Aspire Care (LAL) Ltd

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 10 October and was unannounced.

Aspire Care (LAL) Ltd provides accommodation and support with personal care and psychological support for young people aged16-25 with mental health difficulties. The service was registered on 9 December 2016, and this was the first comprehensive inspection.

At the time of our inspection the provider confirmed they were providing support to 2 people.

The service did not have a registered manager in post. They did have a manager in post who had a submitted an application to become the registered manager, and accepted by the CQC. 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.

Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse. The staff we spoke with were confident that if they reported anything of concern, it would be followed up promptly and efficiently. People had risk assessments in place that were personalised to cover the risks that were present in their lives. This enabled them to be as independent as possible.

Staffing levels were adequate to meet people's current needs. There were enough staff present to make sure people received the support they needed.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service.

Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles. Staff were able to access a variety of training that the service had arranged. Staff valued their training and felt that it improved their working practice.

People told us that their medicines were administered safely and on time. We saw that the medication administration systems in place were accurate and well maintained.

Staff were well supported by the manager and had regular one to one supervisions. Staff reported that they felt confident in their roles due to the support they received from the manager, and could get support and help when they needed it.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met. People told us that staff gained their consent before doing anything, and consent forms

were signed.

People were able to choose the food and drink they wanted and staff supported people with this. People enjoyed the food on offer, and were able to shop for and cook their own food with the support of staff.

People were supported to access external health appointments when necessary, and also received support from an in house clinical psychologist . Good relationships were formed between the service and health services in the community.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. The staff and the management displayed a complete respect for people living within the service, and had an understanding of each person's needs, personality, and background.

People were involved in their own care planning and were able to contribute to the way in which they were supported. People told us they were consulted on their care, who would be supporting them, and what was going on.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required. The people we spoke with knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

Is the service effective?

Good

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good

The service was caring.

People were supported to make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good

The service was responsive.

Care and support plans were personalised and reflected people's

individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Good

The service was well led.

People knew the manager and were able to see her when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective

Aspire Care (LAL) Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 October and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed document prior to our
visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

Before the inspection, we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also contacted the Local Authority for any information they held on the service.

We spoke with one person who used the service, one care staff, the manager, and one director. We reviewed two people's care records to ensure they were reflective of their needs, three staff files, and other documents relating to the management of the service, including quality audits.

Good

Is the service safe?

Our findings

One person told us they felt safe living at the service. They told us, "Yes it's safe here, I don't worry about my safety."

The staff we spoke with had a good understanding of safeguarding, the signs of abuse, and how to report it. One staff member told us, "I feel confident in reporting problems to management and know that they will follow it properly. Things are actioned very quickly and people are kept as safe as they can be." Staff also had a good understanding of whistleblowing procedures. The manager was aware of the requirement to notify CQC about incidents as required. During our inspection, we saw staff interact with a person who appeared to be very comfortable and at ease with the staff in the environment, and the person told us they felt safely supported.

The service supported people who at times may display behaviours that challenge, including self harming behaviour. One person said, "I am happy with the way the staff support me with risk and the assessments are ok." We saw that risk assessments were in place to document and assess these areas to keep people as safe as they could be, whilst also allowing and promoting independence. We saw that risks had been recorded along with control measures which explained what actions staff should take in both a proactive and reactive manner. Assessment of risk was clear for staff to follow and support people in the safest manner possible. All the risk assessments we looked at were regularly updated and reviewed.

The service used safe recruitment practices to ensure that all staff were suitable to work with vulnerable people. The staff we spoke with told us that they had undergone a full Disclosure and Barring Service (DBS) check. We saw that the service maintained a record of all staff members DBS checks. We looked at staff recruitment files and found application forms, a record of a formal interview, two valid references and personal identity checks. This meant that staff were safely recruited and that appropriate steps had been carried out.

The service employed enough staff to meet people's needs. One person said, "There are enough staff now that there is just two of us living here. It was short staffed before though." One staff member told us, "Staffing levels are good, we do use agency staff sometimes. We did go through a difficult time with staffing when a person's needs became high, but everything is fine now." The manager explained that agency staff use had been high due to the needs of a person who used to use the service, but no longer does. The service had recruited more staff and felt that they were in a better position to progress the service. Staffing rotas showed that staff levels were consistent and had been for some time.

