

A.S.P.E.C.T.S. (Staffordshire) Limited

# A.S.P.E.C.T.S Office

## Inspection report

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Leek  
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Date of inspection visit:  
01 March 2023

Date of publication:  
24 March 2023

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

A.S.P.E.C.T.S is a supported living service providing personal care. The service provides support to people with a learning disability or autistic spectrum disorder. At the time of our inspection there were 2 people using the service.

Not everyone who used the service received personal care. In this service, the Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting underpinning principles of "Right Support, Right Care, Right Culture.

Right support:

Staff supported people's aspirations and goals and assisted them to plan how these would be met. Staff demonstrated a good level of understanding of people's strengths and encouraged people to be independent. People used their local communities with staff support where required. This included using leisure and social facilities.

Right care:

People were treated with dignity and respect by staff that cared about them. People were supported to develop and maintain meaningful friendships and relationships. The care delivered was personalised to meet people's individual needs.

Right culture:

People and their relatives were encouraged to be involved in how the service was managed. Relatives confirmed that managers regularly engaged with them. Some improvements were required in the provider's systems to ensure the quality and safety of the service including the updating of people's care records.

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.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

We registered this service on 10 July 2019 and this was the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not consistently well-led.

Details are in our well-led findings below.

Requires Improvement ●

# A.S.P.E.C.T.S Office

## Detailed findings

### Background to this 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by an inspection manager and an inspector.

#### Service and service type

This service provides care and support to people living in 1'supported living' setting. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 Hours' notice of the inspection. This was because it is a small service and we needed to be sure that a member of staff would be available to support the inspection.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 9 November 2022 to help

plan the inspection and inform our judgements.

We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 1 March 2023 and ended on 3 March 2023. We visited the location's office on 1 March 2023.

We met with 2 people who used the service and spoke with 2 relatives. We spoke with 5 members of staff which included the registered manager.

We reviewed a range of records. This included 2 people's care records and medication records. We looked at 3 staff files in relation to recruitment and staff supervision and other systems the provider had in place.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People were protected from the risk of abuse and harm. Staff we spoke with told us they would report any potential abuse to the registered manager or the person's social worker.
- The registered manager demonstrated an understanding of the safeguarding procedures they would follow if suspected abuse was reported to them.

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

- People's risks were assessed. Where risks were identified, the registered manager implemented actions to minimise risks and make improvements to safety; for example, by changing the way staff worked with people, or by engaging external professionals for support.
- Risk assessments in place were personalised. For example, medication risk assessment, recorded how people liked to have their medicines administered.
- The registered manager had implemented a 'you said, we did' system and we saw that changes had been made following informal complaints and feedback. This demonstrated that lessons were being learned when things went wrong.

Staffing and recruitment

- There were sufficient staff to meet people's needs. The registered manager told us they used the same staff to support people where possible for consistency. A relative told us: "There are always staff available".
- Staff were recruited using safe recruitment processes. This included gaining references and police checks.
- Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We found 1 staff member had been recruited with 1 character reference and no employer reference. The registered manager told us that the previous care company had not provided it when asked.

We recommend that the provider risk assesses the individual staff members employment when unable to gain references from previous employers.

Using medicines safely

- People were supported to take their medicines safely. Staff had been trained and received competency checks in the administration of medicines.
- Medication administration records were audited regularly by the house manager and we were told that medicines were kept safely locked within people's homes.

#### Preventing and controlling infection

- Personal protective equipment (PPE) was available for staff to use, and staff told us they had experienced no problems with the availability of PPE.
- Staff we spoke with told us they followed safe infection control procedures when supporting people with their personal care needs.

# 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.

This is the first inspection of this newly registered service. We have rated this key question good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, and care was delivered in line with the assessments.
- People and their relatives were involved in the assessment process. A relative told us: "I have been involved in the care planning for my relative and the risk assessments. The house manager is hot on this. Paperwork and plans are very comprehensive".
- Staff we spoke with knew people well and knew their individual needs.

Staff support, training, skills and experience

- People were supported by staff who were trained and supported to fulfil their role.
- Staff we spoke with told us they had a thorough induction process and had received training applicable to their roles.
- Although most staff had received some training in learning disability and autism, not all had. However, staff we spoke with demonstrated an understanding of the needs of people with a learning disability. The registered manager told us that they were looking to ensure all staff completed the recommended 'Oliver McGowan' training and a Mental Capacity workshop. We will follow this up at the next inspection.

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

- People were supported to remain healthy with input from external agencies.
- When people's health care needs changed, support was gained in a timely manner through appointments or referrals to health professionals. A relative told us, "All of [Person's name's] health needs are met and the staff are proactive in maintaining good health.
- Another relative told us, "The staff work alongside other agencies, my relative see's the podiatrist for their feet and mobility and there is social work input".

