Aspire Living Limited

Aspire Living - 94 Chatsworth Road

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 15 and 16 June 2016 and was announced.

Aspire Living 94 Chatsworth Road provides accommodation and personal care for up to four people with a learning disability who may also have physical disabilities. There were four people living at the home when we visited.

A registered manager was in post at the time of our inspection. 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.

People were not appropriately supported to pursue their hobbies and interests and to participate in activities of their choosing. People were also not fully empowered to make choices and express their preferences regarding their day to day care and support.

The registered manager did not feel fully supported by the provider's senior management team and was not confident requests for additional resources associated with developing and driving improvement at the service would be met. The CEO told us that the provider had worked closely with the registered manager, but had not been made aware of their concerns before this point. The provider undertook to discuss and address any areas of concern with the registered manager, ensuing that they had the regular support sessions and resources they required.

The provider and registered manager carried out regular quality assurance checks, but these had not identified the shortfalls we saw in the home's management of people's medicines, which did not always reflect professional guidance.

The provider had developed a formal statement of their aims and values. However, staff had a limited awareness of this mission statement.

People were protected from harm and abuse because staff understood the different forms of abuse and knew what to do if they were concerned about people's safety or wellbeing. The provider had clear procedures for reporting any such concerns to the relevant authorities.

The provider had assessed the risks associated with people's individual care and support needs and the overall running of the home and had developed plans to manage these risks. Staff worked in accordance with the risk assessments completed.

The provider and registered manager monitored any accidents or incidents at the home and took appropriate action to minimise the risk of reoccurrence.

There were enough staff on duty to meet people's needs. The provider had identified the need to increase night-time staffing levels and had approached the local authority regarding this matter. The provider followed safe recruitment procedures.

Staff had the necessary skills and knowledge to support people effectively and recognised people's communication needs and preferences. Staff had received an appropriate induction to the home and benefitted from an ongoing programme of training. Staff were well-supported by the registered manager with whom they had regular one to one sessions.

The home worked in accordance with the requirements of the Mental Capacity Act 2005 (MCA). Staff understood what the MCA meant in the context of their day to day work. The provider had made DoLS applications on the basis of their assessment of people's individual care and support arrangements.

People received appropriate support with eating and drinking. Any risks associated with people's eating and drinking had been assessed, recorded and plans developed to manage these.

Staff supported people to attend routine health appointments and check-ups. A range of external healthcare professionals were involved in monitoring people's health and referrals were made as needed.

Staff spoke with and responded to people in a warm and friendly manner. People were relaxed and at ease in the home's environment. Staff treated people with dignity and respect.

There were no unnecessary restrictions upon visitors to the service and they were made to feel welcome at the home by the staff team. People were supported by staff to maintain relationships with those of importance to them. People's relatives were involved in decision-making about the support provided to their family members.

The provider had developed formal procedures for handling and responding to complaints. People's relatives were clear about how to raise complaints and felt confident these would be listened to.

The registered maintained a positive and open dialogue with the people living at the home, those representing them and the staff team as a whole. Staff understood what was required of them and were comfortable bringing issues to the attention of the registered manager. The registered manager had assessed the culture within the home and had put plans in place to ensure the care and support reflected what mattered most to people.

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 because staff understood how to identify and respond to abuse. The risks associated with people's care and support needs had been assessed and plans put in place to manage these. The provider adhered to safe recruitment practices.

Is the service effective?

Good

The service was effective.

People were supported by staff with the right knowledge and skills. Staff were well-supported by the registered manager. The risks associated with people's eating and drinking had been identified and plans developed to manage these. People's health was monitored by external healthcare professionals.

Is the service caring?

Good

The service was caring.

People were supported staff who knew them well and treated them in a caring and respectful manner. People's communication needs and preferences were understood by staff.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were not appropriately supported to purse their hobbies and interests and to participate in activities of their choosing. People's decision-making was not fully supported through the use of appropriate communication aids.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered manager did not feel fully supported by the provider's senior management team. They were not confident

that their requests for additional resources would be met. People's relatives and staff spoke positively about the registered manager.

