

Aspirations Care Limited

Aspirations (Northampton)

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 16 and 18 August 2017 and was announced. 'Aspirations (Northampton)' provides personal care for people with learning disabilities living in their own 'supported living' homes in the community. There were 45 people receiving a 24hr support service when we inspected.

At the last inspection on 6 and 22 July 2015, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social care Act 2008 and associated regulations about how the service is run.

People's needs were safely met. There were sufficient numbers of staff available to meet people's needs in a timely way. Staff had received training to provide them with the skills and knowledge they needed to provide people with safe care. Assessments were in place and appropriately acted upon to reduce and manage the risks to people's health and welfare.

People were protected from the risks associated with the recruitment of staff by robust recruitment systems and the provision of appropriate training to all new recruits. Staff understood the importance of protecting people from abuse and avoidable harm. They were aware of the actions they needed to take to report any concerns about people's safety or well-being.

People received support from a staff team that were caring, friendly, and responsive to people's changing needs. They were able to demonstrate that they understood what was required of them to provide each individual with the person centred support they needed to live fulfilling lives as independently as possible. People were treated with dignity and their right to make choices about how they preferred their care to be provided was respected. People's rights were protected.

People's care and support took into account their individuality and their diverse needs. Their needs were assessed prior to taking up the service and their agreed care plans reflected people's needs and preferences in relation to the care provided.

People were supported to eat a healthy diet and to have access to health services in the community to improve their health and well-being. The staff followed the advice of healthcare professionals in meeting people's needs. Staff ensured that people that required support to manage their medicines received their medicines as prescribed.

People benefitted from a service that was appropriately managed so that they received their service in a timely and reliable way. People knew how to raise concerns and complaints and the provider had

appropriate policies and procedures in place to manage such eventualities. There were also systems in place to assess and monitor the on-going quality of the service. People's views about the quality of their service were sought and acted upon.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led.

Aspirations (Northampton)

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 announced inspection took place on 16 and 18 August 2017 and was undertaken by one inspector. We gave the provider notice of the inspection. This was because the location provides a personal care service in people's own 'supported living' homes and we needed to be sure someone would be available at the location office in Northampton from which the service is managed.

Before our 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 it does well and improvements they plan to make. We took this information into account when we inspected. We also reviewed information we held about the provider such as, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted the health and social care commissioners who monitor the care of people provided with domiciliary support to check if they had information about the quality of the service.

We met and spoke with the deputy manager as the registered manager was away when we inspected. We looked at the care records for six people that used the service and three staff records. We looked at records related to the quality monitoring of the service and the day-to-day management of the service. With their prior agreement we visited three people in their own homes. We also spoke with three support staff at the Northampton office, a locations manager, senior locations manager, and deputy manager as well as two support staff that were present when we visited people at home.

Is the service safe?

Our findings

People continued to receive care and support from staff in a way that maintained their safety. The people we spoke with said they felt safe and supported in their own home. Risks to people had been assessed and were regularly reviewed. People had plans of care that had been developed to provide guidance for staff in reducing the known risks to people.

People's needs were regularly reviewed by care staff so that risks were identified and acted upon in a timely way. There were sufficient numbers of experienced and trained care staff on duty. The provider monitored staffing levels closely and we observed that there were sufficient numbers of staff working with people to provide them with the 24hr care and support they needed.

People were safeguarded by staff recruitment policies and procedures against the risk of being cared for by unsuitable staff. All staff had been checked for criminal convictions; references from previous employers were taken up. Recruitment procedures were satisfactorily completed before staff received induction training prior to taking up their duties.

People were protected from harm arising from poor practice or ill treatment. Staff understood the roles of other appropriate authorities, such as the Local Authority adult safeguarding teams, that also had a duty to respond to allegations of abuse and protect people. There were clear safeguarding policies and procedures in place for staff to follow in practice if they were concerned about people's safety. They understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. All concerns were referred to the Local Authority adult safeguarding team in a timely way and the registered manager had appropriately carried out any necessary investigations whenever this was required by the adult safeguarding team.

People could be assured that they would receive their prescribed medicines safely. There were appropriate arrangements in place for supporting people to manage their medicines at home. Staff had received training in the safe management of medicines, including storage and disposal of discontinued medicines. Staff adhered to the guidelines in place for recording that medicines had been taken. Staff knew what to do and who to contact in the unlikely event of a person choosing not to take their prescribed medicine. Regular 'spot checks' were carried out by senior staff to ensure that staff were consistently following safe practices whenever they were supporting people to take their medicines.

Is the service effective?

Our findings

People received appropriate and timely care from staff that knew what was expected of them. Staff had a good understanding of people's needs and the care they needed to enable them to continue living as independently as possible in their own home. They were mindful of, and acted upon, the need to sensitively manage people's often complex behaviours. They followed behavioural support plans that enabled them to provide the person centred care that each individual needed. Whenever people's needs changed there were effective systems in place that ensured that support plans were updated and that staff were briefed and understood what was required of them.

