

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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection was carried out on 24 and 25 August 2016 and was announced. Twenty four hours' notice of the inspection was given because we needed to be sure that people who wanted to speak to us were available during the inspection.

Aspirations Kent provides personal care for people with a learning disability in their own home. There were six people using the service at the time of our inspection. People lived together in two shared houses, they had their own bedrooms and shared communal areas such as the kitchen and lounge.

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

Checks had not been completed to make sure the quality of the service was to the required standard. Staff had been asked for their views of the service. This information had not been given to the registered manager so they could respond to any concerns or suggestions. Systems were in place to ask people for their views of the service. The registered manager had informed CQC of significant events that had happened at the service so we could check that appropriate action had been taken.

Staff were kind and caring to people and treated them with dignity and respect at all times. People were supported to be as independent as they could be.

Staff felt supported by the registered manager, location managers and team leaders, they were motivated and enthusiastic about their roles. A manager was always available to provide the support and guidance staff needed. Staff and the registered manager shared the provider's 'mission' to support people to be as independent as they wanted to be.

There were enough staff, who knew people well, to meet their needs at all times. The registered manager had considered people's needs when deciding which staff would support people. Staff were clear about their roles and responsibilities and worked as a team to support people to achieve what they wanted.

Checks had been completed to make sure staff were honest, trustworthy and reliable. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff had completed the training they needed to provide safe and effective care and support to people. They were supported to provide good quality care. Most staff held recognised qualifications in care. Staff met

regularly with their supervisor to discuss their role and practice.

Assessments of people's needs had been completed to identify any changes. Detailed guidance was provided to staff about how to meet people's needs. People's care plans had been reviewed and changed when people's preferences changed, to keep them safe and help them to be independent. Possible risks to people had been identified and people were supported to stay as safe as possible, while remaining independent.

Staff knew the signs of abuse and were confident to raise any concerns they had with the registered manager. Systems were in place to manage complaints received.

People were supported to attend regular health checks and had support to manage their health needs. They were supported to take the medicines they needed to keep them safe and well. People were offered advice and guidance about a healthy diet. People who needed assistance were supported to prepare their own meals.

The requirements of the Mental Capacity Act 2005 (MCA) had been met. The registered provider knew when assessments of people's capacity to make decisions were needed. Staff assumed people had capacity and respected the decisions they made. When people needed help to make a particular decision staff helped them. Decisions were made in people's best interests with people who knew them well.

Accurate records were kept about the day to day running of the service, care and the support people received. These provided staff with the information they needed to provide safe and consistent care to people.

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.

Risks to people had been identified and action had been taken to support people to remain independent and keep them safe and well.

Staff knew how to keep people safe if they were at risk of abuse.

There were enough staff who knew people well, to provide the support people needed at all times.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they worked alone with people.

People were supported to take the medicines they needed.

Is the service effective?

Good ●

The service was effective.

Staff gave people information to help them make decisions and choices. When people could not make a decision, staff worked with them and other people who knew them well to make a decision in their best interest.

Staff had the skills they required to provide the care and support people needed.

Staff helped people understand about a healthy diet and respected the choices they made.

People were offered regular health checks and had support to attend healthcare appointments.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring to people.

People were given privacy and were treated with dignity and

respect.

Staff had the skills to communicate with people in ways that they understood.

People were supported to be independent.

Is the service responsive?

Good ●

The service was responsive.

People planned their care and support with staff and staff gave people the support they wanted.

Personal goals and aspirations were supported.

Systems were in place to resolve any concerns people had to their satisfaction.

Is the service well-led?

Requires Improvement ●

The service not consistently well-led.

Regular checks on the quality of the service had not been completed. The registered manager put plans in place to complete regular checks during our inspection.

Systems were in place to ask people for their experiences of the service.

The registered manager and staff shared the providers 'mission' to support people to be as independent as possible.

Staff were motivated and led by the registered manager, location managers and team leaders. They had clear roles and responsibilities and were accountable for their actions.

Aspirations Kent

Detailed findings

Background to this inspection

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

This inspection took place on 24 and 25 August 2016 and was announced. Twenty four hours' notice of the inspection was given because we needed to be sure that people who wanted to speak to us were available during the inspection.

