

Aspirations Care Limited

# Aspirations (Northampton)

## Inspection report

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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

### About the service

Aspirations (Northampton) is a supported living service providing personal care to adults with learning disabilities and/or autism. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection 29 people were receiving personal care.

People lived in their own accommodation either in a house with shared communal areas or a flat or bungalow in the community. Some accommodation had a room for staff to use if 24-hour support was required.

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

The service did not have a registered manager in post and audits had not always been consistently completed or signed off as per the providers procedures. Audits that had been completed contained actions and strategies to mitigate issues found.

Not all staff had completed up to date training. The provider was in the processing of ensuring staff completed the relevant courses.

Medicine management required improvement. Not all medicine administration records were consistently signed or completed.

People were protected from harm and abuse. People and relatives told us they felt safe being supported by Aspirations (Northampton). Staff understood safeguarding procedures and incidents and accidents were recorded and investigated appropriately.

Staffing levels were safe and people were supported by a consistent staff team who knew people well. Staff had been safely recruited.

Arrangements were in place to safely manage and monitor risks associated with people's care. Risks were assessed, recorded and strategies implemented to reduce those risks.

People were protected from infection control. Staff had adequate supplies of personal protective equipment [PPE] and knew what PPE to use in specific circumstances. Staff were involved in regular testing for COVID-19.

The provider learnt lessons through identifying trends and patterns from incidents, accidents and complaints. These lessons were then shared with staff through team meetings and supervision.

People, relatives and staff were supported to feedback on the service. Complaints received had been investigated and responded to.

People were supported to have their healthcare needs met. Referrals to external professionals were completed as needed.

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

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were supported in homes that were personalised to them. Staff supported people to access and be part of their local community and promoted people's independence.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvements (published 17 January 2020) and they were found to be in breach of regulation 17: Good Governance.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had been made and the provider was no longer breach of regulations.

#### Why we inspected

We received concerns in relation to oversight and a COVID outbreak. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed from requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aspirations (Northampton) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

Details are in our well led findings below.

**Requires Improvement** ●

# Aspirations (Northampton)

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector and one assistant inspector.

#### Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live 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.

The service did not have a manager registered with the Care Quality Commission. However, the provider was in the process of recruiting a new manager. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 9 March 2021 and ended on 16 March 2021. We visited the office location on 9 March 2021 and made calls to relatives and staff on 16 March 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

#### During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with 10 members of staff including the regional manager, quality lead, service manager and care staff.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- Not all staff had up to date training in fire safety, first aid and safeguarding. The training matrix evidenced that the compliance for these training sessions was between 37%-50%. However, staff told us they received training and the provider was in the process of ensuring staff training was kept up to date.
- Staffing levels were appropriate at each service. People and relatives told us there were enough staff and they had a consistent staff team in place.
- Systems and processes were in place to identify and investigate any concerns relating to abuse.
- Incidents and accidents were recorded, and body maps completed as required.
- Staff understood the signs of abuse and knew the procedures to follow to protect people from abuse.
- People and their relatives told us they felt safe and were supported by staff who knew them well. One relative said, "[Person] feels very safe, they always have someone with them all the time."
- The provider had a risk assessment completed for each person relating to COVID-19 and the possible risks should staff not be able to support them. There were clear actions in place to mitigate these risks.

Using medicines safely

- The recording of administration of medicines required improvement. Medicine administration records [MAR] had not been consistently signed or transcribed in line with best practice. The provider agreed to rectify these concerns and ensure staff understood the procedures.
- People who require medicines 'as and when required' [PRN] had protocols in place to inform staff of the situations when the PRN medicine should be given.

Assessing risk, safety monitoring and management

- Risks to people were recorded and strategies implemented to mitigate known risks. These included risks from the environment, use of equipment and individual risks.
- People had personal emergency evacuation plans [PEEP] in place.
- Staff told us the risk assessments in place gave them the information required to support a person safely. Risk assessments were reviewed every three months or sooner if a person's needs changed.

Preventing and controlling infection

- Staff were being regularly tested for COVID-19 to protect people from the spread of infections.
- Staff told us they had sufficient PPE and had known about safe donning and doffing techniques.
- Staff supported people to keep their environment clean.

### Learning lessons when things go wrong

- Incidents, accidents and safeguarding records were reviewed, and trends and patterns identified to ensure lessons were learnt and information was shared within staff teams.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure systems were consistently maintained and were robust enough to demonstrate the provider had the oversight they required to provide a consistently safe and effective service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made enough improvement and no longer in breach of regulations.

- The service did not have a registered manager in post. Staff told us they needed more management oversight.
- Some care plans did not contain all the required information to ensure staff knew people's individual needs. For example, one person's care plan and risk assessment did not include the information of their thickened fluids and pureed food. However, staff told us the care plans were detailed enough and that staff knew people well. One staff member said, "Care plans are detailed, they [managers] ask us if there is anything we feel is missing."
- Audits were completed for health and safety, infection control, medicines and finances. However, not all audits had been completed within the timescale set out by the provider. For example, we found not all infection control audits had been completed monthly as per the providers procedure.
- When audits were completed, actions were identified and recorded to improve the quality of the service.
- The provider ensured information for people was in a format they could understand. For example, complaint forms, COVID-19 information and care plans were also in easy read formats.
- Staff were happy working for Aspirations (Northampton) they told us they felt valued and listened to. Staff supported each other.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Complaints had been investigated and the outcome communicated to the relevant people within a timely manner.
- Staff, relatives and people told us they knew how to complain and felt they would be listened to.
- The provider had completed their duty of candour responsibility as required.

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

- People and relatives were asked to feedback on the service they received by way of a survey. The results from the last survey completed showed people were happy with the support they received. The provider was in the process of redesigning the survey into a more user-friendly format to ensure more people could participate in it.
- Staff told us they received supervisions and team meeting regularly. This meant they had an opportunity to feedback on the service. One staff member said, "We [staff] can make suggestions in house meetings."
- The service sent out a 'friends and family' newsletter to update relevant people on staffing, activities and to share any service information. Relative's told us they were kept up to date on their loved one's needs.

Continuous learning and improving care; Working in partnership with others

- Spot checks were completed on staff and actions logged to ensure staff were following best practice and to improve the quality of care given.
- Staff supported people to access healthcare as required and we saw referrals had been made to external professionals such as speech and language therapists, occupational therapists and dieticians as needed.