

Aspirations Care Limited

Aspirations Kent

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

Aspirations Kent is a supported living service for people with a learning disability. People lived in houses and shared a house and amenities such as kitchens, bathrooms and lounges. People received care and support to help them live independently in the community. There were 9 people using the service at the time of our 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 receive 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

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 provider had oversight of the service. The registered manager completed regular checks on the quality of care people received. People and staff were asked for their views, which were listened to and acted on to improve the service each person received. Records of people's care were accurate and complete.

The registered manager understood their legal responsibilities and had shared information with us and others when they needed to.

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 were involved in making decisions about their lives and were working towards achieving their goals.

People were protected from the risks of harm and abuse and any concerns they or staff had were listened to

and acted on to keep people safe. People were treated with dignity and respect and their lifestyle and equality needs and choices were understood and respected. People had privacy.

Risks to people had been assessed. People were supported to be independent, understand risks and take them when they wanted to. Staff supported people to remain healthy and gave them advice about healthy eating. People's medicines were managed safely. People were protected from the risk of infection.

People had planned their support with staff and were encouraged and supported to set and achieve goals to be as independent as possible. People took part in a range of activities and cooked and cleaned for themselves. Plans were in place to support people to share their end of life preferences.

There were enough staff working at the service to support people. Staff were there when people needed them and gave them the support they wanted. Staff had the skills they needed to support people and were supported by the management team. Staff were recruited safely.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Good (published 16 September 2016).

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Aspirations Kent

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

This inspection was completed by one inspector.

Service and service type

This service provides care and support to people living in six '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 because we needed to arrange to visit some people in their own homes.

Inspection activity started on 22 July 2019 and ended on 23 July 2019. We visited the office location on 23 July 2019.

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 professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, two deputy managers, and care workers.

We reviewed a range of records. This included three people's care and medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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

- People were protected from the risks of financial abuse. Processes to record and check financial transactions were completed. We checked the balance of money held for one person and found it was correct.
- Staff knew how to identify concerns around people's safety and had raised concerns about potential abuse. All concerns had acted on immediately. They had been discussed with the local authority safeguarding team and action was to keep people safe. Staff told us they were confident to raise any concerns with the management team, who had demonstrated any concerns they received were listened to and acted on.
- Staff who were a risk to vulnerable people had been referred to the Disclosure and Barring Service to prevent them from working with vulnerable people in the future.
- Further work was planned to ensure people continued to be protected. The local authority safeguarding team were booked to speak to staff shortly after our inspection.

Assessing risk, safety monitoring and management

- People were supported to take managed risks. People living with epilepsy or at risk of falling used monitors to alert staff they were at risk. Staff knew the action to take to keep people as safe as possible and this had been planned with people. For example, one person living with epilepsy told us they felt safe when they had a bath or shower as staff were nearby. Another person told us they were confident "staff would come running" if their epilepsy monitor went off.
- The support people needed to get out and about in their community safely had been assessed. This included road safety and using public transport. For example, staff knew waiting on a road island caused a person to become anxious so supported them to avoid road crossing which included a road island.
- Risks associated with meal and drink preparation had been assessed and people were supported to prepare their own meals and drinks with support when needed. For example, one person cooked scrambled eggs in the microwave, rather than on the hob, this reduced the risk of them burning themselves. The person could use the microwave without support.
- Plans were in place to support people to leave their homes in an emergency such as a fire. People practices the plans regularly with staff at different times of the day, so everyone was confident about what they needed to do.

Staffing and recruitment

- There were sufficient staff deployed to meet people's needs and support them to be independent. The management team took people's routines into consideration when planning staff allocations. For example, more staff were required at certain times of the day, such as to support people to prepare their meals. We

observed staff were available to support people when they needed and were no longer rushed.

- When people's needs changed staff worked with local authority commissioners to review the number of hours purchased. For example, one person no longer required support from waking staff at night. Having waking staff in the person's home had upset their routine. Staff informed the commissioner who changed the service they purchased to a sleep-in service.
- Staff were recruited safely. Robust recruitment checks had been completed, including checks on staff's conduct in previous social care roles and Disclosure and Barring Service (DBS) checks. Any disclosures on DBS checks were risk assessed to ensure potential staff did not pose a risk to people.
- When staff were no longer fit to work with vulnerable people, the registered manager had referred them to the DBS.