The inspection team consisted of two inspectors. Before the inspection we reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications we had received from the service. Notifications are information we receive from the service when significant events happen, like a serious injury.

During our inspection we met three people who used the service. We spoke to three people's relatives, the registered manager and five staff. We looked at four people's care and support records and associated risk assessments. We looked at three people's medicine records. We looked at management records including staff recruitment, training and support records and staff meeting minutes. We observed people spending time with staff.

This was the first inspection of Aspirations Kent.

Is the service safe?

Our findings

People appeared relaxed and happy in the company of each other and staff. People's relatives told us people were supported by staff to remain safe.

Staff had completed training about different types and signs of abuse. Information about abuse and keeping people safe was available for staff to refer to. Staff were confident that any concerns they raised to the registered manager would be listened to. Concerns staff had raised had been acted on. The registered manager was aware of their safeguarding responsibilities.

Some people were not able to manage their own finances. Applications had been made to the Court of Protection so social care professionals could manage people's money on their behalf. Until these were in place, staff supported people to pay their bills and manage their money. Checks were completed to make sure that people's money was safe, including double signing withdrawals. People always had access to the money they needed when they needed it.

People had looked at any possible risks to them with staff and agreed the support staff would offer to keep them as safe as possible while they developed independent living skills. For example, one person was at risk of falling out of bed as they often laid at the edge of the bed. Staff supported the person to lie in the middle of the bed each night and they had not fallen out of bed. Staff told us they always looked for ways to manage risks so people could learn new skills and be as independent as possible.

Staff had contacted health care professionals for advice about how to manage some risks. For example, one person was at risk of choking. A Speech and Language Therapist had recommended the person use a straw when drinking to reduce the risk of them choking. We observed the person drinking safely from a cup with a straw attached that the person had chosen themselves. Guidance was provided to staff about how to keep people safe.

Accidents happened rarely. Staff had completed first aid training and helped people if they had an accident. Any accidents or incidents were recorded and monitored by the registered provider so she could identify any patterns or trends and take action to prevent further incidents.

Staff were informed of changes in the way risks to people were managed at the beginning of each shift. Changes in the support that people needed were recorded in their records and the communication book so staff could catch up on changes following leave or days off. Plans were in place to keep people safe in an emergency.

Staffing was planned around people's needs and activities. People shared some staff support, such as the sleep –in support at night and also had packages of individual support. Staff arrived at the agreed time and supported people for the allocated time. Staff told us they were happy with the staff levels and thought there was enough staff on duty to support people to do the things they wanted to do. One location manager told us, "We have a really good staff team". Cover for sickness or holidays was provided by the staff team or

other staff who worked for the provider who people knew. Staff support people during the day and night and an on call system was in operation out of hours to give them any advice and support they needed.

People were involved in selecting the staff who provided their support. They were introduced to new staff and spent time in their company with other staff they knew well. Senior staff asked people about the new staff and observed their interactions with them. People were only supported by staff who they got on well with. Most staff had been working at the service for less than a year. Staff had spoken to people and their colleagues to make sure they knew people well. Staff were available when people needed them.

The registered manager told us, "We have got to have the right staff to make the service work well". They had completed checks on staff to make sure they were honest, trustworthy and reliable before they were employed. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. New staff did not begin working at the service until all the checks had been completed. Staff declared any health issues that may need to be supported. The provider had a 'discipline procedure' in place and this had been followed in practice by the registered manager.

There were policies and procedures in place to make sure that people were supported to take their medicines safely and on time. People were supported by staff who were trained in safe medicines management. People's medicines were ordered, stored securely and returned to the pharmacy when they were no longer needed. We observed people receiving their medicines. This was done in a caring and respectful way and staff stayed with people to ensure they took the medicines safely.

Some people were prescribed pain relief 'when required'. People were offered their pain relief regularly and when staff saw signs that people may be in pain. People were able to ask for pain relief when they needed it and this was provided. One person's care plan stated, "I am able to recognise when I have pain and can say where it hurts". Guidance was available to staff about peoples' when required medicines including the medicines name, what it was for and how often it could be administered. Regular checks were not being completed to ensure medicines were being stored, given and recorded safely, the registered addressed this during the inspection.