Fire safety equipment was present within the service and a record of maintenance and fire safety drills was kept. We saw that regular drills and checks took place and that the environment was clean and tidy. Fire exits were clear of any obstruction, and staff were clear on what to do should a fire alarm happen.

Medication was administered in a safe manner. People had detailed information about the medication they took, written within their files. The service was proactive in making sure people received the right

medication when they needed it. The manager told us, "We changed pharmacy to make sure people get what they need, because we were having some difficulty with the previous one." We saw that medication was securely stored within locked cabinets . Medication administration records (MAR) in use were all completed accurately. We checked the stock levels and the expiry dates of medicines and found that they were all accurate and in date.

Good

Is the service effective?

Our findings

All the staff had the knowledge and understanding required to support people effectively within the service. The staff we spoke with told us the training they received was good and enabled them to feel confident in their roles. One staff member said, "Most of us have either attended Dialectical Behaviour Therapy training (DBT) or booked on to the course. (This is a type of therapy that aims to support people with emotional difficulties by both group and individual therapy). This training helps the team understand the principles of the therapy that is offered to the people that live here. I think the training overall is good and we can support people well." One person told us, "Yes the staff know what they are doing. They understand most things." We saw that the staff on shift were confident in their roles, they interacted well with people, and understood how to support them.

An induction training package was undertaken before staff started to work with people. One staff member said, "I had to complete mandatory training courses and then shadow more experienced staff. I also read through people's care plans to understand their needs and requirements." We saw that induction checklist records were kept within staff files which showed that staff had gone through this process.

Staff received on-going training in different areas to ensure their knowledge was up to date and relevant for the people being supported. This included training in awareness of behaviours, infection control and safeguarding adults. The staff we spoke with told us the training sessions were good and helped them carry out their work effectively.

Staff supervisions were carried out regularly to support and update staff members. One member of staff said, "Yes we all get fairly regular supervisions. It's a small service so we can see the manager at any time and speak with them as well." We saw that all staff supervisions were tracked on a matrix to ensure that none were missed. Supervisions were used to reflect on the work that staff had done and set objectives for future work.

The staff we spoke with all had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs). We checked whether the service was working within the principles of the (MCA). 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had good knowledge of the DoLs procedure and was able to explain how the process would be applied for if necessary.

Consent was sought before any care was carried out. One person told us that staff always asked them first and checked with them before doing anything and would respect their decisions and choices.

People had full choice over the food and drink they could have. The person we spoke with confirmed they were able to eat and drink when they wanted to, and had full control over what food they had. One staff member showed us a healthy eating plan that they had devised with a person's input that was encouraging a healthy lifestyle and independence.

People had the support they required with both physical and mental health needs. One of the directors of the service also acted as the in house lead clinical psychologist. We saw that the psychologist had regular input with people and documented therapy sessions. Detailed reports of people's conditions were created with strategies for them to use and information for staff to support them. We also saw that people were regularly supported to attend routine appointments to G.Ps and other health professionals as required. All this information was documented within people's files.

Good

Is the service caring?

Our findings

People told us the staff were kind and caring towards them. One person said, "I get on with most of the staff, they are kind." During our inspection we saw staff interact with a person in a warm and friendly manner. It was clear that staff and the manager knew the person very well, and were able to laugh and joke with them. The person was clearly comfortable speaking with staff and had a good rapport with the manager.

People were involved in their own care and understood their care plans. One person told us, "Yes I know what's in the care plans. I think it makes sense." We saw that some staff had lead keyworker roles with collating and updating a specific person's information. One staff member was able to show us the work they had been doing with a person in relation to their independence, and we could see that the person themselves were involved in the work as much as possible. Staff understood what people's needs were, and knew the things that people were able to do for themselves.

People told us they felt their privacy and dignity was respected at all times. The person we spoke to told us that staff always knocked and waited for a reply before entering their room. The staff we spoke with had a good understanding of the privacy that people required, and showed respect for people's belonging and space.

People were encouraged to be as independent as they could be. One person we spoke with told us they had been attending college all day, and the staff had been with them for support. We saw that staff had been able to encourage the person in to following their interests and studying for qualifications at the college. Care plans we looked at focussed on supporting people to gain or regain independence. The manager told us, "The service supports people up until the age of 25, we work with them to build their independence so that they can move on into the community." We saw that improvements in people's independence had been documented, for example, the amount of checks that staff were completing on a person through the day were reduced from every two hours to every three hours, due to success within the support they had been receiving to manage their behaviours and emotions.

