

Aspire Living Limited

Aspire Living - 1-2 Markyes Close

Inspection report

1-2 Markyes Close
Ross On Wye
Herefordshire
HR9 7BZ

Tel: 01989769035

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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

What life is like for people using this service:

- People enjoyed living at Aspire Living - 1-2 Markeyes Close and were cared for by staff who were kind and recognised people's areas of independence.
- Staff promoted people's right to dignity and privacy and were respectful to the people they cared for.
- People's, their relatives' and other health and social care professional's views were listened to when people's needs were assessed and plans for their care were developed. The provider and staff addressed potential barriers preventing people moving to the home. This approach enabled people to move to the home, and continue with relationships which were important to them.
- People were encouraged to make their own decisions and choices; staff supported people by using people's preferred ways of communicating. We found people had access to a range of pictorially based information to help them make their own decisions. The registered manager planned to work with other health and social care professionals to further enhance people's individual communication plans and to enable people to continue to access information.
- Staff knew people's safety needs well and supported people so their individual risks were reduced.
- People were supported to have their medicines regularly, by staff who were competent to do this. People's medicines were regularly checked and reviewed.
- There were sufficient staff to care for people at the times people wanted assistance.
- The environment at the home was regularly checked. The risk of accidental harm or infections was reduced, as staff used the knowledge and equipment provided to do this.
- Staff had received specialist training and developed the skills they needed to care for people. This helped staff to provide good care to people.
- Staff supported people to have the nutrition they needed, based on their preferences, so people remained well. Where people required specialist diets, or assistance with eating and drinking safely, staff supported them.
- People had access to the healthcare they needed. Staff worked with other health and social care professionals to ensure people had the best physical health and well-being possible.
- People were supported to enjoy a range of activities which reflected their interests, and enhanced their lives. This included support to enjoy spending time in the community, doing things they liked. Staff found imaginative ways to ensure people had the opportunity to connect with hobbies and interests which were important to them, as their needs changed.
- Systems were in place to take any learning from complaints, which were used to reflect on people's needs and to further improve their individual care.
- People, their relatives, staff and other health and social care professionals were encouraged to make any suggestions for improving the care provided and the service further. We found suggestions were listened to.
- The registered manager and staff reflected on the care provided, so improvements in people's care would be driven through.
- We found the service met the characteristics of a "Good" rating in all areas; More information is available in the full report

Rating at last inspection: Good. The last report for Aspire Living - 1-2 Markeys Close was published on 28 July 2016.

About the service: Aspire Living - 1-2 Markeys Close is a residential care home, providing personal care and accommodation. There were 9 people living at the home at the time of our inspection. People living at Aspire Living - 1-2 Markeys Close live with learning disabilities or autistic spectrum disorders.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received 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 safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Aspire Living - 1-2 Markeyes Close

Detailed findings

Background to this inspection

The 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.

Inspection team: One inspector carried out the inspection.

Service and service type: Aspire Living - 1-2 Markeyes Close is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are 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.

What we did when preparing for and carrying out this inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spent time with people in the communal areas of the home and we saw how staff supported the people they cared for. We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight members of staff including the registered manager, two senior staff members and five care staff. We also spoke with one relative and a health and social care professional, who regularly visited the home, to find out their views of the quality of the care provided.

We reviewed a range of records. This included two people's care records and multiple medication and health records. We also looked at records relating to the management of the home. For example, systems for managing any complaints, and the checks undertaken by the registered manager on the quality of care provided.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- The registered manager and staff understood their responsibility to safeguard people from abuse.
- Staff knew what action to take in the event of any concerns for people's safety. This included notifying other organisations with responsibility for helping to keep people safe.
- The provider continued to undertake checks on the suitability of potential staff to care for people living at the home.

Assessing risk, safety monitoring and management

- People's relatives were involved in planning how to keep their family members as safe as possible. Staff told us their views were considered, so risks to people would be managed well.
- Staff had a clear understanding of people's individual safety risks, such as risks of choking. Staff used this knowledge when supporting people, so they remained safe.
- Staff acted promptly to reassure people if they needed support with their safety, so risks were reduced.
- People's care plans contained risk assessments which reflected their safety and support needs. For example, if people were at increased risk when doing things independently, or when mobilising. People's risk assessments provided guidance for staff to follow to reduce risks to people.

Staffing levels

- Staffing levels enabled people to have support when they wanted. There were sufficient numbers of staff to care for people.
- Staffing levels were based on the needs of people living at the home. Staff gave us examples of times when staffing levels were increased. This included if people wanted extra support to do things they enjoyed doing, or if people were experiencing poor health.

Using medicines safely

- People's medicines were managed safely. Staff had to undertake training and their competency was checked before they could administer people's medicines. Staff competency to administer people's medicines was also subsequently regularly checked.
- People's medicines were stored and disposed of safely.
- The administration of medicines was regularly checked by the registered manager. Checks were also undertaken by external pharmacists, so the registered manager could be assured people's medicines were provided as prescribed.

