other people accessing support from this service, however they were not within receipt of this regulated activity, so we did not look at their documentation.

There was a manager, they were not registered. However they were in the process of starting their registration with us due to only taking up the post recently.

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.

We viewed risk assessments in place for people who used the service and found that risks were clearly described along with information for staff with regards to how to mitigate these risks. We found that some information was not detailed to include people's clinical needs. We have made a recommendation concerning this.

We saw the prior to our inspection safeguarding concerns had not always been reported and acted on appropriately. We discussed this at length with the new manager who acknowledged there were some

issues they were currently investigating with regards to the reporting of safeguardings.

Prior to our inspection we received some information of concern relating to staff numbers at the services and a high use of agency staff who had not been properly introduced to people. We saw the service had used agency staff. However there was a clear emphasis on recruitment and the number and usage of agency staff had decreased in the last few weeks. We saw there was a handover for agency staff when they came on shift. However, there was no formal introduction of agency staff to people who used the service.

We checked some of the audits for the last few months. We saw that some audits had not highlighted when issue were brought to the attention of the service. This included services which were not clean, and issues relating to staffing concerns. We spoke to the manager at length who showed us new audits which had been implemented which highlighted and action planned these concerns.

We checked the cleanliness of some of the services people lived in. The manager was open and transparent and confirmed that some services could be described as 'dirty' however, audits had been completed in these services and there were now cleaning rotas in place to help staff support people with this.

Prior to the inspection we received information of concern that the out of hours' on-call system was not effective and staff could not always reach a senior manager for support. We checked the effectiveness of the out of hours' system (on-call). We spoke to staff about this and the manager and found that changes had been made to the out of hours' system to ensure it was effective. None of the staff we spoke with raised any concerns regarding this.

The manager discussed the leadership of the service. We had received concerns that manager and staff turnover was high, and the service was struggling to retain staff. The manager and one of the directors acknowledged that this had been a problem. The manager already had plans in place and implemented to try to address these concerns and reassure staff. Staff we spoke with confirmed that they felt reassured and the services as a whole had improved in the last two weeks since the new manager took up post.

Medication was stored safely in people's homes and was only given by staff who had the skills and training to do so.

Staff had been subject to disciplinary action where needed, and a log of these processes was kept securely.

Staff recruitment was safe, and relevant checks were requested on staff before they commenced working at the service.

The rating from the last inspection was displayed in the office.

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 was not always safe.

Risk assessments were in place and contained relevant information. Some aspects of the information required further information to ensure staff were able to mitigate risks to people.

Staffing levels at the time our inspection were good. However, there were service manager vacancies across services, and staff turnover was high.

Safeguarding concerns were being reported. However there was some confusion as to which local authority the concerns were being reported to. We clarified this at the time of our inspection.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Audits were not being completed consistently to enable them to highlight gaps in service provision. A new audit template had been implemented in the service and we saw issues were starting to be brought to the attention of the manager.

Staff said they liked the manager and they had already noticed improvement with the leadership and direction of the service.

The manager was in the process of gathering feedback from people who used the service, staff and family members to see what areas needed to be improved.

Requires Improvement ●

Aspirations Northwest Adults

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.

This inspection was prompted in part by information shared via the Local Authority and also in response to additional concerns we received in the past few weeks relating to the overall management of the service.

At the time of this inspection we were aware of at least two separate safeguarding investigations which were taking place.

The purpose of this inspection was to check if the provider was managing risks to people effectively following recent concerns regarding the staffing levels, cleanliness and management oversight at the service.

The inspection took place on 14 and 22 March 2018 and was unannounced.

The inspection was conducted by three adult social care inspectors. We spent time in the office looking at records and speaking to the manager. We also visited one of the services where concerns had been raised and spoke to the staff and one of the people who lived there. We also spoke to other staff over the telephone a few days after our inspection. In total, we spoke with five staff, the training manager, the manager who was new in post, and the director. We looked at the risk assessments for three people, assessed the on-call procedure, and looked at three staff recruitment files. We also looked at other documentation relevant to our inspection of this service.