Using medicines safely

- People's medicines were managed safely, however guidance about some people's 'when required medicines', including the signs the person may need the medicine was not available for staff to refer to. This had not impacted on people as they were able to tell staff when they needed their medicines, and these had been administered. The registered manager provided written guidance to staff during our inspection. All staff had completed face to face training in the administration of medicines and their competency had been assessed.
- The registered manager was acting to ensure the National Institute for Health and Care Excellence (NICE) guidance around medicines in the community were followed. People's medicines were provided in their original packaging. The provider had plans in place to assess everyone's ability to manage their own medicines.
- Guidance had been provided to staff about the application of creams, including body maps showing where they were to be used. Medicine administration and application records were fully completed.
- Staff ordered and collected medicines for people and to disposed of these safely when they were no longer needed.

Preventing and controlling infection

- People and staff worked together to protect each other from the risk of infection. People kept stocks of gloves and aprons in their homes for staff to use. Staff had completed infection control training and described to us the action they took to prevent the spread of infection.
- People were encouraged and supported to keep their homes clean.
- Staff had completed food hygiene training and supported people to keep communal kitchens clean and bathrooms.

Learning lessons when things go wrong

- Systems were in place to investigate accidents and incidents. Managers considered if the events needed to be referred to the local authority safeguarding team at the beginning of every investigation. They also considered what steps were needed to keep people safe.
- Action had been taken to prevent them from happening again. For example, probation reviews had not been completed according to the providers policy for one staff member. They could not be dismissed at the end of their probation because of this. Their probation was extended and they were closely monitored. Following this a tracking system was put in place to monitor probation reviews to prevent this happening again.
- Learns learnt were discussed at staff or management meetings so that everyone could learn from events and any changes in policy and practice.

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 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

- A process was in place to assess people's needs with them and their relatives and carers before they began to receive a service. People were invited to meet and spend time with other people using this service. This information was used to make sure staff had the skills to meet people's needs and people got on with others using the service.
- Further assessments of people's needs and abilities were completed regularly to ensure staff had up to date information about people's preferences, needs and aspirations.

Staff support: induction, training, skills and experience

- Staff had the skills they required to meet people's needs and were supported by training and mentoring. Staff had completed training to meet people's needs including best practice skills in supporting people with learning disabilities and challenging behaviour. These included positive behaviour support and person-centred support, which are recognised ways of planning with people ways to support them to remain calm and achieve the goals.
- New staff had completed an induction which included shadowing experienced staff and completing the providers basic training programme. All new staff completed the Care Certificate, which are a set of standards that define the knowledge, skills and behaviours expected of care staff in their role.
- Some staff had supported people when they received a service from another provider. They told us they had been supported by Aspirations Kent to develop their skills and support people to be as independent as possible. One staff member told us, "I look back and realise how much we were taking away from people". They told us they change in their skills and attitude had supported people to develop. People were now proud of to do things without staff support.
- Staff were supported to reflect on their practice and set goals for their future career development at regular supervision meetings and staff meetings. Staff told us they felt supported to develop in their role and there were opportunities to be promoted.

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

- People were supported to plan what they wanted to eat. They planned their meals with staff each week and shopped for what they wanted. Staff advised people about healthy eating. One person told us they chose foods which were "Good for me", these included fruit and vegetables.
- People were supported to do their food shopping. One person told us how staff supported them to go to the supermarket and buy what they needed for the week. They said, "I have a choice. I can choose whatever I want". Another person liked to have a selection of snacks and staff supported them to go to the local shop to purchase these when they wanted.

- People told us they had a takeaway on occasions which they enjoyed.

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

- Staff worked with other professionals to ensure people received the care and treatment they needed. Staff had worked with a community nurse when a person's continue needs changed and they now received the products they needed to keep them well.
- Staff were confident to check professional's treatment was correct. One person was prescribed a liquid medication. When their GP prescribed the medicine in tablet form, staff challenged this as they knew the person would not take it. Staff refused to give the tablets crushed and hidden in foods as advised by the doctor, this was not safe. Staff advocated for the person and the liquid medicine was prescribed.