Aspire Living - 94 Chatsworth Road

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 was planned to check 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 15 and 16 June 2016. The provider was given short notice of our inspection, of less than 24 hours, because the location was a small care home for younger adults and we needed to be sure that someone would be in.

The inspection team consisted of one inspector.

Before the inspection, we reviewed the information we held about the service and looked at the notifications they had sent to us. A notification is information about important events which the provider is required to send us by law. We also contacted the local authority and local Healthwatch for information. This information was used in planning for the inspection.

The people who live at Aspire Living 94 Chatsworth Road have limited verbal communication and so were unable to tell us their views of the service. We spent time observing how people spent their day and how they were supported by staff. We spoke with the provider's chief executive officer (CEO), the residential operations manager, the registered manager, a senior support worker, five care staff, three relatives and one person's advocate.

We looked at two people's care records, people's activity records and records associated with DoLS applications and authorisations. We also looked at the home's quality assurance, health & safety and medicine records.

Good

Is the service safe?

Our findings

People's relatives were satisfied that their family members were kept safe from harm and abuse at the home. One relative told us, "[Person's name] has always been safe there." Another relative said, "They've always looked after [person's name]. We've had no concerns."

The staff we spoke with had received training in how to recognise and protect people from abuse. They had a good understanding of the different forms of abuse and the signs to look out for. They described how their knowledge of the people they supported would help them to pick up on any changes in people's behaviour which may indicate abuse. The provider had clear procedures in place for responding to abuse and staff knew the action to take if they suspected or witnessed abuse. One staff member told us, "I have contact with the manager all of the time and if something was wrong I'd go to him or to the office." All of the staff we spoke with felt confident they could raise concerns about people's safety or wellbeing with the registered manager. The registered manager confirmed they would report any abuse concerns to the local authority without delay.

The provider had assessed the risks associated with people's individual care and support needs. They had developed plans to manage these risks with the involvement of external professionals where needed. For example, people at risk of pressure sores had appropriate pressure care plans in place providing staff with guidance around repositioning. Where people had mobility needs, plans had been developed around the safe and appropriate use of mobility equipment. Staff understood the individual risks to people and how to protect them from harm on a day to day basis. During our inspection, we saw staff working in accordance with people's risk assessments when, for example, supporting individuals with eating and drinking and helping them into bed.

We saw that staff had made use of the provider's systems for recording any accidents or incidents at the home. The registered manager told us that both they and the provider monitored these events on an ongoing basis to ensure all relevant lessons were learned. We saw an example of the action taken by the registered manager to minimise the risk of reoccurrence following an incident in which a person's behaviour had resulted in an injury to a staff member. As a result of this event, the registered manager had issued a detailed memo for the attention of all staff setting out how the person's behaviour was to be monitored moving forward.

The provider had assessed and introduced plans to manage the risks associated with the overall running of the home, including the maintenance of the building and the equipment used. During our inspection the property owner's health and safety representative was carrying out checks on the premises and reviewing the home's health and safety records. They told us that the provider was quick to address any recommendations made regarding the safety of the building. We saw that action had been taken in response to recommendations made during previous health and safety audits at the home. This had led to changes in the way that combustible materials were stored on site and amendments to the home's fire evacuation procedure.

We looked at whether there were enough suitable staff to meet the needs of the people living at the home. People's relatives told us that the home had a lack of permanent staff, but that the situation was improving. The registered manager acknowledged the challenges which staff turnover and staff sickness had created and was actively recruiting to fill the home's current staff vacancies. Regular use was being made of agency staff to maintain staffing levels. This was being managed by the provider and the registered manager to promote continuity of care. Over the period of our inspection, we saw that there were enough staff available to meet people's needs.

