

Aspirations Care Limited

Aspirations (Northampton)

Inspection report

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Date of inspection visit:

21 November 2019

22 November 2019

25 November 2019

26 November 2019

27 November 2019

29 November 2019

02 December 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Aspirations (Northampton) is a supported living service providing personal care to adults with learning disabilities and/or autism.

People lived in their own accommodation either in a house with shared communal areas or a flat or bungalow in the community. Some accommodation had a room for staff to use if 24-hour support was required.

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 possible 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 receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Following our last inspection in May 2018, the registered manager had left and there had been several changes in managers. This had impacted on the overall governance of the service and had left people vulnerable to not receiving the level of support they required.

Systems in place to quality assure and monitor the service had not been consistently maintained. Staff were not always receiving the support and training they required to effectively and safely support people.

Risks to people's care had been assessed and detailed support plans were in place, however, some staff did not always follow or understand their responsibilities.

There was not always the staff with the right skills and abilities to support people to access the local community.

An action plan was in place to address the shortfalls identified and the provider was working with the local authority to address the issues.

People were being supported by staff who knew them well and were kind and caring. People had developed positive relationships with staff, some staff had known people for many years.

People had detailed care plans which focussed on them as individuals and gave staff the information they needed to support people in the way they preferred.

People were treated with respect and their individuality recognised. They were supported to maintain good

health and nutrition and undertake activities within their homes and community.

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.

People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints received. Information was provided to people in an accessible format to enable them to make decisions about their care and support.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible to live fulfilled lives.

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

Rating at last inspection

The last rating for this service was Good (published 10 May 2018).

Why we inspected

The inspection was prompted in part due to concerns received about the level and adequacy of the support people were receiving and the overall management of the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report.

The local commissioners had found alternative placements for three people whose needs were not being fully met at the service. We found no evidence during this inspection any other people were at risk of harm from the concerns raised.

Enforcement

We have identified a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to good governance. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Aspirations (Northampton)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

At the time of the inspection the service did not have a manager registered with the CQC. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager had left the service and deregistered from 6 November 2018. The provider had recruited a new manager in May 2019, they chose not to complete their registration with CQC and left the service in September 2019. A new manager had been recruited and was in the process of submitting an application to be registered at the time of the inspection. During the period without a registered manager, regional managers within the organisation had provided the managerial support to the service.

Notice of inspection

This inspection was unannounced. Inspection activity started on 21 November 2019 and ended on 2 December 2019. We visited the office location on 21 and 25 November, visited people in their own homes on 21 and spoke with relatives and staff via telephone on 22, 26, 27 and 29 November and 2 December 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care and support provided. We also spent time observing the care and support of four people to help us understand their experience as they were unable to talk to us.

We spoke with 18 members of staff including 11 support workers, two service co-ordinators, two service managers, the office manager, the manager and head of quality development. We viewed a range of records. This included six people's care records and medication records, three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

The provider sent us the action plan they had in place to address some of the shortfalls in the service. They had identified issues themselves along with issues raised via the local authority health and social care commissioners and safeguarding.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- People's care plans included risk assessments about their care and support. However, information was not always recorded consistently, which meant staff who did not know the person well may fail to keep the person safe. For example, a person's assessment in relation to risk of choking detailed how food needed to be presented, this was not consistently recorded throughout their care records, with different information recorded. Staff we spoke with knew the needs of the person and understood the risk. There was a failure in oversight by the provider to ensure records were accurately kept.
- Plans to support people with behaviour which may harm them self or others were in place, however, not all staff recognised or understood the need to record incidents. This meant the provider did not have a clear oversight of people to identify any changes in their health or behaviour to enable them to take the appropriate action to ensure people were being supported effectively.
- Health and safety audits were not being consistently undertaken. Staff expressed their concern that audits around medicines and finances had not been completed due to the changes in the management structure. This left people vulnerable. The manager advised us there was an action plan in place to address this issue.
- Lessons were not always being learnt as there was an inconsistent approach to recording of accidents and incidents. The provider needed to ensure all staff understood the need to record incidents to enable them to analyse and look for trends to ensure service improvement.

