

Aspire In The Community Ltd

Aspire Community Support Services

Inspection report

Rushbrook House
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West Yorkshire
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Tel: 01484643316

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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

Aspire Community Support Services is a care home for people with learning disabilities. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home consistent of two buildings, the main house where four people live and a detached bungalow which houses two people with more complex behavioural needs. At the time of the inspection six people were living at the service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 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. The layout of the building and general setup was conducive to person centred support and we saw this led to all aspects of people's care being planned on an individual basis, although we found some care quality issues within the bungalows which are explained below.

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

Overall the service applied the principles and values of Registering the Right Support and other best practice guidance although improvements were needed within the bungalows to ensure this was consistently applied. These principals ensure people who use the service can live as full a life as possible and help achieve the best possible outcomes that include control, choice and independence. Better management and oversight of people's activities, diet and behaviour was needed within the bungalows to ensure people received the best possible outcomes.

People said they felt safe living in the home. Action was taken to protect people from abuse, however some incidents were not reported to the relevant bodies. Risks to people's health and safety were assessed however, following incidents and staff raising concerns, there was sometimes a lack of evidence of preventative measures put in place. Medicines were managed in a safe and proper way. There were enough staff deployed to ensure people's needs were met.

Staff in the bungalows needed more support to help manage the needs of people who lived there. People had access to a range of food based on their choices, however nutritional needs were not consistently met in the bungalows. Overall 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.

Staff were kind and caring and treated people well. The service listened to people and treated them with dignity and respect. People's independence was promoted although some people needed more structured goals and objectives.

People's care needs were assessed. Reviews and evaluations of people's care took place, however this process was inconsistent within the bungalows. The service was responsive to dealing with concerns and complaints. People had access to a range of activities although better oversight and review of these was needed within the bungalows.

People and relatives said overall the service provided good care. Staff morale was mixed with staff requiring more support within the bungalows. Whilst we found some very positive aspects of the service, systems and processes within the bungalows needed improving to ensure the service was not in breach of regulation. People who use the service were listened to and their views valued.

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 20 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the Is the service Safe?, Is the Service Effective?, Is the Service Responsive?, and Is the Service Well-Led? Sections of this full report.

Most of the concerns we raised were already known by the provider and manager and a plan was in place to address these. We saw positive action had been taken to address some areas of our concern by the second day of our inspection.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to management of safeguarding incidents, meeting nutritional needs, staff support, governance of risk and the lack of reporting incidents to CQC. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve the service. 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.

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 ●

Aspire Community Support Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 one inspector.

Notice of inspection

The first day of the inspection was unannounced. We announced the second day of the inspection to ensure the registered manager would be available to assist us.

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.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, a deputy manager, and support workers. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two 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

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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

- In most cases, risk assessments were of good quality and provided clear instructions to staff on how to reduce the risk of harm. We saw some good person-centred information recorded to assist staff. However, we found two people's risk assessments had not been appropriately updated following incidents or changes in people's circumstances and there was at times a disconnect between risk assessments and what staff said was possible and feasible. Some staff raised concerns about their ability to keep themselves safe in the bungalows because of the complex needs of people living there.
- Systems to improve the safety of the service following incidents were not consistently in place. In some cases, there was a lack of evidence incident forms were reviewed by management and it was not always clear what preventative measures were in place or that staff suggestions and concerns had been considered. Monthly reviews of people's care did not always review patterns and trends in people's behaviours.

This meant systems to assess, monitor and mitigate risk were not sufficiently robust and put people at increased risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations. Following the first day of the inspection we saw action was taken to address some of these concerns by the provider including the development of new risk assessment documentation.

- People we spoke with said they felt safe and the staff we spoke with understood people and their needs well. We saw examples of staff taking positive risks with some people to help improve their independence and life skills.

Systems and processes to safeguard people from the risk of abuse

- The service needed to ensure that safeguarding incidents were consistently reported to the relevant bodies. Whilst most incidents were correctly reported, we identified inconsistent practice with two incidents where people were at risk of harm were not reported to CQC or the local safeguarding team.
- There were a lack of policies in place detailing how the service managed seclusion and segregation. This increased the risk of abuse and/or people's human rights not being upheld. The provider confirmed to us following the inspection that the development of these policies was being prioritised.

People were at increased risk of harm if incidents were not reported to the appropriate bodies. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People we spoke with said they felt safe in the home and staff treated them well. Staff we spoke with said

they were confident people were protected from abuse and knew how to identify and report concerns. Staff had received training in safeguarding vulnerable adults.