Some of the staff we spoke with told us that night-time staffing levels needed to be increased to better meet people's needs. The registered manager and the CEO acknowledged this issue and told us they were in discussions with the local authority to negotiate an increase in people's funding to facilitate this. Staff on sleep-in duty were able to contact the on-call manager for any urgent support and advice needed.

The provider followed safe recruitment procedures. The staff we spoke with confirmed that they had been required to supply written employment references and complete a Disclosure and Barring Service (DBS) check to ensure they were suitable to work with people.

During our inspection we looked at whether people's medicines were being handled and administered safely. We found that working practices at the home did not always reflect professional guidance and needed to be improved to ensure that people received their medicines safely. Changes to the administration instructions for two medicines had been written on sticky notes rather than being permanently recorded and double-signed on the medicine administration records. We saw that a small number of loose tablets had been left in unlabelled medicine pots inside the home's medicines cabinet rather than being clearly marked and safely packaged for disposal. However, these failings had not had any impact upon the people living at the home. We discussed these shortfalls with the CEO and the registered manager who assured us that they would rectify these issues without delay.

Staff were required to complete appropriate training before becoming involved in the handling or administration of people's medicines. New members of staff underwent periodic checks to assess whether they were still competent to administer people's medicines. The registered manager told us that all relevant staff would be subject to these competency checks going forward. We saw that staff had been provided with guidance around the use of "as needed" medicines to ensure they clearly understood the situations in which these were to be offered to people.

Good

Is the service effective?

Our findings

People's relatives felt that staff had the right skills and knowledge to support the people living at the home. One relative told us, "The majority of long-term staff are excellent, new staff seem fine and the agency staff are used on a recurrent basis. They know the [people] and the skill base is right for the level of dependency."

The staff we spoke with were satisfied with the induction training they had received before starting work at the home. This had provided them with the opportunity to learn from more experienced staff and to get to know the needs and preferences of the people they would be supporting. One staff member told us, "They explained everything and if I need to know something else I can always ask."

Staff spoke positively about the ongoing training provided. One staff member told us, "It has prepared me for the role." Another staff member described the benefits of the dementia training they had attended, explaining "It's improved how I see others. I can understand why they do the things they do. I can now recognise the start of dementia." The CEO explained that the training provided had been developed in line with the local authority's procedures for involving people and keeping them safe and the associated responsibilities of care staff. Staff told us they had regular one to one sessions with the registered manager which gave them the opportunity to discuss any concerns or training needs.

We looked at whether the service was working in line with the requirements of the Mental Capacity Act 2005. 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 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 found that people's capacity to make decisions was being assessed at the home. Steps were also being taken to ensure that the things done for others were in their best interests in line with the principles of the MCA. We saw evidence of the best interest meetings which had been organised with the involvement of relevant external professionals. The provider had carried out an assessment of each individual's care and support arrangements and had made DoLS applications on this basis.

The staff we spoke with had a good understanding of the MCA and the relevance this had for their day to day work with people. During the inspection, we saw that staff asked people before carrying out care tasks. Care files provided staff with important information about people's capacity and how to support their decision-making. On the subject of consent, a relative told us, "They (staff) always inform [person's name] what they are going to do or where they are going to take them. They always talk to them to before they

move them."

We looked at the support people received with eating and drinking. We saw that any risks associated with this aspect of people's care and support had been assessed and recorded in their care files. Plans had been developed to manage these risks based upon the advice of the speech and language therapist and other professionals. One relative described how staff had worked with the occupational therapist to address the risks and health issues associated with their family member's eating. They went on to praise the manner in which staff encouraged healthy food choices. Another relative praised the manner in which staff were managing their family member's reduced appetite following a recent hospital admission.

