

Aspire: for Intelligent Care and Support C.I.C Supported Tenancy Network

Inspection report

16-18 Worsley Road
Swinton
Manchester
Lancashire
M27 5WW
Tel: 01616077101

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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 

Overall summary

This was an announced inspection carried out on the 18 and 25 October 2015.

The Supported Tenancy Network provides services to people with learning disabilities and complex physical health needs so that they can live as independently as possible in their own homes. People who use the service are tenants in their own right and live with support in various types of accommodation provided by a variety of different landlords. The service is currently made up of 18

homes, providing support for 63 tenants who live in the Salford area and who require 24 hour support. The head office is based at the Humphrey Booth Resource Centre, which is located in Swinton.

The provider, which is called Aspire for Intelligent Care and Support C.I.C Ltd, is a new employee owned social enterprise and is a 'community interest company,' which registered with CQC in June 2015. The service had up until that point been operated by Salford City Council. The 'community interest company' structure is intended to ensure that assets are kept within the company and

Summary of findings

activities are carried out to benefit the local community. Though Aspire is a new provider, the service is run by the same management team and staff, who were previously employees of the local authority.

There was a registered manager in place. 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. The registered manager told us that Aspire was owned by the staff who ran it. All staff had the opportunity to purchase a one pound share that had no monetary value, but allowed them to vote at the annual general meeting and have input into how their company was run.

Without exception, everyone we spoke with told us they believed their relative was safe.

We found people were protected against the risks of abuse, because the service had robust recruitment procedures in place.

We found the service had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. We looked at the service safeguarding process used to manage any concerns and looked at the service whistleblowing policy.

As part of the inspection we looked at a sample of 15 care files and found that a range of risk assessments had been undertaken by the service. These provided guidance to staff on people's individual needs and included risk assessments for people using swimming pools, travelling in vehicles, use of public transport, bathing or showering and use of wheel chairs.

The service medication policy included guidance to staff on how to deal with medication errors. Relatives we spoke with told us that they had no concerns about how the service managed and administered medication to their loved ones.

We spoke to staff to see whether they had any concerns about staffing levels following the change of provider. Without exception, staff we spoke with did not raise any staffing concerns and on the whole felt the move to a new provider had been a positive experience.

We looked at the service Learning and Development Plan, which set out the training and development pathway for staff. This involved an induction period followed by mandatory/ continuous training and development for staff.

We looked at supervision and annual appraisal forms and spoke to staff about the supervision they received. We found that staff received regular supervision, which enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner.

At the time of our inspection, there were a number of people who were subject of a Deprivation of Liberty Safeguards (DoLS). Staff we spoke to were able to explain the principals of the legislation and confirmed they had received training in Mental Capacity Act (MCA), which we verified from looking at training records.

We asked staff how they sought consent from people who had difficulty communicating. A house manager explained how the service had recently purchased iPads to support people with communication and making choices.

Without exception, people told us that staff were kind, caring and dedicated to their role.

We observed a very caring environment where staff clearly knew the people they supported. Interaction was affectionate and sincere.

People we spoke with confirmed that they felt fully involved in determining their relative's care needs. People confirmed they were involved in regular reviews of care and felt listened to by the service.

People told us that they believed the service was responsive to their needs, listened and acted upon any concerns they raised.

We found people who used the service were encouraged to live independent lives and were supported to undertake activities within the local community. Homes we visited were able to demonstrate how people were involved in daily activities and stimulation. We looked at weekly activity programmes showing community based activities.

Care plans provided clear guidance to staff on the level of support required and were regularly reviewed.

Summary of findings

We found the service had systems in place to routinely listen to people's experience, concerns and complaints. Most people we spoke with knew how to make a complaint, although had not needed to make one. Those who had made a complaint felt their complaint was listened to and that action was taken to resolve the issue.

People told us that they believed the service was well managed and they had noticed no change in services provision since transferring from the local authority to the current provider.

Staff told us that management encouraged an open and transparent culture amongst staff and felt the transition to Aspire had gone smoothly and felt it was a positive

move. Staff told us that they believed they now had more freedom to be innovative in supporting people without the constraints of the local authority. Staff felt valued and supported in their role.

We found that regular reviews of care plans and risk assessments were undertaken. Regular supervision of staff was also undertaken by the service. We found the service undertook a range of comprehensive checks and audits to monitor the quality of service delivery.