Staffing and recruitment

- There were not always enough staff, with the right skills, deployed to support people to do the things they wished at the times they wished. One relative told us, "[Person] likes to go swimming, this does not always happen as they need two staff and staff who can drive."
- We read in a care plan a person required 2:1 support to access the community, 2 staff were deployed up until 3pm which meant if the person expressed a wish to go out after 3pm they could not. This limited the person's choices and independence.
- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. Staff had been checked for any criminal convictions and references had been obtained before they started to work for the service.

Systems and processes to safeguard people from the risk of abuse

- Staff had not always recognised their actions or lack of action may put people at risk of harm. For example, staff had failed to provide the agreed level of support people required; two people who lived together required 1:1 support, when a senior member of staff visited the house they found only one member of staff. The provider had taken immediate action to address this, but they needed to ensure people

continuously received the support they required.

- Systems and processes were in place to protect people from the risk of abuse. However, the provider needed to ensure all staff fully understood their responsibilities to keep people safe. The staff we spoke to understood to report any concerns.
- The provider understood their responsibilities to keep people safe and knew to raise any concerns with the local authority and notify the Care Quality Commission as required.

Using medicines safely

- Audits of medicine administration had not been consistently maintained. The new management team had begun to complete audits and we saw when shortfalls had been identified these had been quickly addressed. The provider needed to ensure audits were completed regularly.
- Staff had received training in the administration of medicines, but some staff had failed to understand the importance of medicines being administered at the times and intervals required. The provider was aware of this and this issue was being addressed with staff. There were protocols and procedures in place for staff to follow.
- Medicines were stored safely and on the whole people did receive their medicines when required.

Preventing and controlling infection

- People were protected by the prevention and control of infection. Staff were trained in infection control and there were procedures in place for staff to follow.
- Staff had the appropriate personal protective equipment to prevent the spread of infection. For example, staff wore disposable gloves and aprons when providing support with personal care.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not being consistently and regularly supervised. There had been several changes within the management structure which had impacted on the ability of managers to provide regular staff supervision. At the time of the inspection, new managers had been appointed and were beginning to address this.
- Not all staff had undertaken the training they required to deliver support effectively and safely, for example training in positive behaviour management. The provider had put a programme of training in place to address this at the time of the inspection.
- All new staff undertook an induction which involved shadowing more experienced staff before they could work independently with people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed and decisions on the most appropriate placement for them had been made in consultation with their families and health and social care professionals.
- Care plans detailed people's care needs and support plans were in place which gave guidance to staff on how to meet people's needs.

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

- People were given appropriate support to maintain good nutrition.
- People's care plans included risk assessments and guidance for staff to follow if a person had been assessed as being at nutritional risk. For example, from choking or poor nutrition.
- Staff monitored people's food and fluid intake where required and provided support at mealtimes.

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

- Staff worked with health professionals to understand the needs of people and ensure they remained as fit and healthy as possible.
- People were supported to attend health appointments. Records of appointments and outcomes were logged in people's care files.
- Some people had health action plans in place which documented the support needed to ensure the person remained well.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's mental capacity was assessed, however, where people were deemed to lack capacity to make decisions for them self, decisions made in their best interest were not consistently recorded.
- The manager was aware of the need to seek legal authorisation of people's liberty and several applications had been submitted.
- Staff received training on mental capacity and DoLS and understood their responsibilities.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 cared for and supported by staff who were kind and caring. Relatives told us the permanent staff were good and knew their loved-one. One relative said, "The care staff are good, they work in [relative] best interest."
- Staff had developed positive relationships with people and understood people's individual needs and how they expressed themselves. If people had expressed a preference through their behaviour, for example whether they preferred a female or male carer this was respected.
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships with their circle of support.