Preventing and controlling infection

- Staff confirmed they had received training to help to reduce the likelihood of infections. Staff

- We saw staff used the equipment they were provided with to reduce the likelihood of people experiencing poor health.
- Senior staff checked the home was regularly cleaned, to support good hygiene management.

Learning lessons when things go wrong

- Staff communicated information about accidents and untoward incidents and were encouraged to reflect on their practice so any learning could be taken, and risks to people further reduced.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's, their relatives' and other health and social care professionals' views were considered when people's needs were assessed. This helped to ensure people were supported by staff who understood their needs and how they liked their care to be provided.
- One relative told us, "I was fully involved in the assessments before [person's name] moved in. We had several visits here and this means [person's name] settled in well."
- Staff gave us examples of extra resources and support supplied by the provider, so a person with more complex needs was able to successfully move into the home and maintain a relationship with was important to them.

Staff skills, knowledge and experience

- Relatives were confident staff knew how to assist their family members.
- Staff induction programmes supported staff to provide good care to people. New staff were supported by more experienced staff, initially, so senior staff could be assured people were receiving care from competent staff. One staff member said, "I had a really good induction and you can see residents have confidence in you, because of this."
- Staff had undertaken a wide range of training which reflected the needs of the people they care for. For example, staff had received training in how to support people to have enough nutrition, and how to care for people who may experience anxiety. One staff member told us, "We have the training we need before people move in. It's better for [people] if we are fully aware of how to help them, and the training here is fantastic."
- We saw staff used the skills gained through induction and training to carry out their roles effectively.

Supporting people to eat and drink enough with choice in a balanced diet

- People's meals reflected their preferences. Staff offered choices to people, so they could make their own decisions about what they wanted to eat and drink.
- Staff knew which people required assistance with their food, for example, if people needed a particular texture of food to reduce the likelihood of choking. Staff gave us examples of support they had provided so people would achieve their nutritional goals. For example, support if people wanted to lose weight and increase their well-being and health.
- Staff encouraged people to have enough to eat and drink to remain well. We saw people were encouraged to have their meals at the times they wanted, and people's mealtimes were not rushed. People were encouraged to eat and drink independently, where this was possible.

Staff providing consistent, effective, timely care

- Staff met at the start and end of each shift to determine if people's care needed to be adjusted in any way. Plans were agreed by staff for the best way to support people in these circumstances.
- The registered manager had put systems in place so people would benefit from support from other health and social care professionals. One staff member told us, "District nurses come in and advise on pressure care. This does influence how we care for residents." A health and social care professional advised us staff were proactive in checking people enjoyed the best health possible any advice they provided was followed.
- People were supported to attend health appointments, for example, with their GPs, dieticians, speech and language specialists and opticians, so people would have good health outcomes. Health action plans and hospital passports were in place. These helped to ensure people would receive the care they wanted from other organisations.

Adapting service, design, decoration to meet people's needs

- People told us they liked their rooms. One person said, "I chose the paint and the wallpaper in my room. I like spending time in there."
- The layout of the home reflected people's needs. Staff gave us examples of suggestions made by people to enhance their experience of living at the home. One staff member explained the way the lounge area was now arranged reflected suggestions from people living at the home. The new layout meant people could enjoy eating meals together, if they wished to do so.

Ensuring consent to care and treatment in line with law and guidance

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 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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 were supported to be involved in decisions about their care.
- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, authorisation correctly obtained, and any conditions observed.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were very pleased to see staff and wanted to engage with them, and hug them.
- One relative told us they knew staff must be kind, as their family member was happy, and enjoyed living at the home. The relative said although their family member enjoyed visits home, they were never reluctant to return to Aspire Living – 1-2 Markey Close, as they liked the staff and the other people living at the home so much.
- Staff spoke warmly about the people they cared for and spent time laughing and joking with people.
- Staff communicated in the ways individual people living at the home preferred. Staff spent time to listen to people, and reassured people when they wanted this. For example, we saw staff promptly supported people if they were anxious, so they would recover as soon as possible.
- People's unique histories and care preferences were understood by staff. Staff advised us they got to know people through checking their care plans and talking with people and people's relatives. This helped staff understand what was important to people.

Supporting people to express their views and be involved in making decisions about their care

- People made day to day decisions about their care, such as deciding what enjoyable things they would like to do, and where they would like to spend their time. Staff supported people to make their own decisions, when required. For example, staff member showed different plated meal options to people, to assist them to make their own choices.
- Relatives told us they were consulted, so they would also be able to support their family members to make decisions about their care.
- Staff spent time chatting with people about what plans they would like to make. For example, staff chatted with one person about a planned shopping trip for them to enjoy. One staff member gave us an example of extra support provided to a person, so they could make their own decisions and plans to express their grief after the death of a family member. This helped the person to come to terms with their loss.

Respecting and promoting people's privacy, dignity and independence

- People's right to dignity was embedded in the way staff cared for them. Staff gave us examples of the actions they took, such as covering people during personal care, and ensuring people's privacy by closing curtains.
- Staff let people know they were valued by complimenting them on their skills, independence and contribution to life at the home. For example, we saw staff gently encourage people to decide if they wanted to take their eating utensils back to the kitchen after their meal, and thanked people who elected to do this.
- One staff member highlighted some people liked to assist with preparing meals.

