

Aspirations Care Limited

Aspirations Leicestershire

Inspection report

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Date of inspection visit:
29 January 2024
31 January 2024
07 February 2024

Date of publication:
19 March 2024

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Aspirations Leicestershire is a supported living service providing personal care to adults with learning disabilities, autism and mental health needs.

Not everyone who used the service received personal care, the Care Quality Commission 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 32 people were receiving support with personal care.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and 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 supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: The model of care maximised people's choice, control and independence. The service promoted supported independent living. People were supported in their own homes, these were a combination of separate flats and shared houses. Some people had a self-contained flat, whilst others had their own bedroom but shared facilities with other people.

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.

Right Care: Care was person-centred and promoted people's dignity, privacy and human rights. People had a structured lifestyle based on their choice and preferences. Staff were appropriately skilled and competent to meet people's needs and keep them safe. Staff knew and understood people's communication needs, and this supported positive respectful relationships and interactions. People's independence and abilities were promoted. People lived active lives and were supported to maintain relationships with friends and family.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives. People's wishes and needs were at the centre of everything. The provider, registered manager and staff were motivated to achieve good outcomes for people and were caring and compassionate. Systems and processes for monitoring and improving quality and safety were effective. The culture and values were based on people's views and priorities and were shared by people, staff and managers.

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 8 March 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. 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 Leicestershire on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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|--|----------------------|
| <p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p> | <p>Good ●</p> |
| <p>Is the service caring?</p> <p>The service was caring.</p> <p>Details are in our caring findings below.</p> | <p>Good ●</p> |
| <p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p> | <p>Good ●</p> |

Aspirations Leicestershire

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Supported living. This service provides care and support to people living in 18 different supported living settings. These settings were a combination of separate flats and shared houses. Some people had a self-contained flat, whilst others had their own bedroom but shared facilities with other people. Each scheme is different with some having a separate bedroom for staff sleeping there over-night. 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 staff members including the registered manager, operations director, team leaders and senior support workers. We spoke with 5 people who used the service and to 6 relatives. We reviewed a range of records. This included 4 people's care records and 2 medicines administration records. A variety of records relating to the management of the service, were reviewed. We used the 'Quality of Life Tool' which is designed to support the corroboration of all sources of evidence gathered during inspection

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staffing had improved since our last inspection because the service had successfully recruited a number of staff. The use of agency staff was low at 117 hours a week across the service. All agency staff received an induction and managers carried out checks about their suitability and training.
- People we spoke with said staff were available when they needed them. A relative said, "My relative has consistent staff as I requested to maintain stability."
- Staff told us they had enough time to meet people's needs and keep people safe. They told us cover was arranged for last minute staff absence and there was an on-call number staff used to contact a senior staff member should they need to.
- There had been no recent incidents of any staff shifts not being fulfilled.
- Recruitment procedures minimised risk because checks were carried out and references obtained before new staff were offered employment. This was to check staff employed had the right character and skills.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse because staff had training and knew what to do if they suspected abuse. One person said, "I would tell the staff if there was anything wrong, they would do something."
- The provider took action when any abuse was suspected and reported this to all appropriate authorities so people could be protected.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- The provider maintained a register of restricted practices to ensure the correct authorisations were in place and they were reflected in people's support plans.

Assessing risk, safety monitoring and management

- Risks were assessed and managed in a safe way. The provider told us they were improving processes for identifying and managing nutritional risk. They planned to include a nutritional risk assessment as part of people's annual health check.
- There was a reporting system to capture all accidents and incidents. These were reviewed by managers and action taken to reduce further risk.
- The service used a prioritisation tool for escalation of accidents and incidents to inform staff of reporting procedures and timescales.
- Where people's needs were complex and could result in distress, 'positive behaviour plans' were developed. These set out people's needs and the things which may trigger distress and how staff would recognise this along with the action they should take to reduce distress and keep people safe.

Using medicines safely

- People received their medicine at the right time and in a safe way.
- Records were mostly accurate and up to date. One person did not have the 'allergies' section completed on the medicine chart. Staff took immediate action when we pointed this out.
- Audits were carried out weekly to ensure safe medicine policies were followed. Following the identification of medicine errors, staff were following an action plan to improve practice and prevent further errors.
- Each person has a separate file which included relevant health action plans for known ailments and health conditions.
- A relative told us staff contacted them when their relative refused their medicines to discuss the implications. They were confident staff administered medicines in a safe way. Another relative said about medicines prescribed on an 'as required' basis, "The staff are perceptive, they recognise needs."
- Staff had training about the safe management of medicines and had their competency assessed.