Is the service effective?

Our findings

People were supported to make choices about the care and support they received, including how they spent their time and what they ate. During our inspection we observed people being given information in ways they understood to help them make decisions. Staff respected the choices people made and supported them when they needed help. Staff knew people well.

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. Staff had received training in relation to the MCA. We checked whether the service was working within the principles of the MCA.

People using the service were able to make straightforward day to day decisions, such as what they wanted to do each day and the clothes they purchased. Staff used photographs, symbols and signs to help people make decisions and remind them of the decisions they had made. For example, staff showed people pictures of meals they enjoyed to help them plan their weekly menu.

Staff responded to decisions people made, including when they changed their mind. For example, staff offered one person a selection of hot drinks they knew they liked. The person said they did not want these drinks and wanted a black coffee. When they began to drink the coffee they said "Yuk". Staff immediately offered to make the person another drink that they liked, the person smiled and told the staff the drink they wanted.

When people were unable to make complex decisions, staff worked with them and people who knew the person well, including their family and care manager, to make a decision in their best interests.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). Where people are at risk of being deprived of their liberty applications must be made to the Court of Protection. People were not restricted and went out regularly with staff support and applications to the Court of Protection were not required.

One person went out during our inspection and another person returned home from a shopping trip. Staff told us this was the first time the person had used the bus with staff to travel to a local city. They told us the person had previously chosen to go to a limited number of places close to their home. Staff described to us how they had supported the person to gain confidence when they were out. The person told us where they had been and showed us what they had bought. The person was smiling and told us they enjoyed their trip out.

Staff supported people to maintain good health. People had health action plans in place to tell staff and

health care professionals about their health care needs. People were supported to see their doctor when they needed to. Staff supported people to follow the advice and guidance given by health care professionals, including doctors, to keep them as well as possible.

Staff told us one person had difficulty walking when they began to receive a service from Aspirations. Staff had talked to the person, observed them walking and looked at their shoes. Staff found the person was wearing shoes that were too small for them and their feet were sore. The person was supported to receive regular treatment from a podiatrist and their feet had improved. Staff had helped the person to have their feet measured. The person showed us the new shoes they had purchased and their feet had healed. They told us they were able to take part in 'fit club' which they enjoyed.

People were supported by staff who knew them well to attend health care appointments, including health checks. This helped people understand what was going to happen and supported them to tell their health care professional how they were feeling. Staff supported people to follow any recommendations made when they returned home. People were prompted to have regular health care checks, including dental check-ups and eye tests, if they wanted them.

People ate and drank when they wanted to. They planned weekly menus, with staff support and shopped for the items they needed. Some people had not been eating healthily when they began to receive a service from Aspirations. Staff offered people advice about healthy eating and respected the choices they made. One person had lost weight since they had begun to eat a healthy diet and another person was making healthy choices, such as eating cereal for breakfast rather than a cooked breakfast every day.

People were supported to prepare food they like in the way they preferred. For example, one person liked pizza and was supported to chop the ingredients. Another person was at risk of choking on large pieces of food and was supported to chop their meal up before eating it.

Staff were supported to develop the skills, knowledge and qualifications necessary to offer people the support they needed. Staff received an induction when they started work at the service to get to know people, the care and support they needed and to understand their role and responsibilities. New staff completed the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life. New staff worked alongside experienced staff to help them build relationships with people and provide care in a consistent way. New staff did not work alone with people until they had completed the required training and people were comfortable with them.

There was an on-going programme of training which included recognised qualifications in care. Completed training was tracked and further training was arranged when needed. The registered manager told us that they preferred staff to complete training with a trainer to enable them to ask questions and check their understanding of the subject. Work books and questionnaires were available to support what staff had learnt during the face to face training. The registered manager sourced training or information related to peoples' specific needs when it was required. Staff told us they had requested training about dementia as some people had age related memory problems and this was being organised.

