

Aspire In The Community Ltd

Aspire Respite Support Services

Inspection report

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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

About the service: Aspire Respite Support Services provides personal care and accommodation for up to five people at any one time with a learning disability and behaviours that challenge. The service is split into five distinct apartments with their own living space, within one adapted building. There are four permanent placements and one respite bed which is used by a number of people on a rotational basis. At the time of the inspection four people were living in the home, with a further five using the respite bed on a rotational basis.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice and independence. People using the service received planned and co-ordinated person centred support that is appropriate and inclusive for them.

People's experience of using this service:

The service met the characteristics of a good service in all the areas we reviewed.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways. The service promoted choice, control and independence. Each person had a bespoke living environment complete with bedroom, individual living space and cooking facilities. This helped ensure the service was very person centred. People had maximum control over all aspects of daily life. This included their routines, activities and meals. People's support focused on increasing their opportunities and providing them with skills to become more independent.

Risks to people's health and safety were assessed and for the most part appropriate risk assessment documents were in place which were subject to regular review. People received their medicines safely and as prescribed, with people encouraged to be involved in the management of their own medicines.

There were enough staff deployed to ensure people's needs were met. Staff were recruited safely and only worked with people following training and if they were deemed competent.

Staff were kind and compassionate and treated people well. People were listened to, taking into account their individual methods of communication. People were involved in care and support planning.

Whilst a registered manager was not in place, the nominated individual was working within the service on a daily basis. They had good oversight of the service and ensured it operated to a high standard.

Rating at last inspection: The service was last inspected on 30 August 2016 and rated Good. At this inspection we found the service had maintained its rating of Good.

Why we inspected: This was a planned inspection which took place to re-assess the quality of the service provided as we had not visited since 2016.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our Well led findings below.

Aspire Respite 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one inspector

Service and service type:

Aspire Respite Support Services provides care and support for up to five people with learning disabilities and behaviours that challenge. This includes 4 permanent beds and a respite bed which is used by a number of people on a rotational basis.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The nominated individual was managing the service until a registered manager was recruited.

Notice of inspection:

The inspection was announced. We gave the service 24 hour's notice of our inspection to ensure a manager was present to assist us.

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection in 2016. This included information that the provider must notify us about. We also received feedback from professionals who work in the local authority.

During the inspection we spoke with the nominated individual and five support workers. We spoke to three residents and observed staff interacting with them. We reviewed parts of two people's care records. We also reviewed records and audits relating to the management of the home. After the inspection we spoke with two relatives and also received feedback from two health professionals who work with the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Measures were in place to protect people from abuse. People and relative's we spoke with said staff treated people well.
- Staff had received training in safeguarding vulnerable adults and understood how to identify and act on allegations of abuse. Staff said they were confident people were safe using the service.
- We saw evidence safeguarding incidents had been correctly reported to the local authority and Care Quality Commission and measures had been put in place to help prevent a re-occurrence.

Assessing risk, safety monitoring and management

- Overall risks to people's health and safety were well managed. Risks to people's health and safety were assessed and clear and detailed care plans put in place to assist staff in keeping people safe.
- We identified one person would benefit from an environmental plan detailing the measures in place to keep them safe whilst in their flat, including the need for regular staff checks on the person and their environment. We raised this with the registered manager who assured us it would be addressed.
- The service balanced risks well, accepting that there was some risk associated with people's care and support and took positive risks to enable people to live fulfilling lives and ensure they experienced independence, freedom and undertook activities in the local community.
- Safety checks were undertaken on the building to help keep people safe.

Staffing and recruitment

- There were enough staff deployed to ensure people received safe and appropriate care. Staff told us that shifts were always covered and people always received their contracted hours of care and support.
- Staffing levels were flexible depending on who was staying in the home on any given night. The service liaised with the local authority to seek additional funding where they thought people would benefit from more staff support.
- Safe recruitment procedures were in place to help ensure staff were of suitable character to work with vulnerable people.

Using medicines safely

- Medicines were managed in a safe and proper way.
- Clear records were kept of the medicine support provided to each person. Medicine risk assessments and protocols set out exactly how people required their medicines.
- All medicines could be accounted for and the medicine system was regularly checked to ensure it was operating safely.
- The service promoted people to be as independent as possible with regards their medicines. For example, we saw one person was increasing their independence by taking their lunchtime medicines themselves.

They were involved in auditing and checking of their medicines to promote their understanding.

Preventing and controlling infection

- The service supported people to help keep the home in a clean and hygienic state.
- Staff had received training in infection control and had access to Personal Protective Equipment (PPE). Infection control checks were in place.

Learning lessons when things go wrong

- A system was in place to record incidents and accidents and learn from them to help continuous improvement of the service. This included an instance where restraint or restrictive practices were used.
- A log of incidents was kept for each person to monitor frequency and type of incidents. The manager was introducing more structured incident analysis to clearly show themes and trends over a longer period of time.
- Following incidents care plans and risk assessments were updated with new strategies to help keep people safe.

Is the service effective?

Our findings

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

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 needs were assessed and the service put in place appropriate plans of care to meet them. Care plans were thorough and based on recognised guidance and standards.
- The service had a behaviour support specialist in place who delivered training and helped ensure the service managed behaviours that challenge in line with best practice guidance.
- Health and social care professionals praised the service. One professional told us, "They regularly keep myself informed about my client and although my client presents with risks and challenging situations, the staff respond well, quickly and appropriately and seek advice when necessary as well as come up with solutions to situations."

