

Aspire In The Community Ltd

Aspire Community Support Services

Inspection report

Rushbrook House
106 Royd Street
Huddersfield
West Yorkshire
HD3 4RB

Tel: 01484643316

Date of inspection visit:
14 October 2020

Date of publication:
27 November 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Aspire Community Support Services is a residential care home for 6 people with learning disabilities. The home consisted of two buildings, the main house which can accommodate four people and a detached bungalow which can accommodate two people with more behaviours that challenge. At the time of the inspection four people were living at the service.

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

People said they felt happy and safe at the service; they were calm, settled and had good relationships with the staff. Actions were taken to protect people from the risk of abuse or neglect and concerns were raised to the appropriate partner agencies.

Medicines were managed safely and staff had a good knowledge of medication systems. Risks to people's health, safety and wellbeing were assessed and steps were in place to minimise incidents. Where incidents did occur, the service sought to learn lessons to minimise similar situations re-occurring. There were enough staff available to support people living at the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee people with autism 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 guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autism.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

People were living active healthy lives with support from staff at the service. People were supported to maintain choice and control over their lives. People were supported to pursue areas of interest. People were supported to have choice and control over their care following the Right Support, right care, right culture principles.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 May 2020) and there were four breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the

provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part, by notification of a specific incident, following which a person using the service died. We are making further enquiries separately regarding this incident. As a result, this inspection did not examine the circumstances of the incident. We also checked the providers compliance with the warning noticed issued at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We have seen improvements in the well-led and safe domains. Last time these were rated as requires improvement. Following our recent inspection, these have been rated as good. On the last inspection, the service was rated good in caring, requires improvement in effective and required improvement in responsive. Although these areas were not reviewed at this inspection, the ratings for these key questions were used in calculating the overall rating at this inspection. As effective and responsive remain requires improvement, the overall rating for the service has remained required improvement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aspire Community Support Services on our website at www.cqc.org.uk.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Aspire Community Support Services

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.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by two inspectors.

Aspire Community Support Services is also a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with four people who used the service. We spoke with 10 members of staff including the registered manager, two deputy managers, the Managing Director and support staff. We reviewed a range of records including two care records and multiple medication records. We reviewed staff records in relation to recruitment, supervision and debriefs. A variety of management records including audits, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at recruitment data, spoke with staff and reviewed quality assurance records.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed safeguard people from harm. This was a breach of regulation 13 (Safeguarding people from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

At our last inspection the provider had failed to assess and monitor peoples nutritional needs and changes in weight. This was a breach of regulation 14 (Nutrition and Hydration) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- The service had a safeguarding policy and processes in place to protect people from the risk of abuse or harm. Staff had a good understanding of their responsibilities in relation to safeguarding.
- The registered manager and staff had managed and reported safeguarding incidents to the relevant bodies since our last inspection.
- Since the last inspection, the service has now introduced a policy regarding seclusion and segregation. Incidents or seclusion and segregation were kept to a minimum and the registered manager had good oversight of this.
- People told us that they felt happy at the service. One person told us "staff come to help us when we need them."
- All staff were up to date with their safeguarding training.
- People had a healthy and varied diet. People's weight were monitored at regular intervals. We found that one person's care plan identified weekly weights needed to be taken but they were been taken monthly. We discussed this with the registered manager and this person needed monthly weights taken. The registered manager agreed to change this error.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to assess, manage and mitigate risk. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Risks to people's health, safety and wellbeing were assessed and managed.
- People had clear risk assessments to identify known and possible risks to keep them safe. Risk assessments were updated on a monthly basis to make sure they were current.
- The registered manager had a good oversight of incidents within the service to monitor for any trends or different ways of working. This made sure people were supported in the right way.
- Risk assessments and care plans were accurate and in line with the support the person needed. As a result, staff had a good current knowledge of the support the person required.
- The provider had learnt lessons from incidents to make sure any triggers or actions could be identified and care practices changed so people felt reassured living at the service. After each incident, staff were invited to share their views on what could be done differently next time.
- People living at the service told us they felt safe. One person told us "They're [staff] alright. They look after me." People were relaxed and had a good relationship with staff.

Staffing and recruitment

At our last inspection the provider had failed to provide adequate staff support mechanisms. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff were safely recruited to help ensure they were of suitable character to work in this setting.
- All new staff had induction training and ongoing training with clear timescales when to complete this.
- People had their contractual support such as one to one support or two to one support. We found that there were enough staff available to support people's needs.

Using medicines safely

- Medicines were administered and managed in a safe and robust way. Staff had a good understanding of people's medication and staff followed safe practices and procedures. Clear records were kept which evidenced medicines had been administered and instructions on how to give these. Staff had been trained in the safe administration of medication.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing, as required, for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

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 required improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, the service failed to ensure adequate record keeping, provide staff support, ensure robust risk management and nutrition management. This was in breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There was a clear understanding of the roles and responsibilities of different members of staff. The provider had checklists and audit tools to identify the responsibilities of each staff member to ensure things were done properly and on time.
- The registered manager undertook quality assurance tasks which reviewed the quality of care and care planning documents.

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

At our last inspection, we found that the service failed to notify CQC of three incidents which should have been shared. This was a breach under Regulation 18 of the Registration Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager promoted an open and honest culture within the service. The registered manager recognised the achievements they had made since the last inspection and further development needed.
- Monthly team meetings were held where issues were discussed. A member of staff took responsibility for any actions which may be needed. Staff supervisions were also undertaken at least every three months or sooner if required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were empowered to make choices and decisions to maintain control over their lives.
- Staff, deputy managers and the registered manager had a good relationship with the people using the service.
- The service had an open culture where people or staff could raise ideas or concerns. Staff's contributions were acted upon to make positive changes.
- Staff had a shared goal of providing high quality care. Staff were committed to providing flexible person-centred care. One member of staff told us "I love my job" citing the positive impact their work has for people using the service.

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

- We found that people using the service were involved in their care and decision making.
- People told us that they felt included in decision making. One person told us they felt "part of the [staff] team" and fully involved with matters around their care.
- People had keyworkers who completed monthly reviews of their care which the person was involved with. We found overall care plans were kept up to date but there were instances where goals were not revised or updated. We raised this with the registered manager and we had confidence that this would be addressed.
- The service had an open culture where people could discuss matters with staff throughout the day. Deputy managers and the registered manager were visible, accessible and approachable to address any matters that arose.

Continuous learning and improving care

- Team meetings were held monthly to monitor the quality of care within the service and, where required, action was taken to improve care practices.
- The provider offered training with timescales to complete. Staff were all up to date with their training.
- Through quality audits of record keeping, it had been identified that additional support was required for staff to promote good record keeping. There was a workshop planned for all staff to attend to improve the standards of written documentation within the service.

Working in partnership with others

- The service had a good working relationship with partner agencies and local health organisations. This made sure people had access to the correct support to maintain their health and wellbeing.
- As part of the services commitment to improve standards of care, the provider had regularly met with the Local Authority and Clinical Commissioning Group. This has been to monitor improvements and revise goals.