We looked at how the service learnt from any incidents, complaints or safeguarding matters. The service demonstrated to us where lessons had been learnt, what immediate action had been taken and where action plans had been put in place to address deficiencies such as medication errors.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found the service was safe. Without exception, everyone we spoke with told us they believed their relative was safe.

We found people were also protected against the risks of abuse, because the service had robust recruitment procedures in place.

We found records supporting and evidencing the safe administration of medicines were complete and accurate in people's homes.

Good



Is the service effective?

We found the service was effective. We looked at the service Learning and Development Plan, which set out the training and development pathway for staff.

Staff we spoke with confirmed they received regular training and felt fully supported and qualified to undertake their roles.

We saw that people had regular access to healthcare professionals to make sure they received effective treatment to meet their specific needs. We found that people were supported by staff when attending any medical appointments.

Good



Is the service caring?

We found the service was caring. People told us that staff were kind, caring and dedicated to their role.

We observed a very caring environment where staff clearly knew the people they supported. Interaction was affectionate and sincere.

People we spoke with confirmed that they felt fully involved in determining their relative's care needs.

Good



Is the service responsive?

We found the service was responsive. People told us that they believed the service was responsive to their needs, listened and acted upon any concerns they raised.

We found people who used the service were encouraged to live independent lives and were supported to undertake activities within the local community.

We found the service had systems in place to routinely listen to people's experience, concerns and complaints.

Good



Is the service well-led?

We found the service was well-led. People told us that they believed the service was well managed and had noticed no change in services provision since transferring from the local authority to the current provider.

Staff told us that management encouraged an open and transparent culture amongst staff and felt the transition to Aspire had gone smoothly and felt it was a positive move.

Good



Summary of findings

We found that regular reviews of care plans and risk assessments were undertaken. Regular supervision of staff was also undertaken by the service.

Supported Tenancy Network

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 checked 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 18 and 25 October 2015 and was announced. We provided 48 hours' notice of the inspection to ensure management were available at their Salford office to facilitate our inspection. The inspection was carried out by one adult social care inspector from the Care Quality Commission.

At the time of our inspection, the service was made up of 18 homes, providing support for 63 tenants who lived in the Salford area. We spent time visiting six homes of people who used the service to see how services were provided and reviewed 10 care files. Due to the complexity of needs of people who used the service, we were only able to speak to one person. However, we spoke with 19 relatives of people who used the service via subsequent telephone interviews.

The service employed 135 support staff. During the inspection, we spent time at the office and looked at various documentation including staff personnel files. We spoke with three home managers and 17 members of support staff. This included both face to face conversations and contact via the telephone. In addition, we spoke with the Chief Executive, two service managers and the registered manager.

Is the service safe?

Our findings

Without exception, everyone we spoke with told us they believed their relative was safe. The one person who used the service that we were able to speak with told us; “It’s a very nice place. I feel safe here and well looked after.” One relative told us; “I have been nothing, but simply impressed with the fantastic care and how safe my relative is. The staff are so dedicated.” Another relative said “He is definitely safe and happy, the staff are brilliant, very caring and genuine. They really care.”

Other comments from relatives included; “She is very safe, she is always supported by staff that are so caring. They even take her on holidays. All I can say is that they are fantastic. The staff are absolutely marvellous. I have complete respect for all of them including the management.” “She is very safe with the staff there. They are absolutely wonderful with her.” “We are delighted with service, never any concerns.” “I think it is brilliant and the staff are excellent. We are very happy with her there.” “The staff treated my relative as if they were his family.” “I have peace of mind and know he is safe as if he was at home.”

One member of staff told us; “I feel I have been very fortunate here, we have appropriate equipment to support people, who I believe are safe. We still work very closely with the local authority and housing associations to improve the environment and source funding channels.” Another member of staff said “People are very safe with us if that wasn’t the case I would soon report it and discuss it with managers.”

We found people were also protected against the risks of abuse, because the service had robust recruitment procedures in place. Human resource facilities such as recruitment procedures were contracted out to Salford City Council. We reviewed a sample of seven personnel files and were able to confirm that staff had been safely and effectively recruited. Records included application forms, previous employment history, interview assessments and suitable means of identification. Recruitment procedures also considered people’s entitlement to work in the UK in line with Asylum and Immigration Act requirements. We found appropriate criminal records bureau (CRB) disclosures or Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained before new staff commenced employment with the service.