People were encouraged to make decisions about how they preferred to receive the care they needed. Staff had received training and the guidance they needed to support people that may lack capacity to make some decisions whilst being supported to live in their own home in the community. 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. Support plans contained assessments of people's capacity to make decisions for themselves and their ability to consent to the way in which they received their support. Staff were mindful of and respected people's daily routines and preferences when they provided them with care.

People received a service from staff that had the appropriate knowledge they needed to do their job and work with people with a diverse range of needs. They received individualised care and support in their own home from staff that had acquired the experiential skills as well as the on-going training they needed to support people in a person centred way.

People were supported by staff that were confident that they were able to support people manage their behaviours whenever this became a challenge, particularly when supporting people to access community resources. Staff understood the 'triggers' for these behaviours and they used appropriate calming techniques to support people regain control and manage their behaviour in a positive way.

Staff had access to the support, supervision, training and on-going professional development that they required to work effectively in their roles. There was a process of induction training in place for all new staff to complete before taking up their duties. This training included, for example, managing behaviours, safeguarding procedures, and record keeping, with 'refresher' training scheduled to ensure that staff continued to be effective in their role.

Is the service caring?

Our findings

People were treated as individuals and staff were kind, compassionate, and respectful towards the people they supported. Staff were also mindful and sensitive of people's individual anxieties about requiring support to be able to manage their daily lives. Managers ensured as much as possible that people continued to be consistently cared for by staff that knew the person well so that person felt at ease with them. Although the majority of people had limited communication skills to verbally articulate their feelings other significant people in their lives, such as relatives, said they found the service to be provided by a very caring staff team.

People were encouraged to express their views and to make choices so they felt involved in decisions about their care. One staff member said, "We encourage them to do as much as they can for themselves and make choices so they have as much control over their daily lives as they are capable of. It's very rewarding to have a role in supporting them to achieve things, however small that may seem. You can see it makes them happy."

People's support plans included information on people's preferences and choices about how they liked their support to be provided. Staff demonstrated through discussion that they were familiar with people's preferred routines and they accommodated people's choices about the way they liked their support to be provided. There was also information available to people and, where appropriate, their families on accessing community based advocacy services should this be necessary to ensure that people had their say about what mattered to them.

Staff checked with people whether they were happy to receive a visitor into their home. We observed some good interactions between staff and the people they supported. Staff referred to people by their chosen name. Staff spoke politely with people and tactfully asked people discretely if they needed any support with what they were doing or wanted to be left to do things for themselves.

Staff understood the importance of respecting people's confidentiality and understood not to discuss the support they provided or disclose information to people who did not need to know.

Is the service responsive?

Our findings

People received the flexible care and support they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period when the passage of time introduced additional care needs. Staff provided support to fit in with people's routines throughout the day including, for example, organising activities in the community that the people they supported could participate in.

People's needs were continually kept under review and appropriate reassessments were carried out to inform their changing support provision. We saw that people's care met their changing needs over time.

Each person had an allocated team of staff that helped support the person throughout the 24hr period so all the staff involved in caring for that person got to know them well. People's support was managed in a way that had the most positive and beneficial impact of their behaviours and the way in which they interacted with others. The staff team were mindful of enabling people to maintain meaningful contact with friends and family, such as making arrangements for visits and celebrating special occasions such as birthdays.

People, or where necessary their advocates, knew how to complain and who they could contact if they were unhappy with their service. Those acting on behalf of people unable to complain or raise concerns on their own behalf were provided with written information about how and who to complain to. There were timescales in place for complaints to be dealt with. There was a complaints procedure in place for all staff to follow as necessary. It was evident from discussion with the deputy manager and from the records we saw that complaints were dealt with appropriately and in a timely way. All complaints had been satisfactorily resolved.

Is the service well-led?

Our findings

A registered manager was in post when we inspected. People were supported by a team of staff that had the managerial guidance and support from the registered manager, senior staff, and the provider that they needed to do their job. Staff said they felt listened to. One staff member said, "I get the support I need. All I need to do is ring (the office) or ring the senior 'on call' if I need support or advice on what to do. They (registered manager and senior staff) are all approachable and don't make you feel you are being a nuisance. They want to know if things are a bit difficult and they recognise that the job isn't always an easy one so they are always there for you."

People's support records reflected the level of care required on a day-to-day basis as well as longer term. Records relating to the management of staff recruitment and training were available and confirmed that staff were provided with a range of on-going training relevant to their roles and responsibilities.

People's support records had been reviewed on a regular basis and were appropriately maintained. The system used enabled staff to readily access pertinent information. Records were securely stored at the location office in Northampton to ensure confidentiality of information.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of the policies which underpinned their job role such as safeguarding people, health and safety and confidentiality of information.

The senior staff team we spoke with all said they always looked at how they could continually improve the service. Feedback on the service was encouraged at all levels from people and their families and was used to drive continual improvement. Arrangements for making use of feedback from satisfaction surveys sent out to relatives or people's advocates were in place to help inform the provider about the quality of care being provided. Staff said they were also actively encouraged to put forward new ideas about how to improve the service.