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

- People were supported to eat and drink a healthy diet. One person had been supported to lose weight through their diet and exercise, which they enjoyed doing.
- Staff told us that people were involved in the menu planning and encouraged to eat healthy most of the time. However, staff told us they respected people's choices and they also had the occasional treat and take away.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

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

- Where able, people gave consent to their care and support. Where people lacked the capacity to give consent, the principles of best interest decision making were followed.
- People were actively involved in decision making in all matters that affected them. The registered manager told us how they were working with other agencies to ensure the choices that 1 person was making, wasn't putting them at risk.
- There was limited information about people's mental capacity within their care plans and assessments. However, a relative told us: "I have seen my relative's care plan and was actively involved in developing it although [person's name] took the lead on this themselves. This demonstrated that people were involved in their own plan of care and were consenting to it."

# 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.

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with dignity and respect. We met people and their carers and observed interactions between them. Staff spoke with people in a kind and thoughtful manner.
- People's diverse cultural needs were respected and met. One person was supported to attend church every week as this was very important to them.
- One person we met proudly showed us their new clothes which staff had supported them to buy in the community. Staff told us, that looking nice was important to this person. This demonstrated that staff knew people and supported them to be themselves.

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

- People and their relatives were involved in decisions about their care. There were regular house meetings where people could discuss all aspects of daily living.
- A relative told us, "[Person's name] was given the option to try staying at the service before deciding. They loved it and wanted to stay".
- Another relative told us, "We feel very involved. We get messages and calls and we visit. We are always made welcome and we are "in and out often".

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as they were able to be.
- A relative told us, "Staff are 'very good'. 'They treat [person's name] very well'. They respect their privacy and independence. [Person's name] has aids and adaptations to support them to be independent".
- A member of staff told us, "We always ask if people want to do something. If they don't want to do it, then they don't".

# Is the service responsive?

## Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good. This meant people's needs were met through good organisation and delivery.

### Planning personalised care

- People received care that met their individual needs. Care plans and risk assessments were personalised and based on people's likes and dislikes, aspirations.
- Staff we spoke with knew people well and knew people's their individual needs.
- The registered manager told us that within the care planning they set goals dependent on people's needs. Sometimes this was to support people to move into move into independent living. This had been successful for one person.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were communicated with in a way in which they understood. From our observations staff spoke with people at a level and pace that matched their individual communication needs.
- Written information was available in an easy read form [pictorial] to support people to understand what was recorded, such as the service user agreement/contract.

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

- People were supported to access the local community and stay in contact with family and friends.
- Staff knew people well and the care was planned around people's needs. For example, one person accessed the local hairdresser, while the other person preferred to have this done at home.
- A relative told us, "[Person's name] has a very active life doing the things they enjoy. They have full time support and they are getting on really well".

### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure. However, the registered manager told us they had received no formal complaints.
- We saw records of informal concerns that had been raised and action had been taken to address these

concerns and lessons learned were recorded.

- A relative told us, "I would feel confident to share a concern or a complaint. I shared a concern once and this was dealt with immediately via the company director".

#### End of life care and support

- The provider was not currently supporting anyone at the end of their life. However, the registered manager told us that if a person became unwell, they would support them as long as they were able to. They told us they would seek support from other agencies and ensure staff were trained accordingly.

# 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.

This is the first inspection of this newly registered service. We have rated this key question as 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

- People's records did not contain detailed information about their mental capacity and specific health care support they may require. However, staff knew people well and there was no evidence that people were not being supported in a safe or unlawful way. The registered manager sent us updated care plans immediately following the inspection.
- Some staff had not received learning disability training. This became a requirement in July 2022 and the registered manager was unaware. Following our inspection, the registered manager told us they would ensure all staff completed mandatory learning disability training.
- The provider's location address had not been changed on their registration certificate. This is a legal requirement. Although the registered manager had attempted to complete this and been unsuccessful, they had not followed this up and actioned it in a timely manner. Following the inspection, the registered manager informed us that they were completing the process with the support of our registrations team.

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

- The registered manager and staff team promoted a person-centred service. Plans and activities were based on people's individual needs and choices.
- People were supported to be independent and achieve positive outcomes. The registered manager told us that if people were able, they would be supported to independent living. They gave us an example of how 1 person had been supported to live alone in the local community and was thriving.
- The registered manager used innovative ideas to support people to have access to the local shops and activities. They provided their own day service and hired a leisure centre for exclusive use for those that lacked confidence within the community. Other people were supported to access the wider community with support from staff.

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, Continuous learning and improving care

- The registered manager understood their responsibilities under the duty of candour. They told us, "It's about being open and honest and admitting and learning when things have gone wrong".

- Complaints and concerns were acted upon to ensure continuous learning. The registered manager had implemented a 'You said, we did' system so they could evidence that action had been taken following any concerns raised with them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Working in partnership with others

- People and their relatives were fully involved in how their service was run. A relative told us, "There is good communication at all levels. The team have got it all worked out. We are very satisfied."
- Another relative told us, "I have no concerns or complaints. The staff and manager are approachable and would listen".
- Staff were encouraged to be involved in the running of the service through regular staff meetings, and as part of their personal supervision. A member of staff told us, "It's a really nice place to work, we have staff meeting and supervisions every 6 months. I feel very supported".
- The provider and team worked with other agencies to ensure holistic care was delivered. When people's needs changed, referrals to health and social care agencies were made to ensure that people were being supported in a safe and effective way.