We found the service had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. We looked at the service safeguarding process used to manage any concerns and looked at the service whistleblowing policy. This provided guidance to staff on how to report concerns and what action the service would take in responding to such matters.

We discussed safeguarding procedures with the staff we spoke with during the inspection and asked how they would recognise any signs of potential abuse. One member of staff told us; “If I suspected any abuse I would record my concerns and immediately inform my manager. We also have whistleblowing procedures in place as well.” Another member of staff said “If I had a safeguarding concern I would contact managers even out of hours on the ‘on-call’ number. I feel you can be open and honest and I would have no hesitation in reporting anything.” Other comments from staff included; “If I suspected any abuse, I would immediately speak to my line manager. I’m confident that management would take the appropriate action.”

During the inspection we received anonymous information that the service did not manage risk appropriately. As part of the inspection we looked at a sample of 15 care files and found that a range of risk assessments had been undertaken by the service. These provided guidance to staff on people’s individual needs and included risk assessments for people using swimming pools, travelling in vehicles, use of public transport, bathing or showering, use of wheel chairs, moving and handling, behaviour management, pressure areas, participation in household activities, epilepsy awareness and personal emergency evacuation plans. These risk assessments provided guidance to staff as to what action to take to address such risks and how best to support people and were regularly reviewed by the service.

We looked at how the service managed people’s medicines and found that suitable arrangements were in place to ensure the service was safe. The service medication policy included guidance to staff on how to deal with medication errors. Relatives we spoke with told us that they had no concerns about how the service managed and administered medication to their loved ones. One relative said “They give him his medication safely and on time. They are very good.” Another relative told us; “As far as I’m aware there are never issues with medication, which we often

Is the service safe?

discuss. I will always attend hospital appointments.” Other comments included; “No concerns about how they manage her medication, they also pick up any health issues and will let me know if any appointments are made.”

We found records supporting and evidencing the safe administration of medicines were complete and accurate in people’s homes. We found guidance was also available for staff on each medicine administered for a person, which included the function of the medicine, the reason for it being prescribed to the person and possible side effects. Staff we spoke with confirmed they had received medication training, which were verified by looking at training records.

We looked at how the service ensured there were sufficient numbers of staff to meet people’s needs and keep them safe and whether the change to the new service had impacted on staffing levels. The majority of relatives we spoke with felt that there had been no change following the transition to the new provider. One relative said “It is open visiting and the times I have been I have never noticed any issues and he is quite happy. No concerns about changes to Aspire.” Another relative told us; “No difference in service, same staff and management. My relative is very happy and well looked after.” Other comments included; “No concerns about staffing levels and

they do genuinely care.” “We have absolutely no concerns.” One relative told us that they believed there was an over reliance on bank staff and emphasised the importance of regular staff with their relative.

We spoke to staff to see whether they had any concerns about staffing levels following the change of provider. Without exception staff we spoke with did not raise any staffing concerns and on the whole felt the move to a new provider had been a positive experience. One member of staff said “Overall staff are happy with the change and have job security for five years. The impact has been minimal on service users, but management systems have changed.” Another member of staff told us; “The transition from the local authority to Aspire has gone very smoothly, managers have remained the same. As far as I have noticed this move has had no impact on service users.”

Other comments from staff included; “The change has gone smoothly with no impact on residents as everything has remained the same. No change in staffing levels.” “There is no difference, I have confidence in managers and the way things are run. I have no concerns about staffing levels.” “I have no concerns about the move, standards and staffing levels have remained unchanged. It has gone well.” “Staffing is generally ok and people are safe.” “No issues with staffing, I have no concerns about service.” “I have no concerns about staffing levels or how things are managed. We simply have a new name, but nothing has changed.”

Is the service effective?

Our findings

We looked at the training and professional development staff received to ensure they were fully supported and qualified to undertake their roles. We looked at the service Learning and Development Plan, which set out the training and development pathway for staff. This involved an induction period followed by mandatory/ continuous training and development for staff. Staff were also supported by regular supervisions and an appraisal scheme.

We found all new members of staff were required to undertake a comprehensive 12 induction programme, which was signed off by managers after successful completion. During this period staff underwent training in subjects such as understanding the Care Act, Safeguarding Adults and Children, whistleblowing, the Mental Capacity Act, understanding dementia, infection control and autism. Staff, on being allocated to a designated house, shadowed experienced staff and were required to read care plans, risk assessments relating to the people they would support. During this period of induction regular supervision sessions were undertaken by managers to monitor and review development.