Is the service safe?

Our findings

We viewed risk assessments relating to people's health and safety. This was because we wanted to ensure people had suitable risk assessments in place so staff could give people safe, appropriate support.

Most of the risk assessments we viewed contained clear instructions for staff to keep people safe, however some needed further detail. For example, one person had complex clinical needs as well as posing a risk to the environment due to smoking. We saw that the person had a smoking risk assessment in place. However, it was not specific enough with regards to how staff should keep the person safe. Additionally, there was not enough information regarding the person's clinical health needs and how staff should support them if they were unwell.

We recommend that the provider refers to relevant guidance and updates their practices accordingly.

We asked the staff about safeguarding, and how they would ensure actual or potential abuse was reported. There was information around the service with regards to safeguarding and whistleblowing, and staff described the action they would take to ensure concerns were escalated. Due to some information we received prior to the inspection, it was not clear whether all safeguarding incidents had been reported in accordance with local procedures. The new manager agreed to review all accidents and incidents immediately.

A safeguarding policy was displayed in the premises we visited and staff understood the reporting procedures if they felt someone was at risk of harm or abuse. The training manager we spoke with confirmed all staff received safeguarding training as part of their induction and also received annual refresher training.

We viewed support plans the service had in place for keeping people safe if they were to present behaviours which challenged. This was because we wanted to be sure staff had access to the right support strategies.

We looked at a Positive Behaviour Support plan for one person who presented with complex behaviours and saw this provided detailed information about how to manage challenging situations for the safety of both the individual and staff. The plan provided information on the usual presentation of the person so staff could be alert to any changes in their demeanour. Early indicators of disengagement were also recorded so that staff could identify situations when behaviours were more likely to occur. We saw that efforts were made to predict behaviour and staff were reminded to consider pro-active strategies to minimise the chance of this developing. By pro-active we mean what the person and staff can do before any behaviour that challenges presents, to help prevent it or meet the person's needs differently. This included guidance to staff to maintain a relaxed posture and re-direct the person and engage them in activities they enjoyed. We saw that reactive strategies were also documented which included diffusion techniques and as a last resort, PRN medication. This is medication to be used as and when required to alleviate anxiety.

We spoke at length to the staff about their rotas and shift patterns. We saw that the service had previously

had a high turnover of staff and heavily relied on the use of agency staff. The staff members we spoke with confirmed this, however, all of the staff we spoke with said the use of agency staff had decreased in the last two weeks. The manager informed us that Aspirations was 95% staffed with support workers, however there were still vacancies in managers' posts across the services. This sometimes meant that service managers were working across different areas and taking on a larger workload. The manager assured us that the job vacancies were advertised, and applicants were awaiting interview. Despite the emphasis on recruitment, we saw that one staff member was working with a person they had never met before. We checked how staff were introduced to people and saw there was no formal process for this. The manager informed us this was something they were in process of implementing, to enable people who used the service to have more choice over who supports them.

Staff recruitment remained safe. The service had followed robust recruitment practices when securing staff to work within the services. Staff we spoke with confirmed that they had completed shadow shifts for a period of time before being asked to lone work with people.

Prior to our inspection we had received some concerns regarding the cleanliness of people's homes. Due to people living in their own homes there was an expectation that the staff would clean with them rather than for them, however, there were no cleaning schedules in place for any of the services, so we could not see how people had been actively encouraged and supported to keep their property clean and tidy. The manager acknowledged that some of the services had looked dirty when they had been out to complete recent visits. The manager had already compiled a cleaning rota which they had shared with the staff at the services to help ensure every effort was made to support people with this activity.

Medication was stored in people's own homes. Where staff supported people with taking their medication this was clearly recorded in their care plans in accordance with the recent NICE guidelines.

A log was kept of accidents and incidents and action taken in response was clearly recorded. For example, staff had been disciplined and local reporting procedures had been followed.

One incident we reviewed related to a medication error. We saw that action was taken to prevent the risk of reoccurrence. This included a medication observation to assess the staff member's competency in medication administration, a questionnaire for the staff member regarding recording on the Medication Administration Record (MAR) and an additional supervision.