The staff we spoke with understood the practical support people needed with eating and drinking on a day to day basis. During our inspection, we observed how staff supported people at breakfast and lunchtime. We saw that mealtimes at the home were relaxed and unrushed and that people received assistance to eat and drink in line with their care plans. We heard staff encouraging one person to choose what they wanted for breakfast using praise and humour. We saw staff encouraging another person to hold their cup and to drink independently.

People's relatives were satisfied with the way in which staff managed people's health needs and sought medical advice in response to any changes in needs. One relative told us, "They (staff) are always calling the GP to make sure [person's name] is not in pain or discomfort. They put our minds at rest." One person's advocate said, "Staff are straight onto any health issues and will get the GP in straight away."

We saw that people's health needs and the details of the various health professionals involved in monitoring their health had been clearly recorded in their care files. The range of health professionals involved included people's GPs, the speech and language therapist, district nurses, the dentist and the consultant psychiatrist. A district nurse arrived to provide treatment to one of the people living at the home during our inspection.

Staff monitored changes in people's health and wellbeing on a day to day basis and supported people to attend routine appointments and check-ups. However the temporary and agency staff we spoke with did not have a clear understanding of people's individual diagnoses and their long-term health conditions. We discussed this with the registered manager who assured us that the relevant staff members would be provided with additional support in this area.

We observed a staff handover during which people's current health needs were discussed and plans were made to contact one person's GP for some additional health advice. Handover is the means by which the staff leaving duty pass on key information to those arriving on duty.

Good

Is the service caring?

Our findings

During our inspection we saw staff speaking with and responding to people in a warm and friendly way. Staff used humour, praise and appropriate touch in encouraging positive relationships with the people living at the home. People were relaxed and at ease in the home's environment. We saw one person playing an electronic keyboard in their bedroom. Another person was resting in their bedroom with the help of sensory lighting. People's relatives felt staff treated people well. One relative said, "I think they (staff) are really caring." They went on to say, "[Person's name} loves it there. They are always smiling." One person's advocate told us, "They (staff) know and understand [person's name]. They have always looked after them and treated them as the adult they are."

The staff we spoke with saw the people living at the service as individuals, and referred to them with affection, concern and respect. People's communication needs and preferences had been recorded in their care files. Staff were aware of this information and knew how to communicate effectively with people. At the time of our inspection, three of the people living at the home were accessing advocacy services to further support them in expressing their views.

People's relatives told us that staff treated their family members with dignity and respect. One relative told us how staff always met their family member's personal care needs in a sensitive and discreet manner. One person's advocate told us, "Staff check whether it's ok for me to go down to [person's name's] bedroom when I visit. There is respect for people."

We saw information about dignity in care on display in the home and the staff we spoke with demonstrated a clear insight into people's rights. One staff member told us about the practical steps they took to protect people's dignity and privacy whilst assisting them with personal care tasks. Another staff member emphasised the importance of recognising and respecting people's right to privacy and personal space. Staff also understood the importance of protecting people's personal information. On this subject, one staff member told us, "We absolutely must. Work related things stay at work and are not to be discussed outside."

People's relatives were satisfied with the help their family members received from staff to maintain and develop their independence. One relative spoke positively about the effort staff had made in recent months to encourage their family member to stay mobile and to dress themselves more independently.

People's relatives told us that there were no unnecessary restrictions upon them visiting their family members at the service and that staff made them feel welcome at the home. One relative told us, "I can drop in whenever I want."

Requires Improvement

Is the service responsive?

Our findings

We looked at how staff supported people to pursue their hobbies and interests and to participate in activities of their choosing, as part of providing person-centred care and support. The staff we spoke with understood people's preferences in terms of how they spent their time. However, staff told us that the opportunities for people to take part in activities, particularly in the community, had been significantly restricted over a number of months. They told us about the things people had previously enjoyed doing like swimming, joining in a local music making session and going to a local social club that had either stopped or were not being organised as often as they should be. One staff member told us, "People are not going out as often as they should due to a lack of staff." Another staff member said, "Activities need to be on a weekly planner based around the individual. They need to be more creative." Another staff member told us, "I think that a lot more could be gone to get the guys out. It's just about being creative. In other homes there are activities going on every day."

