

Aspects Care Limited

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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

About the service

Aspects Care Limited is a supported living service providing personal care to 31 people many of whom were living with learning disabilities and or autism at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social 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 that 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. People using the service received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People received safe care. People were supported by staff who understood the action to take should they have any concerns about people's safety. The risks associated with people's care had been identified and plans put in place to minimise these. Staff had been recruited safely. People were supported to take their medicines safely.

People received effective care. People received support to eat and drink meals of their choosing and where required were supported to access appropriate healthcare. Staff had received training in people's needs. 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.

People felt well supported and cared for by staff. People told us of the benefit a regular staff team had for them. People had been involved in developing a plan of care based on their preferences. Staff enjoyed supporting people and we were informed of examples of the positive impact the service had had on people's care.

People received care that was responsive to their needs. People had been involved in reviewing their care to ensure it continued to meet their needs. People participated in activities of their choosing. People and relatives felt able to raise any concerns and be assured these would be investigated.

The service was well led. Systems were in place to monitor the quality and safety of the service. People and staff were able to feedback their views of the service and had opportunities to suggest improvements. The

registered manager was aware of their responsibilities for notifying the commission of specific events.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of the thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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 5 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led.

Details are in our well-led findings below.

Good ●

Aspects Care Limited

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 team consisted of one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in a number of 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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.

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 the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 October 2019 and ended on 24 October 2019. We visited the office location on these dates. The expert by experience made phone calls to people and relatives on the 23 October 2019.

What we did before the inspection

We reviewed information we had received about the service before the inspection. We sought feedback from the local authorities who work with this 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. We used all this information to plan our inspection.

During the inspection

We spoke with five people, four relatives and four staff. We spoke with the registered manager the registered provider and human resources colleagues. We reviewed a range of records. This included two people's care records and two medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training and quality monitoring records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of how to recognise and respond to any concerns they may have about a person's safety. Staff had received training in how to safeguard people.

Assessing risk, safety monitoring and management

- People felt safe receiving care from the service and one person told us, "I am safe. Everyone is very nice and I am not worried." Relatives confirmed that their family member received safe care and support and one relative commented, "He is definitely safe."
- The registered manager had systems in place to ensure they would only support those people whose needs they could safely meet.
- We saw that risks to people's care had been identified and measures put in place to reduce these risks. Staff we spoke with were aware of the risks associated with people's care and told us steps they took to minimise these risks. For example, one staff member told us about a person they supported that was living with diabetes. The staff member explained about how they monitored the person's diet and that care plans were in place that informed them of action to take should a healthcare emergency happen.

Staffing and recruitment

- People and relatives informed us that the correct numbers of staff were available to support them.
- Staff informed us that recruitment checks were carried out prior to them working with people. Records we reviewed verified this.
- The registered manager informed us that they would only accept new packages of care if they had the correct numbers of staff available to support people safely.

Using medicines safely

- People received safe support with their medicines. Staff informed us that they had received training in safe medicine administration and that their practice was observed to check for competency. Training records we viewed confirmed this.
- We looked at two medicine records. We found that further clarity and direction was needed around medicines that were given on an 'as required' basis. By the second day of the inspection the registered manager had verified information around this and had introduced a new checking system to enable any errors by the pharmacy to be noted on receipt of people's medication.

Preventing and controlling infection

- Staff informed us of action they took to promote good infection control. This included ensuring they wore

personal protective equipment (PPE) when supporting people. We were informed that PPE was supplied to staff by the service.

Learning lessons when things go wrong

- There were systems in place to investigate incidents and accidents as and when they occurred. The registered manager informed us of analysis they undertook to determine whether any measures could be put in place to reduce the chance of a similar incident reoccurring.

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 remained the same. 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

- The registered manager informed us that they would only provide care to those people whose needs they could safely meet. This was determined through initial assessments that took place prior to the service agreeing to provide support.

Staff support: induction, training, skills and experience

- Staff informed us they had received an induction and shadowing experience before supporting people on their own.
- Staff informed us they had received the training they needed for their roles and that supervisions took place. One staff told us, "I feel confident going into each shift." We saw that mandatory training was scheduled to ensure staff kept abreast of any changes in care practices.
- Relatives told us they thought staff had the skills to support their family member and one relative told us, "Staff are trained in his needs."

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

- Not everyone using the service required support with eating and drinking. Where they did people told us that they were supported to make meals of their choosing. One person told us, "I can choose whatever I want to eat and drink."

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager informed us of ways that they worked with other healthcare professionals to support people's individual needs.