Staff spoke with knowledge about people's needs. Team leaders and location managers reviewed the effectiveness of training by observing staff and discussing their practice with them. Feedback from their observations was given to staff immediately and discussed at regular one to one meetings with them. Any changes needed to staff practice were discussed and agreed at these meetings. The one to one meetings were planned in advance so that staff could prepare and enabled their supervisor to track staff's progress towards their objectives. Managers and team leaders supporting staff were completing supervision and

appraisal training at the time of our inspection.

The provider had an appraisal process in place, to discuss staff's development needs and career ambitions for the next year. The process had not been completed for all staff providing the service as they had not been working for the provider for a year.

Is the service caring?

Our findings

Some people had lived together for a long time in a residential care home before they moved into a shared house. They appeared happy and relaxed in each other's company. People had received their support from other provider's before they began to receive support from Aspirations. People told us the Aspirations staff were "Kind". Two people's relatives told us their relatives were happier since Aspirations had started providing their support.

Staff spoke with people, and each other, with kindness, respect and patience. They described people to us in a positive way, including what they were able to do for themselves and things they had achieved. The atmosphere was relaxed and staff responded appropriately to the questions people asked them. There was lots of laughter as people shared jokes with each other and staff. Staff reassured and comforted people when they were upset or worried.

People were encouraged and supported to do as much for themselves as possible so they maintained and developed their independence. Staff assumed people were able to do things for themselves and offered them support when they needed it. They told us people's support started with them observing how much the person could do for themselves then might increase to doing a task with someone when they were unable to do it themselves.

Staff asked people if they wanted staff with them when they chatted to the inspector or if they wanted to be on their own, everyone decided they wanted staff support. People offered to show the inspectors their bedrooms, which were personalised and decorated to people's taste.

People were supported to be involved in making decisions about the service. They chatted together with staff about things they would like to do together, such as going out. Their views were listened to and suggestions they made were put in place.

Information was presented to people in ways they could understand which helped them to make choices and have control over making decisions. For example, one person used pictures to help them plan their activities each day. This helped the person understand the choices available to them and tell staff what they wanted to do. Staff understood how people communicated, including sign language and responded to their questions and requests.

People's privacy and dignity were respected and people were supported to only go into other people's bedrooms when they were invited. Staff knew when people wanted some privacy or space and made sure this happened.

Staff were aware of the need for confidentiality and personal information was kept securely. Meetings with people or when people's needs were discussed were carried out in private. There was good communication between staff members with handover meetings held between shifts and a detailed communication book that noted any changes for staff to be aware of. Staff signed the communication book to confirm that had

read about the changes in people's support.

Is the service responsive?

Our findings

People had been involved in planning their care and support, with their relatives or care manager when necessary. Staff knew people's routines and provided the support they needed in the way they preferred. People were described positively in their care plans, for example one person's care plan stated, "I am a cheeky lady at heart and have a good sense of humour".

People who were considering using the service met with a manager to discuss their needs, support preferences, goals and aspirations. The registered manager used this information make sure staff could provide the care and support the person wanted before people were offered a service.

Staff provided the care and support people needed. They encouraged people to do what they were able for themselves and helped them to do other things. For example, one person was able to go to the toilet by them self and needed support from staff to adjust their clothing. Staff responded quickly to help the person when they visited the toilet. Information about people's abilities and the support they needed was included in care plans for staff and visiting professionals to refer to. Guidance was included about all areas of people's life, including their daily routines and preferences.

Guidance was provided to staff about how to support people in situations that may cause them anxiety or distress. For example, one person's care plan informed staff that the person was able to cope with unfamiliar surroundings if they were supported by staff they knew well. It also informed staff that the person could become distressed by changes in the ground surface or painted lines. We observed staff offering the person reassurance as they went up and down stairs and walked around their home.

Routines were flexible to people's daily choices, such as having a lay in. Staff respected people's choices and supported people to do what they wanted to do. They knew people's usual routines such as when they liked to get up and go to bed and were available to provide the support they needed when they needed it.