Staff we spoke with confirmed they received regular training and felt fully supported and qualified to undertake their roles. One member of staff said “I have regular training, such as behavioural management, first aid, food hygiene and moving and handling. I have even had training in ‘universal credit’ in order to support people with their applications.” Another member of staff said “I feel I have had plenty of training including refresher training on a regular basis.” We were able to verify what training staff had received by looking at the service training matrix.

We looked at supervision and annual appraisal forms and spoke to staff about the supervision they received. We found that staff received regular supervision, which enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner. We saw that the service managed supervision effectively by use of a computerised supervision matrix. One house manager told us; “I have a system where I formally supervise my staff four times a year, but I’m always available to discuss issues and support staff. There will be annual appraisals, but we are currently

reviewing the format to ensure it meets our needs.” One member of staff said “Staff are always available to provide support. I also have formal supervision and group supervision sessions.”

Other comments from staff included; “I have plenty of supervision and find managers very supportive.” “We have a very open and honest culture here. You can contact managers anytime, who listen and take on board any concerns we have.” “I feel very supported in what I do and have regular supervision.” “I feel we get a lot of training and if I need anything specific. There is always someone there to support us.”

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. At the time of our inspection, there were a number of people who were subject of a Deprivation of Liberty Safeguards (DoLS). Staff we spoke to were able to explain the principals of the legislation and confirmed they had received training in MCA, which we verified from looking at training records.

We asked staff how they sought consent from people who had difficulty communicating. A house manager explained how the service had recently purchased iPads to support people with communication and making choices. These have been utilised to enable people with very limited verbal communication to make choices in most areas of their lives. Support staff were used to facilitate tenants meetings with such tools to enable decisions regarding mealtimes choices and to enhance the shopping experience for people. People who used the service were able to point to pictures of food, places, TV programmes, activities and people that they wanted see or for the requirement for a GP or dentist. One relative told us; “He makes choices and is encouraged to do things. He wouldn’t be forced to do anything, he is very happy that’s the main thing.”

Comments from staff included; “Depending on the needs of individuals we use pictorial or objects to support people making decision such as the food they want.” “In respect of consent, we use pictures and symbols to ensure people

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understand and can make choices. I am also trained in 'sign along,' which is used in Salford to communicate with people who are non-verbal or who have learning difficulties."

In addition to individual care files, people also had a Health File, which contained a 'health passport' and action plans to deal with specific health conditions. We saw that people had regular access to healthcare professionals to make sure they received effective treatment to meet their specific needs. We found that people were supported by staff when attending any medical appointments. One relative told us; "The staff are genuinely caring and will contact us immediately if there is anything concerning with his health. They are fantastic."

During our inspection we checked to see how people's nutritional needs were met. We looked at a sample of 15 care files and found that individual nutritional needs were

assessed and planned for by the service. We saw evidence that nutritional and hydration risk assessments had been undertaken by the service, which detailed any risks and level of support required. We looked at weight monitoring that was undertaken by the service. People at risk of malnutrition had been referred to dietician services for further support. People who used the service were involved in deciding what food they would like.

One person who used the service told us; "I like my tea weak, which staff make me. I like the food here." Comments from relatives included; "He loves the food there." "He loves the food and they watch his diet." "When I have been there they do get a varied diet and have plenty to drink. I have no concerns about that." "They are managing his diet well, no concerns." "No concerns with the diet, he is on a healthy diet."

Is the service caring?

Our findings

Without exception, people told us that staff were kind, caring and dedicated to their role. One relative told us; “I have peace of mind he is being looked after well.” Another relative said “I have been nothing but happy with the staff. They are phenomenal. They go that extra mile all the time. They are wonderful.”

Other comments from relatives included; “The environment is clean and well maintained. They are good at making the place a home for people who live there.” “The staff are very caring and dedicated.” “I’m happy with the majority of staff, but they do have agency, though they do try to get regular staff.” “My relative is always clean and tidy and has loads of things to stimulate him. He is quite happy.” “The staff couldn’t be nicer.” “Excellent care, staff are genuine and caring. My relative is happy to visit me, but is always happy to go back to his home. He has a warm and excellent relationship with staff.” “Staff are very kind and caring and I have no worries about my relative. I always feel welcomed when I visit.” Her physical and social care are absolutely first class and that is evidenced with the relationship she has with care staff.”

