

Aspirations Care Limited

Aspirations Southwest Adults

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This inspection took place on the 5 May 2017 and was announced. We also visited people where they lived on 10 May 2017.

Aspirations Southwest Adults provides domiciliary care and supported living services to adults with a learning disability or mental health condition in their own homes. At the time of our inspection there were 17 people receiving the regulated activity of personal care.

Aspirations Southwest Adults had a registered manager in post. 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 at risk of receiving care from unsuitable staff because robust recruitment procedures were not being applied.

Since our previous inspection there had been improvements to the service. Staff received improved support through regular individual and group meetings and commented on better communication from managers. People using the service now enjoyed a wider range of activities and benefitted from improved management of the service.

People were enabled to live safely; risks to their safety were identified, assessed and appropriate action taken. People's medicines were safely managed.

People were satisfied with their support and the approach and effectiveness of staff. People had achieved positive relationships with staff. People were treated with kindness, their privacy and dignity was respected and they were supported to maintain their independence and engage in activities. People and their representatives were involved in the planning and review of the support they received.

Staff received support to develop knowledge and skills for their role and were positive about their work with people. Managers were accessible to people using the service and staff. Systems were in place to check the quality of the service provided including gaining the views of people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not as safe as it could be.

People were not protected against the employment of unsuitable staff by the use robust staff recruitment practices.

People were protected from the risk of abuse because staff understood how to protect them.

People received consistent support from dedicated staff teams.

People's medicines were managed safely.

Is the service effective?

Good ●

The effectiveness of the service had improved.

Support for staff to carry out their role had improved.
People's rights were protected by the correct use of the Mental Capacity Act (2005).

People were involved in choosing their meals.

People's health needs were supported through access to and liaison with healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and kindness.

People's independence was promoted and respected by staff.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The responsiveness of the service had improved.

People received individualised care and support.

Concerns and complaints were investigated and responded to.

Is the service well-led?

Good ●

The leadership of the service had improved.

People had benefitted from improved management of the service.

The service set out and followed its values for providing care and support to people.

Quality assurance systems which included the views of people using the service were in place to monitor the quality of care and support provided.

Aspirations Southwest Adults

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 5 May 2017. We gave the service notice of the inspection because the registered manager is often out of the office providing support to people and staff. We needed to be sure that they would be there. The inspection was carried out by one inspector. We spoke with the registered manager and four members of staff. Following our visit to the office we visited people in their homes on 10 May 2017 and spoke with five people, three members of staff and three service managers. We also spoke with three relatives of people using the service on the telephone.

We reviewed records for people using the service and checked records relating to staff recruitment, support and training and the management of the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

Is the service safe?

Our findings

People were placed at risk of being cared for by unsuitable staff because robust recruitment procedures were not always applied. We examined the recruitment documents for five members of staff. Three of the staff had previously been employed in providing care and support to people. However these staff had been employed to work with people without checks on their conduct during previous employment or verification of their reasons for leaving previous employment which involved providing care and support to people. These were checks which should have been carried out before staff were employed by the provider.

Although the application form indicated reasons for leaving previous employment should be given, some applicants had instead provided curriculum vitae (cv) which did not contain this information. One applicant had three previous posts working in social care and two current posts. References had been requested and received from a post in a social club and from one current employer. No information had been obtained about their conduct in the three previous posts and their reasons for leaving had not been requested or verified with previous employers. Another applicant had provided the name of a manager of a previous employer to give a reference although a reference had been accepted from a team leader instead. There was no information to indicate if the team leader was in a position to give suitable information about the applicants conduct. In addition the registered provider's recruitment procedures did not reflect the regulations relating to employment checks for staff working with vulnerable adults.

Following our visit the registered manager provided us with a copy of an updated staff recruitment policy and a form for documenting checks on previous employment. However we have not been able to determine if any improvements have been fully embedded and sustained.

We recommend that the provider, seek advice from an appropriate source, to have a system in place which ensures robust recruitment checks are always completed.

Disclosure and barring service (DBS) checks were carried out before staff started work with people as well as health declarations.

People were supported through sufficient levels of consistent staff support. Consistency of staff was important for people. To this end, there were separate staff teams each managed by a service manager. People told us they were familiar with the staff who supported them. One person said "I know most of the staff quite well". A relative described the importance of a consistent staff team and with this having been largely achieved they recognised the person was "more settled". As well as regular staff, a team of bank staff was available. The registered manager described how agency staff were only used occasionally to cover for staff sickness. In addition there had also been an improvement in the staff turnover rate. To support people to take part in activities on special occasions such as Valentine's day there were arrangements to ensure more staff were available.