Staffing and recruitment

- Overall there were enough staff to ensure people received the required care and support.
- People received their contracted hours of 1:1 support in line with their assessed needs. Some staff raised concerns with us over the use of agency staff who did not always know people as well. The home tried to use the same agency staff to reduce impact on people and we saw agency staff usage planned to decrease as new staff were going through the recruitment process.
- Staff were recruited safely to help ensure they were of suitable character to work with vulnerable people.

Using medicines safely

- Medicines were managed in a safe and proper way. People received their medicines as prescribed and clear records were kept of administration as well as instructions for staff on when and how to give medicines. Staff were trained in the administration of medicines.

Preventing and controlling infection

- The home was clean and tidy and kept in a hygienic condition. People were supported to help clean their own living environments to help build independence and develop life skills.

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.

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

- People's needs were assessed prior to using the service and this was used to produce a range of care plan documents. The service accessed training in autism, learning disabilities and challenging behaviour to help ensure staff had the expertise to meet people's needs and keep up-to-date with best practice.
- Most people and relatives said care needs were met by the service. In some cases, we saw evidence of people receiving good outcomes. However, in the bungalows there was less evidence of this, with a lack of setting and reviewing of people's goals and objectives.

Staff support: induction, training, skills and experience

- Training and support mechanisms for staff were inconsistent. Staff received a comprehensive induction and staff in the main house told us they felt well supported, however this sentiment was not shared from staff working in the bungalows. They told us their concerns relating to people's complex needs were not always addressed. We saw there was not always debriefings with staff following incidents to offer formal support. Whilst staff had received some supervisions and appraisals this had not been conducted in a timely manner in line with the provider's policies and procedures.
- Staff received a range of training, however some of this needed updating. We saw a plan was in place to address this.

We found staff morale in the bungalows had been impacted by these issues. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff demonstrated good knowledge of the people they were supporting, their likes, dislikes and behaviours. People generally received care from a consistent staff team which helped promote knowledge of the people they were supporting.

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

- People's nutritional needs were not consistently met by the service. Two people who used the service should have been weighed weekly however this was not consistently taking place. Their care records stated they were on healthy living plans, however we saw examples of these not being followed, as well as a lack of meal planning and a lack of review and evaluation of their care plans.

This had the potential to impact on people's health and wellbeing. This was a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In the main house we saw nutritional support was much better. People praised the support staff provided them at mealtimes. People had individual mealtime planners demonstrating a person-centred approach. We observed staff preparing people freshly cooked food in line with their preferences.
- People's independence was also promoted regarding eating and drinking. We saw one person was being supported to cook meals for themselves through a series of structured and well thought out steps.

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

- The service worked with health professionals to meet people's needs. We saw examples of the service liaising with a range of professionals to help ensure staff had the knowledge and information to meet people's needs. Staff provided support and reassurance to people during appointments or stays in hospital.
- The service supported people to attend appointments although we identified one person had not seen the dentist for in line with their care plan. Action was taken to address this during the inspection. Better organisation of documentation was required to ensure that management had oversight of people's appointments. We saw a matrix was being introduced to address this.

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

- The environment had been designed in line with the principals of registering the right support. For example, signage outside was low key and people had individual flats to promote their independence and choice. We saw this set up promoted person centred care. For example, people's daily life was designed around their individual needs, with food, activities and all other aspects of support doing on an individual basis.
- People's flats were a bespoke living environment depending on the needs, choices and preferences of the people who lived there.

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.

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

- The service was acting within the legal framework of the MCA. People's capacity was assessed as part of care planning and best interest processes were followed where necessary. Appropriate DoLS applications had been made for people who used the service. These were re-applied for within a timely manner.

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 now 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 and relatives said staff treated people well. One person said "Everyone is brilliant. Staff are always friendly and there is always someone to talk to me," People looked comfortable and relaxed in the presence of staff. Staff demonstrated good caring values and a desire to ensure people's needs were met.
- Staff were dedicated in their approach to ensure people were comfortable and distress free. For example, staff had gone above and beyond in the support they provided one person during a stay in hospital, ensuring companionship and stimulation throughout their stay.
- Through talking to people, staff and reviewing people's care records, we were satisfied that overall care and support was delivered in a non-discriminatory way. Information on people's diverse needs was gathered by the service and we saw positive examples of staff working to meet these needs. However, action was needed to ensure that people in the bungalows experienced the same overall service quality as those in the main building.

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

- People had various mechanisms to express their views. This included meetings with their key workers and informal contact on a daily basis. We heard staff listened to people and planned and set routines around what each individual wanted on each day.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by the service. The service respected people's need for privacy and time alone. Staff spoke with people respectfully and exercised patience and understanding. People and relatives said staff respected the people they were caring for.
- Overall, people's independence was promoted. For example, people were assisted to have their own keys to properties and some people were working on goals to support them to live more independently in the future although records of this needed to be more consistent across the service.