People were able to express their thoughts and views to staff at any time. The person we spoke with felt that the staff team listened to their views, respected what they had to say, and gave them the time they needed to express themselves.

People were able to have visitors and were supported to maintain the relationships that were important to them. We saw that people's relationships with known family and friends was documented so that staff could understand both the positive and negative potential impacts. Guidance was in place for staff to encourage people to maintain positive and safe relationships, whilst being sensitive to any history that a person may have with certain individuals.

Good

Is the service responsive?

Our findings

People all had an assessment of their needs before moving in to the service and receiving support from the staff. We saw that one of the directors of the service who was a clinical psychologist carried out detailed assessments of people's needs including preferences, likes and dislikes, social history and clinical needs. All the files we looked at contained pre assessment paperwork.

People's care was personalised to their requirements. Care planning showed that each person's routines, likes and dislikes were recorded, and staff support was tailored around each person's needs. People had individual activity schedules which included community access and educational activities, and their clinical needs were noted in detail and the relevant support offered to them. The staff we spoke with said that the support they gave people was designed to help them manage their own behaviours and thoughts, and so had to be tailored to their needs and specifics. For example, staff explained how one person's belongings within their room should not be moved or touched without their consent, as this may upset them greatly. Staff knew how to support the person and made sure to check with them before anything was moved. Personalised information was present in all areas of people's care planning which gave staff a clear guide on the tasks that were required for a person's care, as well as how to carry them out in a personalised way.

Care plans and risk assessments were regularly reviewed and updated by staff and management. People told us they felt included and up to date with their own plan of care, and were happy with the progress they had made. We saw that monthly reviews took place where people could be involved in discussing their own care and progress.

People had the time they needed to receive care in a person-centred way. People told us that staff did not rush them through anything, and that they had the time they needed to express themselves. One person told us, "Yes there are enough staff to support me. I have staff come with me when I need them." We saw that the staff were flexible to the needs of each individual, and the service was setup in a way that allowed support to be person led. Staff shift patterns enabled the appropriate support for people to be given, and people were able to complete the tasks they wanted to with the right amount of staff support in place.

People knew how to share their concerns and complaints. The person we spoke with told us that they had not had to make any complaints, but were aware of the formal complaints procedure. The manager showed us that the service had a complaints policy and procedure for dealing with complaints effectively. We saw that detailed actions and formal responses had been created and carried out for any complaints made.

Good

Is the service well-led?

Our findings

People felt the service was well run and managed. One person told us she knew who the manager was and got on well with them. We observed that the manager had an excellent knowledge of the people using the service and was able to chat and converse well with them. A staff member told us, The manager is very good, she is here all the time and very helpful. Things have improved a lot since she came in to post. Everything is well organised." During our inspection, we saw that both the manager and the director spoke enthusiastically about the service and what they had set out to achieve. The staff and the management were proud of the service that they ran, and honest about what had not worked in the past. Staff and management were positive that lessons could be learned and the service could continue to grow and improve.

The service was organised well and we saw that staff were able to respond to people's needs in a proactive and planned way. The staff were aware of the visions and values of the service and felt positive about working there. We observed staff working well as a team, handing over and recording relevant information to one another . Care was provided in an organised, and calm manner. We saw that the service had a staff structure that included directors, the manager who was going through the registration process with CQC, senior carers and carers. Staff were well aware of the responsibilities of their roles and others. None of the staff we spoke with had any issues with the running of the service or the support they received.

The manager was situated within an office that was open for staff to come in and out as they required. We saw that staff were able to approach the manager and the director when they needed and get the support required.

Staff meetings were held for staff to share information and discuss the service. One staff member said, "Yes we have team meetings. We are able to raise any concerns or issues we may have." We saw that minutes to these meetings had been recorded which showed that all aspects of the service had been discussed and updated appropriately.

The service sought feedback from the people using the service to improve quality wherever possible. We saw that feedback questionnaires had been sent out which gave people the opportunity to comment formally on things such as how safe they feel, how they are treated by staff in relation to their needs and preferences, discrimination, quality of equipment and the environment, support with medication and emergency situations. We saw that feedback from people was mostly positive and any areas for improvement were documented and acted upon.

Audits were carried out ensure that quality was monitored and improved upon as required. We saw that staff files and people's files and records were audited and actions created to make improvements.