

Aspire In The Community Ltd

Aspire Domiciliary and Respite Support Services

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 an announced inspection carried out on 25 April 2017. We contacted the registered provider 24 hours before our inspection as some people using this service needed to be informed of our visit in advance.

Aspire Domiciliary and Respite Support Service provides residential care for adults with learning disabilities, who may have behaviours that challenge and associated complex needs. This service is also registered to provide care to people in their own homes. At the time of our inspection, no one in receipt of this service required personal care.

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.

One person and a relative told us they felt the service provided safe care. Notifications were routinely submitted to the Care Quality Commission as required as a condition of registration. However, we found one incident which took place in January 2017 had not been reported. We recommended the registered provider review systems for reporting such incidents.

Based on feedback from relatives, staff as well as our observations during this inspection, we identified there were adequate staffing levels to meet people's needs. Recruitment was appropriately managed as relevant background checks had been completed to ensure staff were safe to work with vulnerable people.

Risks to people had been identified, assessed and reviewed. The home was clean and tidy and records showed regularly scheduled maintenance had been completed. This included all relevant fire safety checks.

Staff completed an induction and received ongoing support through a programme of supervision and training. The process for carrying out annual staff appraisals had commenced before our inspection took place.

Staff were caring and compassionate and engaged people in friendly interaction, respecting their preferences and communication style. Relatives told us staff respected people's privacy and dignity and staff were able to describe how they managed this. People's cultural, religious and sensory needs were met by staff at this service. People had been referred to advocacy services for additional support in decision making.

People were given choice by staff as part of their daily routines. This included meal planning and preparation. Staff encouraged people to take part in activities in the community and we saw evidence that this happened.

Mental capacity assessments and Deprivation of Liberty Safeguards (DoLS) were documented in care records. Care plans were found to be person-centred and contained details about people's routines and their care preferences. These were regularly reviewed.

Staff were pro-active in ensuring people were supported to access healthcare services and shared recent examples with us. We looked at the management of medicines which we saw were stored and administered appropriately. Records showed staff had received medication training. The registered provider had identified the need to carry out staff medication competency checks. People received their medicines as prescribed.

Complaints were suitably managed. Feedback from a recent survey for people and their relatives showed high levels of satisfaction.

Quality management systems were effective as audits were detailed and covered the requirements set out in the health and social care regulations. Action plans were created with identified timescales and these were followed up as part of subsequent audits.

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.

People were safe receiving this service. Appropriate background checks had been carried out which ensured staff were safe to work with vulnerable adults.

Risks to people had been individually assessed, monitored and reviewed. All fire safety and building maintenance checks had been carried out.

Staffing levels were appropriate to meet people's needs. Medicines were safely managed.

Is the service effective?

Good ●

The service was effective.

People's healthcare needs were met by a range of professionals. People were involved in meal planning and care plans for dietary needs were in place.

Staff were supported through a suitable induction, ongoing training and supervision. The process for annual appraisals had commenced.

Decision specific mental capacity assessments were in place. DoLS authorisations were found to be up-to-date.

Is the service caring?

Good ●

The service was caring.

Staff knew the people they supported well and were familiar with their preferences. Care plans were person-centred.

People's equality, diversity and human rights were respected. People's privacy and dignity was maintained.

Is the service responsive?

Good ●

The service was responsive.

People's care plans evidenced their care and support needs. Regular reviews took place and relatives were invited to be part of these meetings.

People were supported by staff to take part in community activities.

Complaints were dealt with and responded to appropriately.

Is the service well-led?

The service was well-led.

Robust quality management systems were in place to ensure continuous improvement of the service.

Staff and relatives told us the service had effective leadership and they could approach the registered manager with any concerns.

Regular staff meetings took place and surveys showed positive feedback about the service.

Good ●

Aspire Domiciliary and Respite Support Services

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 took place on 25 April 2017 and was announced. The inspection team consisted of two adult social care inspectors.

At the time of our inspection there were three people living in the home. During our visit we spoke with the registered manager, a team leader and three other members of staff. We also spoke with two people who used the service and two relatives. We spent some time looking at the documents and records that related to people's care and the management of the service. We looked at two people's care records

Before our inspections we usually ask the provider to send us 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 improvements they plan to make. We did not ask the provider to complete a PIR prior to this inspection.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

We spoke with people who told us they felt safe. We asked one relative whether they felt their family member was safe living at this service. They told us, "Most certainly." Staff we spoke with were able to identify different types of abuse and knew what to do if they witnessed abuse. One staff member said, "If you feel like something's untoward, report it to the manager."