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 now deteriorated to requires improvement. This meant people's needs were not always met.

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

- There was an inconsistent approach to the review and evaluation of people's care which was a barrier to the service being consistently responsive. People had not always consistently received reviews to evaluate the success of plans relating to goals, behaviour, activities and diet.
- Overall, people and relatives said good quality care was provided by the service. People's care needs were assessed, and people had a range of care plans in place which were highly personalised. However, some of these needed to be updated with information following changes in people's needs or what staff said was feasible with each individual.

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.

- The management team were aware of the standard and people's communication needs were assessed as part of care planning. Staff were clear on how to support each person to communicate. We saw bespoke techniques were used with each individual and information in care plans assisted staff.

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

- We saw evidence the service assessed people's social care needs and developed plans on an ongoing basis to help support them in the community. We saw and heard staff encouraging some people to access the community and engage in activities.
- However, this approach was inconsistent. For example, staff told us one person often did not engage in activities, however there was a lack of evidence through care planning and robust evaluation of the person's monthly activities to demonstrate the service was doing all that is practicable to encourage activities and opportunities.

Improving care quality in response to complaints or concerns

- Complaints were managed appropriately. People we spoke with said they felt able to approach the registered manager with any concerns or complaints. A complaints policy was in place and this was available to people who used the service. There had been a low number of complaints received. Those that had been received had been responded to appropriately.
- The service was currently working with local healthcare organisations to improve the quality of care in the

bungalows. We saw an action plan was in place detailing how this was to be achieved.

End of life care and support

- At the time of the inspection the service was not supporting anybody with end of life care. We saw basic information on people's future wishes and needs was recorded should there be an unexpected death.

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; Continuous learning and improving care

- The service was in breach of regulations relating to record keeping, staff support, risk management and nutrition which demonstrated the systems to assess, monitor and improve the service were not appropriate. There was a lack of clear oversight of areas such as incidents, nutrition and activities within the Bungalows.
- Support mechanisms needed improving for staff. Whilst staff found the registered manager supportive, a number of staff told us they felt they needed better support to deal with complex and challenging behaviours within the home. We saw there was an inconsistent approach to providing debriefings, meetings and supervisions to help staff air their views to assist with the management of the complex behaviours of people who used the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations. The registered manager told us it was a priority to ensure standards were raised within the Bungalow and we saw an action plan was in place to address as many of these issues were already known to the provider.

- There was better oversight within the main building, including over people's activities, behaviour and diet with better care records kept. We saw a range of audits and checks were undertaken in areas such as medicines and action plans generated to help improve the service. We saw evidence some of these had been effective in improving the service.
- Whilst most statutory notifications were reported to CQC, we found three incidents which should have been reported to us that were not.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009

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

- Most people and relatives said that people received high-quality person-centred care. We saw evidence staff were working well to help people achieve good outcomes using the service. However, this was not consistently the case, with a lack of evidence for some people of the development of goals and objectives.
- Staff demonstrated they were committed to a person-centred approach and we saw care and support delivery was flexible depending on people's individual needs and responses.

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 registered manager promoted an open and honest culture within the home. They were honest with us about the challenges facing the service and the improvements needed in the Bungalows to bring care planning, oversight and documentation up to standard.

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

- People said they felt engaged and involved in the service and relatives told us they were kept informed and up-to-date.
- People had input into their care and support arrangements through monthly reviews, although these were not consistently carried out. People had assigned keyworkers and could discuss matters on a daily basis with the management team or those who supported them.
- Annual surveys were in the process of being sent out to people, relatives and staff to help improve the service. Staff meetings were periodically held, but we concluded these needed to be held on a more regular basis to support staff.

Working in partnership with others

- The service worked in partnership with other local healthcare organisations to try and improve the quality of the service. For example, they were working with a number of agencies to address concerns within the bungalows.
- Links were developed with the local community and the service was working with other organisations to help support people to develop independence and obtain employment.

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
Accommodation for persons who require nursing or personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>(2e) The service had failed to report to us all instances of safeguarding incidents (abuse or allegations of abuse).</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>(2) Systems and processes were not operated effectively to prevent abuse of service users as not all incidents were reported to the local safeguarding team.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs</p> <p>(1) The nutritional needs of service users were not always met. People's weights were not always closely monitored and nutritional care plans were not always followed.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>(2a) Staff support mechanisms were not suitably robust. Staff training and supervision did not consistently take place.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance (1) (2a) (2b) Systems and processes were not operated to ensure compliance with our regulations. Systems to assess monitor and improve the service were not consistently in place. Systems to assess, monitor and mitigate risk were not always in place.

The enforcement action we took:

We issued a warning notice to the provider requesting it become compliant with the regulation by 10 February 2020.