Preventing and controlling infection

- Staff supported people to maintain a clean and fresh environment.
- Staff wore appropriate personal protective equipment such as gloves and aprons when delivering personal care.
- The provider had an infection control policy staff followed to minimise infection risks.

Learning lessons when things go wrong

- Following the identification of medicine recording errors, action plans were developed to improve safe medicine management. This included further staff training, supervision and competency checks.
- The registered manager took swift action when it was identified records did not have enough detail about people's psychological wellbeing and involvement in developing support plans. Record keeping guidance was re issued to all team leaders and cascaded to all staff in meetings and supervision sessions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well by staff. People told us they liked the staff. One person said, "I love living here." Another person said, "Staff are kind and nice." Relatives told us staff had positive relationships with their family members. A relative said, "The regular staff are amazing and are like part of the family." Another relative said about staff, "They are pleasant and very good, they have laugh and a joke."
- Communication profiles were developed so staff knew how best to communicate with each person effectively.
- Staff had training about supporting people's equality and diversity needs. The provider hosted an LGTB+ forum to provide support to people they supported and staff.
- People were supported to maintain relationships with people who were important to them.

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

- People were supported to express their views and make decisions. People told us how staff supported them to take part in activities they enjoyed. Where people refused care or support this was respected, and people's rights were upheld.
- A welcome pack in an easy read and pictorial format was provided so people had accessible information about the service, and about their rights, how to complain and how to contact advocacy services.
- Pictorial information was individualised using characters a person enjoyed watching on TV to deliver important messages about staying healthy.
- People were supported to make decisions and express their views. Independent mental capacity advocates were used to support people with decision making.

Respecting and promoting people's privacy, dignity and independence

- The service promoted supported independent living. One person told us, "I have staff to help me, I tell them what I need, and they listen." People's support plans set out their abilities, goals and aspirations. This included how choices should be offered such as pictorial or object reference as required and how people preferred to be supported.
- Most people's relatives said independence was promoted and encouraged. They told us about the things people could do for themselves such as shopping, cooking and household tasks.
- People told us staff respected their privacy and dignity. A relative said, [person] has their own flat and staff knock before entering. They like some of the other residents to visit, and they come with a member of staff."

- 'Active support' was used to promote independence so tasks were broken down into smaller steps the person could manage.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Improvements had been made to support and plans and the way staff provided care and support so this met people's preferences and achieved good outcomes for people.
- People told us they liked staff and the way they were supported. They told us about all the activities they took part in and how staff supported them.
- A relative said, "They really take good care of [person], they are always smiling responsive and happy."
- A member of staff said, "The whole team has a person-centred attitude." Staff knew people well and knew how people wanted to receive support.

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

- There was a clear management and staff structure. Staff understood their roles and responsibilities. A second manager had recently been employed to strengthen the registered manager team and improve oversight of all care and support provided.
- The registered manager carried out visits to each location and checked people were happy and receiving the right care and support. Some visits were unannounced and took place out of office hours. Where shortfalls were identified, action plans were put in place to improve.
- Checks and audits were routinely carried out. This included, staff supervision, spot checks and staff performance appraisals to ensure staff were following safe policies and procedures and had the support they required. External reviews of the service were also carried out.

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

- 'People we support' meetings took place monthly. People were asked for their views about the service and were able to suggest things they would like to do and to discuss things they may want to change.
- The provider sent out people, staff and family and friends survey's annually. The results for 2023 surveys showed high levels of satisfaction and staff compliance with policies and procedures.
- Staff meetings were held to ensure staff were aware of any known risks and were following expected policies and procedures.
- The provider employed people who used the service as 'experts by experience' to engage with people and ask for their feedback about the service provided.

Continuous learning and improving care

- A leadership conference was held for senior staff, team leaders and managers to develop their skills to improve standards of care and support. Staff were rewarded for excellent and innovative practice.
- The provider was introducing electronic support planning and record keeping systems to improve access and ease of use for people and staff.
- Compliance rates for staff mandatory training were high (92%). Ninety seven percent of staff had completed Oliver McGowan training. This training is designed to ensure staff have the rights skills and knowledge to provide safe, compassionate and informed care to autistic people and people with a learning difficulty.

Working in partnership with others

- The registered manager had received very positive feedback from a partner agency for action they had taken to support a person experiencing distress and moving between accommodation.
- Each person had an 'emergency grab sheet' and 'hospital passport' for use in the event of a hospital admission. These contained important information and communication needs so hospital staff would know how best to communicate effectively with the person.