We looked at records of safeguarding incidents which showed these were routinely reported and managed appropriately. However, we saw one incident between two people which took place in January 2017 which had not been reported to the Care Quality Commission. We recommended the registered provider routinely check to ensure all notifiable incidents have been reported to us.

We looked at the management of medicines and found this was safe.

Medication administration records (MARs) accurately reflected doses and times of administration. The MAR contained a photographic record for each person and there was detailed medicine and allergy information. The registered manager informed us that MARs were checked at the end of every day to ensure there were no discrepancies. In the April 2017 staff meeting minutes, it was recorded 'MAR sheets are getting better and no blank spaces'. We looked at two people's MARs and saw these were fully completed with no gaps. Medication was safely stored in lockable cupboards in each person's room. We saw evidence of the room temperature being checked daily and found this was always within the recommended range.

People's care plans contained sufficient guidance for the use of and when medicines, known as 'PRN'. This meant documentation was in place to identify when these medicines were needed and reduce the risk of inappropriate usage. Controlled drugs (CDs) are medicines which are more liable to misuse and therefore need close monitoring. We saw these were stored securely and the register for CDs showed two staff signatures for each administration.

Training records showed staff responsible for the administration of medicines had received this training. We asked the registered manager whether staff had an annual check of their competency to administer medicines. They told us they were in the process of implementing a new training policy which would include an assessment of staff competency in administering medicines which was scheduled to be completed by the end of May 2017.

We looked at the recruitment process for three members of staff and found this was safe. The registered provider had taken relevant references and had carried out checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that holds information about criminal records. As some information was not accessible on the day of our inspection, the registered manager shared this with us afterwards. These checks helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people.

We looked at staffing levels in the service and found there were adequate numbers of staff to meet people's

needs. The registered manager informed us people received a set number of hours of staff support every day. Although the service used agency staff to cover some shifts, this was only in exceptional circumstances where this could not be covered amongst the staff team. We asked staff members whether they felt there were enough staff on shift. Comments included, "Oh definitely, yes" and "Fine, absolutely fine."

Risks to people were appropriately assessed, managed and reviewed. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. Risk assessments covered, for example, finances, hygiene, going into the community and medication. These assessments provided clear guidance for staff including the strategies they were expected to use.

We looked at fire safety records and saw evidence of weekly fire alarm tests and four evacuations within the last year. Where actions were required we saw the registered manager had completed these. Each person living at this service had a personal emergency evacuation plan which meant staff had information to refer to in the event of a fire. We saw evidence of daily emergency lighting inspections, water temperature tests, legionella checks as well as gas and electrical wiring checks.

Window restrictors were checked weekly and emergency lighting was checked monthly.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's care plans contained relevant mental capacity assessments which were decision specific. These covered areas such as; personal care, finances, medication and dietary arrangements. Best interest decisions were also in place and records showed information was shared and agreed with relatives through conversations. Care records we looked at showed each person receiving this service had an approved DoLS authorisation which was in date.

Training records we looked at showed just under half of staff had up-to-date training in MCA and DoLS. The registered manager showed us training for the remaining members of staff had been booked and was scheduled to take place in June 2017. Training records showed staff had received training specific to people's needs such as autism awareness and responding to challenging behaviour.

We found some people living at this service were resistant to going out into the community. Staff told us they encouraged people to go out, but respected people's choices when they preferred to stay within the home. One relative we spoke with confirmed their family member's wishes were respected by staff.

One staff member we spoke with told us they had asked to repeat their induction a second time to ensure they had a sufficient understanding of their role. They told us the registered provider had supported them and fulfilled this request. As part of their induction, staff had to undertake training and shadowed experienced workers for a couple of weeks. Staff who were new to care were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

At the time of our inspection, this service had been registered for 12 months. This meant there were no staff annual appraisal records for us to look at, although the registered manager had recently sent these out to staff. Staff confirmed this had happened. Staff we spoke with told us they received regular supervision support. Supervision records were sufficiently detailed and looked at working relationships, responsibilities and any concerns. One staff member who we asked about supervision told us, "It's your chance to speak to the manager away from everyone else."

We looked at how the service managed people's healthcare needs and found this was appropriately managed. One relative told us their family member had a specific health issue which staff had supported them with by accompanying the person to hospital appointments.