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

- People had been involved in planning and redecorating their homes. One person had enjoyed stripping wall paper in the communal hall way. Communal areas were homely and decorated with pictures of people and their personal items.
- Everyone had been supported to decorate the bedroom as they wanted, including photographs, ornaments and bed linen. People proudly showed us their bedrooms and told us how they had chosen the items and furniture.
- Staff had advocated for people when the landlord planned the refurbishment of communal areas. This included ensuring the environment supported people living with dementia to remain as independent as possible.

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

- People were supported to remain as healthy as possible. Staff identified changes in people's physical and mental health and referred them to the appropriate health care professionals, including specialist nurses and doctors. Staff noted that one person looked unwell during our visit. They supported the person to go back to bed. When they got up they told us they felt better.
- Staff had the information they needed to support people to remain healthy. They supported them to attend health care appointments when the person wanted. Staff supported people to tell their health care professional how they were feeling. Records of appointments and recommendations were recorded, and staff supported people to follow advice when they returned home.
- People were supported to have regular health checks including dental and vision checks.

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.

- The management team and staff had completed training around MCA. Guidance was available to staff about any support people needed to make decisions. We observed staff supporting people to make

decisions, including what they did and where they went. Staff respected choices people made, including not attending day services.

- People's capacity to make decisions had been assessed and people had given their consent to staff supporting them with areas of their care. The management team knew when decisions needed to be made in people's best interests and arranged to these to be done with others who knew them well, such as their family and care manager.

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

- There was a relaxed atmosphere between people and staff and we observed people and staff chatting and laughing together. Staff referred to people in positive ways.
- Staff treated people as their equal and valued their views and opinions. Staff showed a genuine interest in people and their lives and knew them very well.
- People were being encouraged to discuss their equality, diversity and sexuality needs with staff. Staff were following our Relationships and sexuality in adult social care services guidance. Guidance was also available for people in an easy to understand format to help them tell staff about their preferences. The provider was planning a conference around relationships and sexuality for people with autism. Staff and people's relatives will be invited to join the conference to learn together and be involved in developing strategies to support people.

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

- People were at the centre of decision making about their lives. We observed people making decisions about what they did, when they went out and what they purchased. Staff respected people's decisions and supported them to do what they wanted, when they wanted to do it.
- People were supported to stay in contact with people who were important to them. This included visiting relatives and sending letters and cards. Staff knew when contact with relatives caused people anxiety and offered them reassurance.
- Staff understood how people communicated their needs and any support they needed, such as being shown items. Staff gave people time to think about what had been said to them and their response and did not rush them. Some people used Makaton signs to chat with staff. Staff understood what people were saying and responded to them. Makaton is a language programme using signs to help people to communicate.
- Before people began to receive a service from Aspirations Kent they met staff who would be supporting them. Staff also spent time with the person, their carers and any staff currently supporting them, to make sure they knew the person as well as possible before the service began.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. Staff listened to people's questions and answered them in an honest and respectful way.
- Staff were supporting people to develop their independent living skills. Everyone was encouraged and supported to do domestic and personal care tasks for themselves and to be involved in their community.

People were supported to manage their own money, including saving and paying bills.

- People had privacy in their homes and when they received support. One person told us they preferred staff to stay with them in the bathroom when they had a bath. They told us staff always made sure the curtain around the bath was drawn to protect their privacy.
- People were supported to have sensitive conversations in private, such as conversations about their health. Records about people and staff were kept securely and staff understood how to maintain people's confidentiality.

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 had person centred plans they had written with staff. These included photographs of people completing day to day tasks such as making sandwiches and sorting their laundry.
- People's care plans were accurate and contained guidance to staff about the support people needed. Staff knew people well and supported them in the way they preferred. Staff did not put pressure on people and did things at their own pace. For example, some people did not like to go out often. We observed one person tell staff they wanted to go out and staff supported them immediately. Staff told us another person declined to do things at times and if they left them and went back after 30 minutes the person was happily complete the task.
- People had been supported to set and achieve goals to become more independent. Staff told us how one person's "life has changed completely", since they began to receive a service from Aspirations Kent. The person now went shopping and chose their own clothes, as well as preparing their own meals and drinks with staff.
- People were supported to take part in activities they enjoyed. One person showed us a card they were making for a friend's birthday. Other people did other things they enjoyed such as doing puzzles. Some people chose to attend day services while other people went out with staff to places they liked.