Throughout our inspection and during our visits to individual homes, we observed the interaction between staff and people who used the service. We observed a very caring environment where staff clearly knew the people they supported. Interaction was affectionate and sincere. People looked clean and well groomed. We saw and heard people laughing and appropriate touching in a homely environment.

As part of the inspection we checked to see how people’s independence was promoted. One relative told us; “They often encourage him to be independent like getting him to make his own butties and clean up the dishes. He is very happy there.” Another relative said “They do get my relative to do things in an effort to make her more independent, she goes out quite a few times a week for pub lunch and shopping. There is only so much they can do.”

We asked staff how they aimed to promote people’s independence. One house manager explained to us how the service was using technology to support an individual’s independence. This piece of technology allowed the service to track the whereabouts of the individual when he was away from the home. In order to promote this person’s

independence, this had been agreed as the least restrictive way in supporting his independence at a best interest meeting. Another member of staff told us how they encouraged independence at meal times with a person who had difficulty holding cutlery. They were able to determine that the person was able to ‘finger pick,’ which enabled them to eat their meals with minimal support.

One member of staff told us; “We always encourage people to be as independent as possible, such as making their own tea or taking their dirty laundry to the washing basket.” Another member of staff said “If I’m cooking for example, I will always encourage people to join in. It is about being positive in your approach and allowing them to make mistakes and learn.” Other comments included; “Food and menus are discussed, using pictures to help people explain what they want. We have one person on a ‘peg feed’ (Percutaneous endoscopic gastrostomy) and to make them feel more involved in the meal time experience and be independent, we have spoken to the GP and found out we can give them so many food tasters during the day.”

People we spoke with confirmed that they felt fully involved in determining their relative’s care needs. People confirmed they were involved in regular reviews of care and felt listened to by the service. One relative told us; “I always go to all the reviews. They give me excellent notice and I do feel involved in his care and support.” Another relative said “They often encourage me to give my views on things and I speak to staff all the time about my relative, it’s just like a family.” Other comments included; “I feel very involved in her care, she is well looked after and clean, They would let me know if there were any issues.” “They keep me informed regularly of my relative’s needs.”

One house manager explained to us how they had introduced the sensitive subject of funeral plans for people who used the service. They explained they had working very closely with a local funeral service and were able to improve the product range available for people who used the service. This meant that service could support relatives as well as the person who used the service with their choices and selections in respect of the funeral service they wanted. In one example, the manager explained how with the assistance of photographs, the iPad and use of staff who were familiar with the facial expressions and sounds

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made by the individual, they had been able to choose a coffin with a poppy flower 'film cover' on. They were also able support the person in choosing their favourite music and even two types of flowers that they wanted.

Is the service responsive?

Our findings

People told us that they believed the service was responsive to their needs, listened and acted upon any concerns they raised. Comments from relatives included; “They are very good at listening and respond to any concerns I have.” “I have regular contact with staff at the house, who take on board any ideas suggestions I make. They are excellent at responding to what you say.” “They are very responsive and do listen.” “The staff do listen to me and respond to any concerns or problems I have. Communication was not great in the past, but things have improved.” “I feel they are responsive and we are closely involved in our relative’s care.”

We found people who used the service were encouraged to live independent lives and were supported to undertake activities within the local community. Homes we visited were able to demonstrate how people were involved in daily activities and stimulation. We looked at weekly activity programmes showing community based activities in which people were supported and included day trips to locations such as the Sea Life Centre, Chester zoo, Disney on Ice, Knowsley Safari Park and the Blackpool illuminations. Staff told us they were continually reviewing and assessing activities with and on behalf of the people they supported. We looked at an Autumn/Winter newsletter, which detailed activities and events such as Halloween parties, involvement in Duke of Edinburgh’s awards, street parties and Christmas events scheduled.

One relative told us; “My relative has a fantastic life, he goes out regularly such as to the park where he rides bikes and does other things. He likes to walk a lot followed by a cup of tea in a café, which they often arrange for him.” Another relative said “They keep him as occupied as much as they can. He goes to a club twice a week.” Other comments included; “They do have a structured programme and he goes to the day centre often.” “My relative is always going out and has an apple tablet to help him tell them what he wants. He has a good life.” “My relative goes out a lot during

the day. They take her shopping, to the bank and even went to Disney Land Paris for her birthday.” “She has an active life, taken out swimming and lunch and went on a cruise this year.” “She is being stimulated as best as she can be. She is well looked after.”