A staff member told us about one person whose behaviour they noticed had changed which prompted them to be tested for a urinary tract infection. On the day of our inspection one person was referred by the registered manager to the dietician. Another staff member told us they had contacted the GP where a person refused to take their medication. The registered provider's February 2017 quality assurance audit highlighted that one person had specifically asked for a member of staff to support them as they underwent a dental procedure. This member of staff supported the person which demonstrated how the service helped to support people in meeting their healthcare needs. This meant staff had identified and responded to people's changing health needs.

Each person living at this service had a health action plan. These demonstrated the involvement of a range of professionals such as the chiropodist, dietician, GP, dentist, psychiatrist and optician. Care plans contained a hospital passport which accompanies a person on admission to hospital. This contains important information about the person, which hospital staff may not otherwise be aware of.

One person we spoke with told us they liked the meals at this service. Staff met with people individually every week to discuss menu planning and supported them to go out shopping for the ingredients they needed. Staff told us they encouraged people to join in with preparing their own meals. Relatives we spoke with felt people received enough to eat and drink. We saw people were being supported to maintain a healthy and balanced diet. People's weights were also appropriately monitored. One person had been helped by staff to lose a considerable amount of weight. We looked at one person's 'food and drink strategy' in their care records which identified a number of dishes which contained good sources of protein they needed.

Is the service caring?

Our findings

One person we spoke with told us they liked the staff. We saw staff were caring and compassionate in their interactions with people and knew their name. Staff engaged people in friendly and engaging interaction, respecting their preferences and communication style. One relative told us, "All the people we've seen have excellent interaction with [name of person]. We're extremely happy with where [name of person] is. We've got nothing but praise for the staff."

One relative told us, "[Name of person] is happy there, I'm sure. I get that feeling when I see them. [Name of person] has a right banter with people there." Another relative commented, "[Name of person's] coming across as much happier. The staff all seem very capable and friendly."

Feedback from the March 2017 satisfaction survey which relatives had helped people to complete included 'Staff keep my house lovely and clean/tidy' and 'Love my home. Enjoy the space and 1-2-1. Have my privacy. Like going for walks, eating out'. We saw one response from a survey which stated 'Some staff know exactly how to calm me down when I am agitated others can make the situation worse'. We saw evidence of a follow up discussion between the registered manager and a relative following these concerns.

Staff we spoke with demonstrated they had insight into people's care and support needs and were able to share how they supported them. One staff member told us, "I do enjoy it. I really do like helping people." Relatives we spoke with told us staff were familiar with the care and support needs of their family member.

We found care plans were person centred. For example, one care plan stated '[Name of person] very much enjoys looking nice and is keen to wear makeup and have her hair styled so that she looks attractive. This is important to maintain her self-esteem'.

We looked at how people's privacy and dignity was respected. The registered manager told us, "We knock on people's doors. We wouldn't just go in." A staff member said, "You don't just barge into someone's room. You knock on the door." We saw feedback from the March 2017 relative survey which confirmed staff routinely did this. Staff also described how they ensured doors were closed whilst they provided personal care to people, which meant their privacy and dignity was respected.

We spoke with the registered manager about how the service met people's equality, diversity and human rights. Although no one living at the home held religious beliefs, we found people received support where needed with regards to their sexual orientation. We saw people's personal emergency evacuation plans (PEEP) contained a section which asked whether the person needed the PEEP in large print to help them read it. This meant people's sensory needs were considered by the registered provider.

We saw information on advocacy services on display in the service. At the time of our inspection, one person had been supported to access an independent mental capacity advocate (IMCA). IMCAs act on behalf of people who do not have family or friends and help them with decision making.

Is the service responsive?

Our findings

Care plans contained records of an initial assessment used to determine people's care and support needs as well as how the service proposed to meet those needs. Care plans covered a range of care and support needs, for example, managing personal care, looking after finances, oral care, continence management and medication support.

We looked at two people's care plans and found they contained detailed information about people's care and support needs. For example, we saw sections on 'what people like and admire about me', 'my circle of support' and specific information about people's likes and dislikes and a description of their morning and evening routines.

Staff we spoke with were consistently able to describe the care and support needs of the people they assisted. We found the information staff relayed to us was consistent with the content of people's care plans.

People had positive behaviour management plans which contained information linked to red, amber and green stages. For example, 'Green' for one person stated, '[Name of person] loves to be complimented. Lots of positive comments are great for their self-esteem'. The amber strategy contained early warning signs for behaviour and red stated how staff should react to challenging situations. This meant people's behaviours were supported as staff had up-to-date information around identifying and responding to different situations. Care plans included people's goals and how they should be supported to achieve their objectives.