Staff support: induction, training, skills and experience

- Staff received a range of training focused on the needs of people who used the service. This including learning disabilities, mental health, autism and positive behaviour support as well as bespoke training in conditions which affected specific individuals.
- New staff received a full induction to the service including training and a period of shadowing.
- Staff told us they felt very well supported by the organisation. They received regular supervision, annual appraisal and support to develop their skills and obtain further qualifications.

Supporting people to eat and drink enough to maintain a balanced diet

- People were fully involved in planning their meals. Each person had a bespoke menu based on their needs and choices.
- The service encouraged people to consume a healthy diet. Staff liaised with other professionals such as dieticians if concerns were identified around people's weight.

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

- The premises was designed and decorated to meet people's needs and promoted person centred care. The building was pleasantly decorated and suitable for its intended purposes.
- Each person who used the service had an individual flat complete with living space, kitchen, bedroom and bathroom. These were highly personalised with people's personal belongings. The individual living space promoted personalised care and support with each person having their own staff team, bespoke activities and routines.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to live healthier lives and the service liaised effectively with professionals to meet

people's needs.

- One person told us how the service looked after them and their family with care and compassion when they were very ill.
- When people's needs changed or following incidents, the team obtained specialist support and guidance to help meet people's needs.

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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, <whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met."
- Appropriate DoLS applications had been made for those the service believed were being deprived of their liberty. Three authorisations were in place and conditions associated with DoLS were being met.
- Where people lacked capacity, we saw evidence best interest decisions were made involving people and their relatives. For example, around the management of people's day to day finances and whether to remove items from their room for their safety.
- The service involved people to the maximum extent possible in their care and support and delivered care in the least restrictive way possible, promoting freedom and independence.

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

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 said staff were kind and caring and treated them well. One person said, "It is nice here, staff are nice to me, [staff member] is fantastic, they all look after me."
- We observed positive interactions between staff and people who used the service. Staff had developed good relationships with people and knew them well. Staff and the acting manager demonstrated to us they truly cared about the people they were supporting.
- People's diverse needs were taken into account. For example, staff supported people to follow their religion and provided cultural appropriate support including in relation to diet.

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

- The service took steps to ensure people could express their views. This included using bespoke picture boards to help promote choices.
- People had clear communication plans in place detailing how staff should help them communicate. We saw staff were skilled in communicating effectively with people.
- People's views were sought more formally through care plan reviews.

Respecting and promoting people's privacy, dignity and independence

- Care planning focused on increasing people's independence, confidence and life skills. We saw people were encouraged to do as much as possible for themselves, including washing, cooking and where possible accessing the community alone.
- Whilst a number of people who used the service had intensive staff support, staff respected people's right to privacy and gave them time alone when they needed it.
- We observed staff treated people with dignity and respect and taking into consideration their diverse needs.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support in line with their wishes and preferences. Each person had a personalised living environment, their own routines, activities and mealtime choices, showing a truly person centred approach.
- People had clear and detailed care plans in place which were subject to regular review. These provided staff with clear guidance on how to meet people's health, social and personal care needs.
- More information could have been recorded about people's goals and aspirations. We saw plans were in place to address this through introducing a monthly keyworker review meeting with each person, assessing their activities, goals and progress.
- Some people used the service on a respite basis. Arrangements were in place to ensure information on people's care and support requirements was updated at each visit.
- People were assisted to take part in a range of activities based on their preferences. This included games around the home, football in the community, trips out for meals and to a disco. Staff worked hard to encourage people to keep active and busy.
- People were encouraged to be involved in the local community and access events which took place.

Improving care quality in response to complaints or concerns

- A system was in place to log, investigate and respond to complaints. There had been no recent complaints about the service.
- The manager was receptive to feedback and used this as an opportunity to improve the service.
- Compliments were recorded so the service knew the areas it exceeded expectations.

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service had clear person centred values in place which staff adhered to on a daily basis. The way the home was set up with individualised flats, meant people's care was very person centred with their routines, activities and staff support centred solely around each individuals needs and preferences. People and relatives spoke positively about the care and support provided.
- The service was committed to increasing people's life skills and independence and we saw positive examples of how this had been achieved.
- The acting manager was open and honest with us about the performance of the service and the areas they were looking to further develop.

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

- A registered manager was not in post with the last manager deregistering in October 2018. The nominated individual of the organisation was managing the service on a daily basis whilst they recruited a new manager. We found appropriate management arrangements were in place to ensure a high performing service.
- The nominated individual had good oversight of the service and had an in-depth knowledge of how the service operated and the people they supported.
- Staff were confident in their roles and told us the staff team was well organised. One staff member said "[manager] is a brilliant manager." Staff were very happy in their role and were confident people were receiving high quality person centred care. A relative told us how they had a good rapport with the manager and senior support workers.

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

- People were fully involved in their care and support. Each person had an individualised environment and plan of care and staff liaised with them on a daily basis to provide support that met their needs and preferences.
- People's feedback was sought both informally and formally. Formal means including annual care reviews and surveys. The service was to start monthly key worker meetings to enhance mechanisms for people to provide feedback.
- Staff meetings were regularly held and were an opportunity to discuss people's needs and improve the quality of care

Continuous learning and improving care

- The nominated individual had high standards and was continually looking to improve the quality of the service.
- A range of audits and checks were undertaken. This included medicine audits and environmental audits. A full audit of the service was also undertaken every quarter by senior management looking at a comprehensive range of areas. We saw evidence action plans had been produced and worked through to improve the service.
- The findings of audits and checks were used to continuously improve the service and drive up standards.
- Any incidents or adverse events were used to reflect on and improve the service with debriefs.

Working in partnership with others

- The service worked with others including commissioners, healthcare services and local day-care centres to co-ordinate people's care and support.