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.

- Important documents had been designed in easily accessible formats. This included the complaints process, information about the levels of service people could expect and questionnaires about the quality of the service people received. Information about people's routines and care preferences was also written in a way that people could understand.

Improving care quality in response to complaints or concerns

- A process was in place to receive investigate and respond to complaints received. This including apologising to people. No formal complaints had been received.
- Any day to day worries or concerns were addressed to people's satisfaction. Plans were in place to begin recording these issues and the response made so action to be taken to stop them from happening again.

End of life care and support

- The registered manager and staff had begun to work with people to understand their end of life preferences. One person had made decisions about where they would like to be at the end of their life and their funeral and burial arrangements. Plans were in place to make sure staff understood everyone's wishes and planned to work with people's relatives to make sure they understood people's preferences.
- Staff were being supported to develop the skills they needed to support people at the end of their lives. Some staff were booked to begin end of life care the day after our inspection. One staff member told us they had requested to attend the training and were looking forward to it as they wanted to make sure they supported people in the best way possible.
- People have been supported to attend funerals when they wanted to. This gave people the opportunity to say goodbye to friends and relatives as part of their grieving process.

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 requires improvement. At this inspection this key question has now improved to Good. 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

- The aims of the service reflect registering the right support and other best practice guidance for people with a learning disability. The registered manager and provider had developed a culture which supported their aims, and this was shared by staff. Staff described the ethos of the support they offered people as, "Doing it with them, not for them".
- Staff worked as a team to support people. They were motivated and felt supported and appreciated by the management team.

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 understood their duty to be open and honest. When things had gone wrong they had notified people, their relatives and professionals promptly and had supported any investigations.

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

- The registered manager was leading the service and was supported by the provider and two deputy managers. They understood their regulatory responsibilities and had promptly informed us of significant events that had occurred at the service. The provider had conspicuously displayed the CQC quality rating on their website, so people and those seeking information about the service were informed of our judgments.
- Staff were clear about their roles and responsibilities and were reminded of these at regular staff and supervision meetings. Staff had been thanked for the work they put into supporting people and managers during staff meetings. When minor concerns were raised about staff practice, they met with a manager for a 'job chat' to discuss what had happened and how they could improve their practice. These were recorded and reviewed to make sure staff's practice improved.
- The management team treated staff fairly and did not discriminate between staff. Employees had shared equality information, and this was reviewed to check that no group was discriminated against.

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

- People shared their views about the service with the management team during regular visits to people's homes. People had also completed questionnaires to share their views. Questionnaires were in a format that people could understand. People's feedback had been positive and included that they felt comfortable

to raise any concerns they had with staff.

- Staff told us they were able to share their views of the service at regular staff meetings and supervisions. They told us their suggestions were listened to and acted on. Staff felt listened to and any concerns were addressed.

Continuous learning and improving care

- The registered manager had oversight of the service. They completed regular checks on the quality of the service. Actions were planned and taken to address any shortfalls found. Audits showed that issues did not continue from month to month.
- The deputy managers completed monthly checks of the service including medicines, finances and care plans. They also worked alongside staff, monitoring their performance and giving them feedback about how to improve their practice.
- The provider kept the registered manager informed of new guidance and best practice. The registered manager was aware of our June 2019, Smiling matters: oral health in care homes report and assessments of people's oral health had begun.

Working in partnership with others

- The management team worked with local health and social care professionals. People were referred to specialist professionals when they needed support and guidance. Staff shared information openly to achieve the best outcomes for people, including changes in people's needs.
- The registered manager was part of the local registered managers network, a group of managers of similar services who share ideas and good practice.
- Staff supported people to use community resources such as the citizens Advice Bureau and Citizens Rights for Older People, a voluntary advocacy service, when they needed advice and support.