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

- People were supported to express their views. Pictures or objects of reference were used if people were unable to verbally express them self.
- Staff understood what to look out for as to how people communicated their views. One member of staff said, "[Name of person] is unable to communicate verbally so you need to understand their body language as to what they are expressing, for example [person] closes their mouth if they don't want to eat something."
- Information about advocacy was available for people. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive and when they are unable to speak up for themselves the advocate will represent them to ensure any decisions are made in their best interests. We saw people had been supported by an advocate when specific decisions about their care needed to be made.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. We saw staff encourage one person to help them self, giving words of encouragement and recognition when they had completed a task them self.
- Staff described to us how they respected people's dignity. They spoke about doors being shut and curtains closed when supporting with personal care. One member of staff said, "I encourage [person] to use the bathroom when getting dressed, as they don't like curtains in their bedroom. I talk to them to get them to do things for them self."
- Care records were kept securely and confidentiality maintained.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff had assessed people's individual interests and people had care plans in place to support them to participate in activities both in the home and the community. However, people's opportunity to take part in activities in the community and at the time they wished was limited due to the availability of staff. The provider needed to ensure there were enough staff available to respond to people's individual requirements.
- People were supported to maintain relationships with family and friends. One relative said, "The staff support [name of person] to visit me each week."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individualised care plans, which detailed the care and support people wanted and needed; this ensured that staff had the information they needed to provide consistent support for people. However, care plan records were not being regularly monitored to ensure all the information was up to date.
- People's care plans reflected their preferences and cultural needs. Staff used this information to ensure people received their care in the way they preferred. For example, one person liked their own space and music, we saw they sat in their own lounge playing their favourite music.
- Staff knew people well and were able to describe people's individual needs and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed. People used objects of reference, pictures, photographs and easy read documents to help them understand key information.
- Staff had developed trusted relationships with people which aided communication with people and helped them understand what was required of them.
- The provider understood their responsibility to comply with the AIS.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place, this was available to people in pictorial form if required. Relatives told us if they had any concerns or complaints they would speak to the manager. One relative commented that when they had raised a complaint this had been responded to.

End of life care and support

- No one was receiving any end of life care at the time of the inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At the time of the inspection there was no registered manager. The registered manager left 6 November 2018. The provider had put interim management arrangements in place and a manager had been appointed in May 2019. However, the manager had chosen not to complete their application to be the registered manager and left the service in September 2019. When we inspected another manager had just been appointed who was in the process of submitting an application to be the registered manager.
- The feedback we got from relatives and staff indicated there had been poor communication from the provider about the management of the service. One relative commented, "There has been so many managers, communication is poor."
- The local health and social care commissioners who monitor the care and support people receive had received concerns about how the service was being managed; people were being left vulnerable as some staff were taking it upon themselves to manage their rota and shift pattern, which did not always meet the needs of the individual. New managers and senior staff did not know the people being supported which meant staff felt they could not always get the support and advice they needed.
- The systems in place to quality assure and monitor the service had not been maintained. Information in care records were not consistent and up to date. Audits of medicines and people's personal finances had not been regularly undertaken. One staff member said, "There have been no audits of medicines and finances since August."
- Management and oversight of staff had not been consistent. Staff failure to record incidents meant the provider did not have full oversight of people to enable them to take timely and effective action.

We found no evidence people had been harmed however, systems had not been consistently maintained nor robust enough to demonstrate the provider had the oversight they required to provide a consistently safe and effective service.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had already taken action to address the concerns. A detailed action plan was in place and the provider was working closely with the local authority to address concerns. We saw weekly meetings were being held with managers to monitor the progress of the improvements being made.

- The provider needed to ensure the new manager and senior staff had the support they needed to address the shortfalls in a timely way.

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

- Feedback about the support people received was sought through reviews and visits by managers to people's homes. However, this had not always been consistent. Plans were in place to address this at the time of the inspection. Reviews were being held with people and where appropriate their relative. One relative said, "We use to meet once or twice a year to review things, but this has not happened for a while."
- Staff did feel supported and felt able to speak up about any concerns or ideas they had. However, the instability of the management structure had impacted on the time spent supervising staff and meeting with them regularly. At the time of the inspection the manager had meetings planned with all staff to up date them on the service and a programme of supervisions was in place for the new senior team to undertake.

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

- People, overall, received the support they required in a person-centred way. The provider had acted when they found some staff were not always working in the best interest of people, failing to turn up when required, not always undertaking activities people wanted.
- Staff spoke positively about the people they supported, and the activities people had been enabled to do. One member of staff said, "Since [person] has lived in their own home, they have had more staff to support them which has given them greater opportunities to do go out and have more experiences."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was aware of, and they and the provider had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew about how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Continuous learning and improving care; Working in partnership with others

- The provider was working closely with the local authority to address the shortfalls.
- Staff worked with social workers and health professionals to ensure people received the care that met their needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to manage and monitor the safety of the service and learning lessons from incidents were not consistently maintained nor robust enough to demonstrate the provider had the oversight they required to provide a consistently safe and effective service.