People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. Staff had received safeguarding training and were able to describe the arrangements for

reporting any allegations of abuse relating to people using the service. Staff were confident any allegations of abuse reported would be dealt with properly. In the past the provider had demonstrated how it was prepared to take action to protect people using the service. People were protected from financial abuse because there were appropriate systems in place to help support people manage their money safely. Service Managers had information for reporting any safeguarding concerns to the local authority. Safeguarding was discussed at team meetings to ensure staff were clear about the procedures. People told us they felt safe with staff and people's relatives also told us they felt people were safe when receiving support from staff.

People had individual risk assessments and risk management plans in place. For example there were risk assessments for epilepsy, eating and diet, budgeting and medical appointments. Risk assessments had been kept under regular review. Information was prepared for use in the event of a person going missing. People also had individual evacuation plans in place for staff supporting them to follow in an emergency.

People's medicines were managed safely. People we spoke with were satisfied with how their medicines were managed by staff. Staff received training to support people to take their medicines. Where people were prescribed medicine to take on an 'as required' basis, guidelines were in place for staff to follow to support people with this. Minutes of group supervisions showed there were discussions about managing people's medicines. Procedures were in place in the event of any medicine errors and Service managers carried out an audit of people's medicine records on a weekly basis.

Is the service effective?

Our findings

At our previous inspection in March 2016 we found people's care and support had not always been effective due to inconsistencies around the support provided to staff individually and in teams. At this inspection we found improved support for staff to carry out their role. Staff told us they had noticed improvements to the support they received in terms of supervision. Staff had meetings called supervision sessions with senior staff to discuss areas such as time keeping, following policies and procedures and training. These were held on an individual as well as a group basis. All the staff we spoke with confirmed they had regular supervision sessions every three months. Staff employed long enough acknowledged an improvement with supervision sessions being provided on a more regular basis than they had been over a year ago. Staff also described improved communication from managers. One member of staff said there were "no problems" with supervision sessions. Staff also received an annual performance appraisal.

People using the service were supported by staff who had received training suitable for their role. Records showed staff had received training in such subjects as food safety, emergency first aid and health and safety. Staff also received training specific for the needs of people using the service such as epilepsy and positive behaviour support. They acknowledged they received enough training for their role and told us their training was kept up to date. One member of staff appreciated the introduction of training in groups as opposed to individual on-line training which had been used before. Staff had also completed the Care certificate qualification. The Care certificate is a set of national standards that health and social care workers adhere to in their daily working life. A relative of a person using the service told us staff were "very good" another said "all of them are very good."

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005 (MCA). 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. We checked whether the service was working within the principles of the MCA. Assessments had been made of people's capacity to consent to managing certain areas of their care and support where it was judged they may lack mental capacity. For example for personal care, medicines and finances. Staff had received training in the MCA and demonstrated their knowledge of the subject. The Court of Protection had authorised the deprivation of liberty for one person. 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.

People were supported to prepare meals and eat a balanced diet. People required varied degrees of staff support according to their needs. One person's support plan described how they should be supported to follow a healthy diet. People told us about the meals they ate and their favourite foods. In one house a person described what meals they had chosen for the day. In another house people expressed strong opinions about an occasion where they did not receive their chosen meal. The service manager was looking into this to ensure there was no repeat of the situation. A Service manager told us although people were involved in choosing their meals, healthy eating was also an important consideration where people may need guidance

from staff at times.

People's healthcare needs were met. People confirmed they received support to attend healthcare appointments. People had health action plans and hospital assessments. They described how people would be best supported to maintain contact with health services or in the event of admission to hospital. Health action plans recorded the health appointments people had attended such as with their GP or dentist.

Is the service caring?

Our findings

People were treated with kindness and respect and had developed positive relationships with the staff supporting them. People made positive comments about the staff that supported them. One person told us "Staff are very, very friendly." Another said "Staff are nice." A relative of a person using the service told us "They are certainly looking after him very well." Another relative praised the caring attitude of staff and how they dealt with an issue where a person needed a medicine at a social event. One member of staff commented on the "good rapport" which had been achieved between staff and people using the service. When we visited people we observed staff treating them respectfully, responding to people's requests and listening to what they had to say.

Information was available about people's communication needs, such as "sometimes (the person) speaks very quietly making it difficult to understand her unless you know her really well." In addition people had a communication dictionary which gave staff information about how the person communicated both verbally and non-verbally. Information was also available for staff reference where people used sign language as a communication method. This was described as "helps support people who do not use words to talk or have difficulty or a limited vocabulary".

People were involved in the planning and review of their care and support. People had monthly meetings with staff to review the support they received. People were asked a number of questions such as "are you listened to", "what is important at present" and "what is not working at the moment". Examples we saw had a signature of the person and the staff member completing the review. In addition there were annual reviews of people's support involving a meeting with people's relatives and relevant health and social care professionals.

Information was available if people required the services of an advocate. Advocates are people who provide a service to support people to get their views and wishes heard. Two people had previously used the services of a statutory advocate in relation to decision making.