People's relatives confirmed that there had been a lack of activities on offer to the people living at the home, but they felt the situation was improving. One parent told us, "There wasn't the availability for [person's name] to do activities last year. Lots of their activities stopped or were cancelled. Things have picked up over the last six months." Another relative said that due to people's changing needs, "Staff need to be much more focused on stimulation in the care environment. They need to be a bit more creative with the stimulus of the [people]."

We saw that there was very limited planning taking place around people's activities. People's activities records we checked indicated that they were not going out on a regular basis and that when doing so they were participating in a narrow range of activities, which did not adequately reflect their known interests and preferences.

The registered manager acknowledged that people were not getting out enough and that the range of activities on offer within the home itself needed to be improved upon. They told us that community-based activities had trailed off since December 2015. They explained that this was mainly due to a lack of permanent staff and the restrictions on how agency staff could support people following the provider's risk assessment. Transport problems caused by to the home's minibus being off the road and a lack of initiative amongst some staff had also played a part in the problem.

We found that the provider had not done enough to minimise the impact of the home's prolonged staffing difficulties upon people's day to day activities. The registered manager explained the actions that were now being taken to improve this situation. The restrictions upon agency staff had recently been relaxed by the provider which would enable them to be used with greater flexibility. This decision had been taken in light of the knowledge and understanding of the people living at the service agency staff had developed. The home's newly-appointed senior would also be spending time at a sister home gather and bring across fresh ideas for in-house activities. The provider was also looking into alternative transport arrangements for the home to help people get out and about more often.

During our inspection, we also looked at how staff empowered people to make choices and express their preferences on a day to day basis, and how their views were acted upon. Staff described how they offered people certain choices on a day to day basis in, for example, what they ate for breakfast. They told us that they made use of people's care plans for guidance on how to ensure people got the right support. However, we saw that limited information was recorded in people's care files about what was important to them, their preferences, goals and their general likes and dislikes. This meant that, in turning to people's care plans for guidance, staff may have come away with a limited understanding of what mattered most to the person and what they wanted to achieve in their lives.

We saw that people's ability to make choices with the right staff support and the use of appropriate communication aids was not being fully supported. For example, the potential benefit of using pictures to help people communicate and make choices was understood by staff and the registered manager. However, their use had not been introduced to assist people in choosing what they ate and drank each day or how they spent their time.

The registered manager acknowledged that more could be done to empower people to make choices and to use people's feedback to shape the care and support provided. They told us, "We need a whole change of mind-set in how we observe and record people's preferences." They went on to say, "There is no way of them feeding back." The registered manager described their plans for further promoting people's choice and control over their lives. This included introducing the use of pictures to better support people's decision-making about what they ate and drank.
Greater emphasis would also be placed upon monitoring and documenting people's reactions to and enjoyment of activities to guide future activities planning.

People's relatives felt involved in decision-making about the care and support provided and praised the registered manager for the way in which they had engaged with and consulted them. One relative told us, "If they are not sure about something or if there has been a change in [person's name's] needs or behaviour they have approached me." One person's advocate said, "I feel that what I say is listened to. It's joint caring."

People were supported by staff to maintain relationships with those of importance to them. Staff helped people to keep in touch with family and friends by, for example, assisting them to send cards, photos and emails. The registered manager described how people's newly-purchased tablet computers would be used to help them keep friends and family up to date on their day to day lives.

We saw that there the provider had developed formal procedures for handling and responding to complaints. People's relatives were clear about how to raise any concerns or complaints about the service and felt confident these would be listened to. One parent told us, "I get on with [registered manager's name] quite well. If I had an issue, I would mention it." One person's advocate said, "I would have no hesitation in drawing anything to their attention." Another parent praised the manner in which the provider had responded to and addressed their previous concerns about staffing at the home.