Supporting people to live healthier lives, access healthcare services and support

- People received support to access healthcare as and when they needed to.
- Peoples healthcare needs were recorded in their care plans to provide staff with guidance.
- Staff were able to inform us about people's healthcare needs and how to support people to remain healthy.
- One relative informed us of the support the service provided to ensure their family member attended healthcare appointments

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. 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.

- People were involved in making choices in their care and one person told us, "They [staff] do give choices."
- Staff understood the principles of the MCA and how to ensure choices were offered in care and that consent was gained.
- We saw that whilst people were fully involved in decision making, formal assessments of capacity and best interest meetings had not been completed for some parts of people's care. The registered manager agreed to carry out these assessments following the inspection.

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 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 told us they felt cared for by the staff that supported them. One person told us, "My carers are great," and went on to tell us about their main carer and said, "[Name] has changed my life." Another person told us, "All support workers have all been respectful and kindness."
- Staff enjoyed supporting people and one member of staff told us the best part of their role was, "It's just rewarding. [Name of person] is a success story."
- Relatives were happy with the support their family member received. One relative told us, "They treat him very nicely. The staff are good and understand his needs." Another relative told us, "I know they (staff) are kind to her by their manner and how they speak to her."

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

- The registered manager explained that they ensured people had a regular staff team that had got to know people well. This had enabled people to be more settled and we were informed of examples of the positive effect this continuity had had for people. One person we spoke with told us of the benefit of having a regular staff team and said, "It helps me to have the same staff."
- We were informed of examples of how the service had had a positive impact on people's care. For example, one person had had their care hours reduced due to the work staff had done with them to encourage the person to learn life skills.
- People had been involved in developing their plan of care to enable them to state their likes dislikes and how they wished to be supported.

Respecting and promoting people's privacy, dignity and independence

- People informed us that staff encouraged them to remain independent. This included going to the supermarket to buy food for the week. Another person had been encouraged to learn to make meals and drinks for themselves.
- Relatives informed us how staff encouraged people to develop life skills such as cleaning and cooking to support people's independence.

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- People were involved in making choices in their care. People, and where appropriate relatives, were involved in reviewing care to ensure it continued to meet their needs.
- The registered manager informed us that people's care was reviewed depending on the persons preferences. Some people preferred weekly checks others preferred monthly checks.
- Reviews of people's care records were undertaken to ensure they contained accurate information.

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 registered manager was able to describe how they supported people with their communication needs.
- One relative informed us how staff tailored their approach to meet their family members communication needs by using communication aids to support the person in decision making. Staff had got to know the person well and knew what different sounds and gestures meant for the person to support their communication.

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

- People were supported to maintain their interests and take part in activities in the community of their choosing.

Improving care quality in response to complaints or concerns

- People and relatives informed us they felt able to raise any concerns they may have and one relative told us, "If I have any concerns I speak to the care coordinator who is extremely responsive. She will always get back to me and listens to me well." Another relative told us, "We feel comfortable raising concerns."
- There had been no complaints received in the past year. The registered manager informed us that the complaints form was tailored to people's communication needs.

End of life care and support

- There was no one currently receiving end of life care. The registered manager explained the process they would follow should someone be near the end of their life to ensure they were involved in stating their

wishes.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was an open and inclusive culture at the service. People, their relatives and staff felt able to raise concerns should they need to and described a culture where issues could be discussed openly.
- We were informed of examples through the inspection of how the service had achieved positive outcomes for people.

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 was aware of their responsibilities under duty of candour. The registered manager was open and transparent throughout the inspection process.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a management structure in place with the registered manager employing care coordinators to oversee the provision of care in the service.
- The registered manager was aware of their responsibility to notify the commission of specific incidents that had occurred at the service.

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

- People we spoke with were happy with the way the service was managed and one person told us, "[name of registered manager] is a wonderful lady. Very kind."
- Relatives were satisfied with how the service was managed. All the relatives we spoke with said they would recommend the service.
- Staff felt supported in their role and told us there were systems in place to seek advice should they need it.

Continuous learning and improving care

- The service sought feedback from people. A questionnaire had been sent to people using the service and was due to be sent out again. The majority of comments we saw were positive. Where people had raised any concerns, action plans were put in place which were monitored. The registered manager was considering different methods to send out the questionnaire to both people and staff to gain a better response rate this year.

- There were systems in place to ensure any changes in peoples care were communicated between the staff teams.
- The registered manager had systems in place to have oversight of the service. Checks were carried out on people's care records and there were systems in place to monitor and observe staff practice.

Working in partnership with others

- The registered manager informed us of ways that they worked with other health professionals, such as community mental health teams, to ensure people received the care they needed.