People's privacy and dignity was respected. People confirmed they had enough privacy and told us staff knocked on the doors of their rooms before entering. Staff described actions they would take to ensure people's privacy and dignity was respected. Support plans had detailed actions for staff to take to preserve people's privacy and dignity.

People were supported to maintain and develop their independence. Support plans contained information for staff to follow to promote people's independence. The team meeting for one house was used to remind staff of domestic tasks people could do for themselves to maintain their independence. People took some responsibility for managing their own finances including visiting a bank on a regular basis to withdraw money. People's independence was also supported through assessing and managing risks.

People were supported to maintain contact with family members. Staff supported people to visit their family members. A relative told us how the service had been very responsive when approached about planning the

funeral arrangements for a person using the service.

Is the service responsive?

Our findings

At our previous inspection in March 2016 we found the service was not always responsive. People's experience of social activities and following their interests was varied; although there were plans to improve people's lifestyles and the opportunities offered to them.

At this inspection we found people were taking part in a range of activities such as swimming, cinema, art and crafts, a male sports group, puzzles and horse riding. When we visited people we saw there were individual weekly timetables of activities. These included activities outside of the home for people throughout the week. In one house we visited people had just returned from a holiday abroad, in another house people enthusiastically told us about a holiday they were planning. A relative gave positive comments about how people had enjoyed a dinner dance that had been organised for people using the service. One person told us "I don't get bored, there is plenty to do." Another told us there was "enough to do". Staff told us people were taking part in more activities than previously. One staff member commented people "are always quite busy". Another said "people are always out in the community". We also heard people's activity planners had changed with more activities on certain days of the week. People hobbies and interests were listed in their support plans for staff to refer to.

People received care and support which was personalised and responsive to their needs. People's support plans contained detailed and personalised information for staff to follow when supporting them. One person's support plan described what was important to them such as their family, being independent and being able to make plans. One person told us the support they received was "perfect". Personalised information was also available for staff to support people with managing behaviour. A social care professional commented "From the reports I've received all staff involved with my client carry out their duties with attention to detail and are clearly person centred in their approach".

The registered manager described how people had benefitted from the support they received with one person requiring less intensive staff support than they had needed previously. Staff had an understanding of personalised care and felt people received this from Aspirations South West Adults. For people with Autism, an autism profile had been introduced. This provided information about each person and how they were to be supported with their autism. A behaviour monitoring folder designed to monitor and understand people's behaviour also linked in with the provider's Autism strategy. The Provider information return (PIR) described this as, "This will ensure we further existing work with those who have complex needs and behaviour that may challenge, so that we are effective and responsive in our approach".

There were arrangements to listen to and respond to any concerns or complaints. Information about how to make a complaint was provided for people in an easy to read format using pictures and plain English. One person told us how they would approach a member of staff if they had a complaint. In the twelve months up to our inspection visit four complaints had been received. These had been thoroughly investigated and action had been taken to address any areas of the complaints which were upheld. People told us they would approach staff if they had any concerns.

Is the service well-led?

Our findings

At our previous inspection in March 2016 we found changes made to improve people's experience of their care and support had either not been fully implemented or were not yet embedded into practice. At this inspection we found changes and improvements had been embedded into practice.

Staff commented on improvements to the management of the service since current managers had been in post. One member of staff commented how the service manager at the house where they worked had "turned the place around". Improvements included better support plans for people, less gaps to cover on the staff rota and staff supervision sessions carried out regularly. One person was also taking part in more activities outside of the house than they did before. Another member of staff told us about improvements to documentation and increased opportunities for people to develop their independence. In addition they had experienced good communication from the registered manager and the staff member's line manager. They also commented staff morale had improved.

Aspirations South West Adults had a registered manager who had been registered as manager since October 2016. A registered manager is a person who has registered with CQC 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 and associated regulations about how the service is run. The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred.

The registered manager's visions for the service included an aim to move away from residential practices in the houses where people lived and give people the feeling of having more ownership of where they lived. The registered manager had recently been nominated for the Great British care awards 2016-2017 south west region for the most inspirational manager.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves. A dedicated telephone line operated by an independent organisation was available for reporting any concerns. At the time of our inspection the registered manager was investigating a current whistle blowing concern.

An 'on-call' service ensured staff received support from managers and senior staff on a 24 hour basis. One member of staff described the effectiveness of the 'on-call' system. Staff were positive about their role in supporting people and working for Aspirations South West Adults. A member of staff told us was "it's a really good place to work." Another said "it's a good company". Another told us Aspirations was "a good employer".

People benefitted from checks to ensure a consistent service was being provided. Weekly audits by service

managers were carried out on aspects of the service such as medicines and finance checks. A staff feedback survey was completed in February 2017 with areas for improvement recorded with the action required. People using the service had completed surveys in 2016. Outcomes had been analysed for action. In addition the provider had used the services of an independent agency in October 2016 to carry out an audit of the service provided. Recommendations of the audit report had been actioned.