We viewed records relating to the out of hours or (on call) system in the service. This was because we wanted to be sure that staff had access to support and guidance during their shifts of an evening and at weekends. We had received concerns about this, which highlighted that the on-call was not always assessable, and a manager did not always answer the phone. None of the staff we spoke with raised any concerns with the on-call system. We saw accurate and complete on call records for each service. The manager advised is that a new on-call support system would be introduced to offer staff an additional tier of support from the manager.

Is the service well-led?

Our findings

We checked the auditing systems the service had in place. We saw that audits were completed in areas such as medication, the environment, and finances. Each service had its own auditing tool, which were mostly completed. However, we saw gaps in audits relating to the scoring mechanisms used on the audits, and the action taken from the audit. The scoring mechanism was a tool used so the manager could check how compliant they were with the auditing processes. By not completing their own audits in full meant that we could not always be sure that action was being highlighted and followed up from these audits. For example, we saw one of the audits in one service had not identified the issues with the cleanliness of the environment. The manager was honest and transparent about the lack of robust auditing. The manager showed us a new audit tool which had recently been completed and tested out in one of the services. The manager informed us that audits were currently taking place weekly, in response to the concerns that had been raised recently with service provision. We viewed a sample of these audits, however it was too early to test their effectiveness.

A policy entitled 'safeline' was on display in the premises that we viewed. This enabled staff to raise any concerns they held at a senior management level. We had received concerns prior to our inspection that staff concerns were not always being listened to or addressed. We spoke to staff about this. Staff confirmed there had been some concerns. However, they felt more assured that the new manager was addressing their concerns due to the improvements already being made.

The managing director shared their vision to improve staff retention through the use of initiatives such as the use of a national progression role to enable development for staff and through on going training and support. A new on-call support system would be introduced to offer staff an additional tier of support from the manager.

Initiative such as 'employee of the month' and 'service user forum' were displayed on the noticeboard in the premises. Staff told us the 'employee of the month' awards were not consistently held. The manager said this was something that was being re-introduced in the near future.

From April 2015 it became a legal requirement for providers to display their CQC (Care Quality Commission) rating. The ratings from the previous inspection were displayed in the registered provider's office.

There was not a registered manager in post, however there was a manger who was applying to become registered with CQC. Staff spoke positively about the manager. One staff member said "[Managers name] is great, he has been here to see us all." Someone else said, "I was going to leave, however, [manager] has assured me things are going to change and they have already given us the rotas we were promised."

We spoke to staff regarding the leadership and management of the service. All of the staff we spoke with told us that since the current manager had taken up post this had improved. One staff member said they felt assured they were now being 'listened to'. There had been a number of changes to the management structure at the service due to problems with staff retention and therefore some staff had not benefitted

from consistent leadership and direction. This resulted in a period when staff felt unsettled. One staff member told us, "I've had 9 or 10 different deputy managers in the three years I've worked here and it's hard to adjust."

We spoke at length with the manager and managing director who were open and transparent regarding some of the challenges they had faced in respect of staff retention. They were able to discuss the steps they had taken to address this which included a recent recruitment drive and their plan to cease the use agency staff at the service from 1st April 2018. Staff rotas were now organised a year in advance to offer staff and people consistency. Staff told us they enjoyed the predictability of this which allowed them to plan in advance.

The manager was in the process of gathering feedback from people who used the service and their relatives to see how they could further improve. On the day of our inspection, the manager had made arrangements to meet with three people's relatives to introduce themselves and address any concerns they held in respect of their relative's care.

The manager acknowledged that some staff may not be aware of the current management structure at the service and therefore they planned to circulate a letter informing staff of the changes and also an outline of the manager's roles and responsibilities.

There was clear evidence that improvements to service provision had already begun. The manager acknowledged some recent shortfalls without apportioning blame and took on board our concerns. This meant that although the service needed to improve, we felt assured the necessary changes would be made.

Following the inspection the manager updated us via email to evidence that further changes had already been implemented. We will check at our next comprehensive inspection if improvements have been sustained.