- People's confidential information was securely stored, to promote their privacy.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care

- People's care plans recorded their histories, lifestyles and provided staff with guidance on how to support people as people preferred.
- Relatives told us they had been involved in planning their family member's care, and regularly reviewing care plans as their family member's needs changed.
- The views of other health and social care professionals and staff were incorporated into people's plans, so their needs would be met.
- We saw examples of information and plans provided in line with the Accessible Information Standards, such as end of life books. The registered manager told us they were planning to further develop the range of information available to people in easy read formats.
- People were regularly supported to keep in touch with people who were important to them, and to express their faith, as they wished.
- People had a range of interesting things to do. For example, we saw some people liked to spend their time doing cross stitch, or going for trips out of the home.
- People told us they enjoyed parties to celebrate significant dates, which had been arranged by staff. Staff told us some people liked to spend time relaxing in the sensory room, or spending time out in the community.
- Staff found creative ways to ensure people still had the opportunity to be involved in things which mattered to them, as their needs changed. For example, some people were supported to enjoy bespoke sensory experiences. We saw photographs showing how much people enjoyed this.
- The home had been registered with CQC before Registering the Right Support guidance and Building the Right Support had been developed. However, we found the care provided included choice, promotion of independence and inclusion. People living with learning disabilities at Aspire Living - 1-2 Markeyes Close were supported to live as ordinary a life as any citizen.

Improving care quality in response to complaints or concerns

- Systems were in place to manage and respond to any complaints or any concerns raised. We saw people had access to an "easy read" complaints process, to assist them.
- Staff told us any complaints or concerns raised were used to drive forward improvements in people's care. We saw this approach was embedded; for example, staff had responded to a concern by reviewing person's whole care plan, with input from other health and social care professionals. This had led to greater freedoms for the person, with their safety maintained.

End of life care and support

- Plans for providing care to people at the end of their life were based on people's wishes, needs and

preferences. Staff highlighted people were cared for by staff who knew them well, including the management team, at this important stage in their lives. We saw compliments had been received from people's relatives and other health and social work professionals because of the compassion and dignity people received from staff at the end of their lives.

Is the service well-led?

Our findings

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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People were familiar with the management team, and enjoyed spending time with them. People's relatives were positive about the way the home was managed, and told us the registered manager and staff were approachable. One relative said, "I am happy with the care. [Registered manager and senior carers names] don't spend all their time in the office; they see what's going on, and will listen to anything you want to tell them."
- Staff told us they felt supported to provide good care, and enjoyed working at the home. One member of staff told us, "Management here are fantastic. They do a good job and have steadied the ship after some very long-term staff have left." Another staff member said, "We can raise things, either individually or in team meetings. They do listen."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The home was managed well and people's care needs were met.
- Staff understood the registered manager's vision and how they were expected to care for people. One staff member said, "[Registered manager's name] massively wants to promote independence, but is aware of the types of needs, and wants the best for people." The registered manager told us, "We make sure [people] have the best lives and independence and staff empower people to make their own decisions."
- Staff were supported to understand their roles through meetings at the end of each shift, regular meetings with their managers and staff meetings.
- The registered manager and senior staff checked the quality of the care provided. For example, checks were made to ensure people's medicines were administered as prescribed, and to ensure staff were supported well. The registered manager also checked staff had received appropriate training and the environment was safe. These checks were complimented by the provider, who regularly visited the home, so they could be assured people benefited from good care.
- We saw a number of compliments had been received from other health and social care professionals regarding the way the home was run, and the care provided.

Engaging and involving people using the service, the public and staff; Working in partnership with others

- The registered manager sought the views of relatives, staff through surveys and from other health and social care providers by talking with them. The registered manager gave us examples of positive changes introduced because of suggestions arising from feedback obtained. These included improved access for people to health services, and improved links with the community, leading to more interesting things for

people to do. This was confirmed by a health and social care professional who advised us the registered manager's approach was to listen to their feedback and to develop proactive ways of working together, so people's needs would be fully met.

- One relative told us they had made a suggestion for improving their family member's sleep patterns. The relative told us their suggestion had been listened to, and their family member experienced enhanced well-being as a result.
- The registered manager advised us they had developed an action plan for further developing individualised communication plans for each person living at the home. This would involve working with other health and social care professionals, so people's ability to further develop their decision making and independence would be enhanced.

Continuous learning and improving care

- Staff were encouraged to reflect on their practice and take learning from any untoward incidents, so lessons would be learnt.
- The registered manager confirmed plans were in place to drive through further improvements in the care provided. These included greater use of technology, so people had improved freedoms, plus and further embedding of improvements to the breadth of activities offered.
- The registered manager was also the registered manager for a number of other homes, and advised how they shared best practice, and took learning from feedback at other locations, so improvements would be driven through at Aspire Living - 1-2 Markeys Close.
- The registered manager also reported key events to the provider, such as accidents and incidents, so the provider could be assured people were receiving good care.