Reviews of care took place on a monthly basis and every six months a full review with the person, their relatives and relevant professionals took place. We looked at monthly updates and saw these were detailed and contained information regarding any changes to people's care and support needs. In response to the March 2017 survey which asked 'Are you involved in meetings about your care and your home?' one relative responded, 'Always at reviews and asked their opinions and what they want to discuss'.

We spoke with one relative who told us, "They're asking us all the time how [name of person] has been when we've been out with [name of person]. I do speak to them once a week on the phone. They're very open and informative."

People were supported by staff to access the community for activities such as going into town for a coffee, swimming, food shopping, walking in the park and watching a film at the cinema. We saw people's weekly activities included, for example, menu planning and carrying out laundry, which meant they took part in household tasks and were able to develop daily living skills.

One person's care plan contained a list of activities they enjoyed in their pre-assessment. These included; library, baking, arts and crafts, bowling, swimming, painting, walking, gardening and joining in walking groups. We saw the same person's activity planner which showed they were being supported to participate

in these activities.

We were made aware that some people preferred to stay within the service rather than go out into the community. We asked one staff member whether people were encouraged to go out and they told us, "We offer every day, more than once." One relative we spoke with said, "They're trying to encourage him to go to day centres."

We looked at complaints management and found there had been no formal complaints received since the service registered. People and relatives were given support to make a comment or complaint where they needed assistance. Information on how to complain was contained within the service user guide which had been produced in a format accessible to people living at this service. One relative told us, "I'd get to know if things weren't right." Another relative said they had no reason to make a complaint, although they commented, "I've no qualms in speaking to the relevant person."

We saw one survey response which stated 'I am absolutely delighted with where [name of person] is. They get all the help and support they needs plus much more at present. All staff members are excellent with him and keep me informed of anything that is happening. They are also very approachable and friendly and never make me feel unwelcome'.

Is the service well-led?

Our findings

Staff told us they worked in a positive culture where staff worked well together. One staff member told us, "It's only getting better. We're working together as a team." Staff spoke positively about the registered manager who they told us was approachable and supportive. One staff member said, [Name of registered manager] is brilliant. I don't feel like I can't turn to her." Another staff member commented, "I really like her since she's come on board. She's fair and open to new ideas." The registered manager told us, "We've got very much an open door policy."

We asked one relative about the registered manager who they described as, "Very informative and very open." The same relative said they visited their family member weekly and told us they were "totally impressed" with the service provided.

Staff we spoke with and the registered manager told us, the registered provider visited the service on a weekly basis and took time to speak with people and staff.

At the time of our inspection there were no resident meetings taking place. The registered manager told us they were considering introducing coffee mornings for relatives to give them an opportunity to discuss care provided and any concerns.

The registered manager told us they tried to hold staff meetings every six weeks. We saw a staff meeting in February 2017 had covered areas including; company expansion, quality assurance, recruitment, holidays and day trips, care plans, safeguarding and updates on people living at this service. We asked staff whether they had an opportunity to raise issues during team meetings. One staff member said, "Jump in when you need to. Nothing will be ignored." Additional staff meetings had taken place in November 2016, January and April 2017. On the day of our inspection a planned staff team meeting took place.

The registered manager used a monthly checklist to ensure they regularly reviewed accident and injuries, health and safety, people's healthcare needs, staffing arrangements and training needs. Service action plans showed where action was required and a due date for completion. This covered, for example, training needs, supervisions and appraisals, people's nutritional needs and fire safety.

We saw evidence of the registered provider's quality assurance audits which had been completed in September 2016 and February 2017. We saw this tool was effective as the areas addressed were based on the health and social care regulations which the CQC uses to judge whether people receive good care. The audit was in-depth and covered a wide range of aspects of service delivery. An action plan was completed which included timescales for completion. The registered provider ensured their February 2017 quality assurance audit reflected on the outstanding action points from the previous audit. This meant there was continuous learning and a commitment to improving the quality of the service.

We saw further evidence of audits which covered medication, bed and mattresses and kitchen hygiene. We concluded there were sufficient quality assurance systems in place to ensure an effective oversight of this

service.

One relative told us they had received a survey which had come through in easy read format. This meant the communication needs of people who lived in the home were supported in order for them to take part in the survey. We saw responses from the relative survey sent out in March 2017 and found feedback was positive. Comments from relatives in response to the survey included; '[Name of person] always looks clean and eats healthy' and 'All staff treat in same way and very patient.'