During the inspection we looked at the care plans of 15 people who used the service. We found they provided an overview of people’s current physical condition and what their medication requirements were. Care plans provided clear guidance to staff on the level of support required and were regularly reviewed. We saw evidence of behavioural charts and guidance on the management of aggressive behaviour. We found that reviews of care were person centred and involved the person who used the service, families and other professionals. People were able to explain what they felt was working well or not working. Action plans addressed what was not working well or specific requests. Issues included matters such as repairs required, request for swimming and dance lessons.

We found the service had systems in place to routinely listen to people’s experience, concerns and complaints. Most people we spoke with knew how to make a complaint. Most people had not made a complaint. Those who had made a complaint felt their complaint was listened to and that action was taken to resolve the issue. One member of staff told us; “I have scheduled weekly contact with families. Also when they visit I’m always available to address any feed-back or concerns they have.” One person who used the service said “If I had any concerns I would go straight to staff as I know they would listen to me, though I have no concerns.” Other comments from relatives included; “If I had any concerns I would speak to staff.” “If I had any concerns I wouldn’t hesitate to raise issues. They keep me informed and we have regular reviews.”

We were told that the service intended to introduce a relative’s and staff survey to encourage people to provide feedback on the quality services provided.

Is the service well-led?

Our findings

People told us that they believed the service was well managed and had noticed no change in services provided since transferring from the local authority to the current provider. One relative told us; “The service is well managed and the atmosphere in the home is fantastic.” Other comments from relatives included; “I know management and see them quite often. I have no concerns about how the service is managed.” “The management are very helpful. When I have had problems in the past they have come to my home to discuss the problems.” “No difference in the service, same staff and management.” “I have absolutely no concerns or issues with the new service, everything is the same. We are happy as is our relative.”

The provider, which is called Aspire for Intelligent Care and Support C.I.C Ltd, is a new employee owned social enterprise and is a ‘community interest company,’ which registered with CQC in June 2015. The service had up until that point been operated by Salford City Council. The ‘community interest company’ structure is intended to ensure that assets are kept within the company and activities are carried out to benefit the local community. Though Aspire is a new provider, the service is run by the same management team and staff, who were previously employees of the local authority.

There was a registered manager in place. 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. The registered manager told us that Aspire was owned by the staff who ran it. All employed staff have the opportunity to purchase a one pound share that had no monetary value, but allowed them to vote at the annual general meeting and have input into how their company is run.

Staff told us that management encouraged an open and transparent culture amongst staff and felt the transition to Aspire had gone smoothly and felt it was a positive move. Staff told us that they believed they now had more freedom to be innovative in supporting people without the

constraints of the local authority. Staff felt valued and supported in their role. Comments from staff included; “Things are much the same, no major concerns. I feel you can be open and honest and they do listen.” “It has gone a lot more smoothly than expected, everyone is very positive about the change. I feel I can go to management with any concerns, which they take on board.” “Management are very approachable and helpful.” “No impact on service users, transition has gone well. No concerns with management, very happy.”

We found that regular reviews of care plans and risk assessments were undertaken. Regular supervision of staff was also undertaken by the service. We found the service undertook a range of comprehensive checks and audits to monitor the quality of service delivery. These included supervision audits, health and safety, medication, maintenance and repairs, reviews of care plans, tenants’ meetings, people’s finances and fire safety.

The service had policies and procedures in place, which covered all aspects of the service delivery. The policies and procedures included safeguarding, positive behaviour support, medication, whistleblowing and recruitment.

We looked at how the service learnt from any incidents, complaints or safeguarding matters. The service demonstrated to us where lessons had been learnt, what immediate action had been taken and where action plans had been put in place to address deficiencies such as medication errors. We looked at minutes from senior management team meetings, which covered issues such as recruitment, staff awards and values. We were told that house meetings took place on a weekly basis.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

One home had achieved the National Autism Accreditation award by the British Institute of Learning Disability and the National Autistic Society in 2012. It was an award that is gained by evidencing good practice and knowledge of all aspects of Autism. We were told that other properties were currently working towards the Autism Accreditation award and were due to be examined in early January 2016.