Requires Improvement

Is the service well-led?

Our findings

We asked the registered manager about the support available to them to develop and drive improvement at the service. They told us that they had not been well supported by the provider's senior management team to date, explaining "I need to be better supported and directed." The registered manager felt that their current workload was unrealistic , but explained that they had not had regular one to one sessions with their line manager to the discuss issues of concern to them. They felt able to request additional support and resources for the home, but were not confident that these requests would be met, based upon their previous experience. For example, they told us that, having identified the need to improve the interior decoration of the home, they had submitted a quote to the provider in February of this year, but were yet to hear of the outcome of this. The registered manager also expressed some frustration at the limitations the provider had placed upon how agency staff could work and the impact this had had upon people's activities.

The CEO told us that the provider had worked closely with the registered manager, but had not been made aware of their concerns before this point. The provider undertook to discuss and address any areas of concern with the registered manager, ensuing that they had the regular support sessions and resources they required.

The registered manager understood their overall role and responsibilities in relation to the management of the home. However, our records showed they had not told the Care Quality Commission about the outcomes of the DoLS applications they had made, as they were required to do. The registered manager told us that they had not been aware of the requirement to submit these notifications. Statutory notifications ensure that the Care Quality Commission is aware of important events and play a key role in our ongoing monitoring of services.

The provider and registered manager carried out regular quality assurance checks at the home to assess the quality and safety of the service provided. These checks had not identified the shortfalls we saw in the management of people's medicines. The registered manager confirmed that the home's internal quality assurance checks did not focus upon the management of people's medicines at present. They assured us that additional checks would be introduced on this aspect of the care and support provided.

The provider had recently employed a Service Quality Director to further strengthen their existing quality assurance systems. The Service Quality Director had recently visited the home, commenting on the home's minibus being off the road. The provider was now exploring alternative transport options to replace the use of the minibus.

The registered manager told us they were committed to maintaining a positive and open dialogue with the people living at the home, those representing them and the staff team as a whole. People's relatives felt involved in the running of the home and told us that this had further improved since the current manager had been appointed. One person's advocate told us, "I feel very much involved and more so recently." A relative said, "[Registered manager's name] is much more into contacting me." People's relatives felt able to approach the registered manager with any ideas or suggestions about the service. One person's advocate

described the registered manager as "very approachable and very helpful."

Staff understood what was required of them and were equally comfortable with bringing things to the attention of the registered manager. One staff member told us, "If the home wasn't well-managed I would speak up." They went on to say, "[Registered manager's name] is good and quite fair." Another staff member said, "There is good communication between the staff and manager." They went on to say of the provider and registered manager, "They think about the things that are said to them. They try to improve things and make them better." Another staff member told us how the registered manager had listened to and acted upon the staff team's concerns about the suitability and conduct of a particular member of staff. The CEO described how the provider's monthly staff forum meetings were about to be relaunched to further strengthen employees' opportunities to put forward their views, opinions and suggestions about the home.

The registered manager had assessed the culture within the home and had put plans in place to ensure the care and support reflected what mattered most to the people living at the home. This included developing the role of key workers at the service to make better use of their knowledge of the people they supported. A key worker is someone who acts as a focal point for one of the people who lives at the service amongst the wider staff team.

During our inspection, we found the atmosphere within the home was homely and welcoming. People's relatives also spoke positively about the atmosphere they encountered at the home during their visits, which one person's advocate described as "calm and caring."

The provider had developed a formal statement of their aims and values. The staff we spoke with did not have a good awareness of this mission statement. The registered manager also expressed their frustration at the time it had taken for them to obtain a copy of the provider's mission statement. The CEO told us that they were unaware of staff member's lack of insight into the provider's vision and values and that they would address this.

The registered manager described how they kept up to date with current best practice through, for example, subscribing to care websites and publications in order to incorporate fresh ideas into the service provided.