Staff told us receiving consistent support from staff was important to people and gave them reassurance. Detailed guidance was provided to staff about how to support people, to ensure that it was consistent and as they preferred. Staff knew what made people anxious or upset and provided them with consistent responses. For example, one person became upset when their friend went out. Staff knew the person would become upset and had planned an activity they enjoyed to distract them. The person joined in the activity and smiled and chatted to staff.

Guidance to staff about the support people wanted was reviewed and amended regularly as people's needs and preferences changed and staff got to know them better. People were involved in these reviews when they wanted to be. People's family and representatives, such as their care manager, had reviewed the support they received since Aspirations had begun providing them with a service. This review checked people were getting the support hours they needed and that Aspirations was the best service to provide their support.

People had enough to do during the day and had regular opportunities to follow their interests and take part in social or physical activities. People told us they took part in a variety of activities they enjoyed, including attending local social clubs and doing voluntary work. Some people went to a fitness club. People were involved in day to day household activities including changing their bed and shopping. People had activity plans, including pictures and symbols, to help them remember what they were doing each day. Staff recorded the activities people took part in each day. These were reviewed by the team leaders to make sure staff were supporting people to do what they wanted each day.

People were supported to raise any concerns or complaints they had. There was a complaints policy and procedure in place with an 'easy read' version to help people understand how to raise any concerns they had. Staff were aware of the process to follow should anyone make a complaint. People's relative's told us they were confident to raise any concerns they had with the staff and registered manager. For example, one person's relative had raised concerns about their ability to live in the shared house in the future. The registered manager had assured the person's relative they were aware that they person may need to move in the future and they would be involved in making a decision in the person's best interests.

Is the service well-led?

Our findings

A registered manager was leading the service, they were supported by two location managers and team leaders. The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. They were experienced and qualified and were supported by the provider.

The registered manager had not completed regular checks on medicines to make sure staff were supporting people safely. They put plans in place during our inspection to complete regular medication checks.

Regular checks on the service, including medicines, records and the quality of the support people received, had not been completed to make sure people received a safe and good quality service. The registered manager had completed a quality audit at one of the shared houses shortly before our inspection and planned to complete an audit of the other shared house. Areas for improvement had been identified and the registered manager and staff were working to complete an action plan addressing the shortfalls, including making sure care plans were reviewed monthly and that people were supported to take out contents insurance if they wanted to. The registered manager had recognised that these checks needed to be completed regularly and put plans in place during our inspection to complete the checks each month.

The location managers observed staff providing people's support and addressed any shortfalls found immediately. These checks were not recorded and plans were not in place to make sure they were completed on all staff regularly.

The provider had a process in place to ask people for their feedback about the service every year, this included pictorial questionnaires. This process had not been completed yet as people had not been receiving a service from Aspirations for a year. They had been asked for their feedback during review meetings. People and their relatives we spoke with told us they were happy with the service they received from Aspirations. A survey of staff views had been completed but the outcomes had not been shared with the registered manager to make sure any concerns or suggestions were acted on.

Staff told us that the registered manager, location managers and team leaders were supportive and someone was always available either in person or by phone to give advice and support. The management team led by example and supported staff, giving them feedback about how they might improve their practice.

The registered manager and provider had plans to develop leadership and staff management. They were developing systems to support staff in management and leadership roles to develop. This included additional training, support meetings and shadowing experienced managers.

The provider had a mission statement that was included in staff training and support processes. This stated, 'We will deliver an outstanding service ... ensuring that everyone has the opportunity to recognise and achieve their potential. We will create the type of service that we would want for ourselves or for our families and friends that is delivered by outstanding staff'. The registered manager and staff shared the provider's

mission and told us they worked hard to provide people with a good quality service that supported them to be as independent as possible. Staff we spoke with told us they would be happy for a member of their family to receive a service from Aspirations.

Staff spoke to each other and to people in a respectful and kind way. Staff were motivated and enjoyed working at the service. All the staff we spoke with were enthusiastic about the service and the people they supported. Staff worked together as a team to provide the support people needed. One team leader told us, "Every staff member brings something to the team that makes the team work".

Staff understood their roles and knew what was expected of them. They had regular team meetings to discuss the service being provided. Staff were able to share their views and make suggestions about the service with the team leader, location manager and registered manager. Staff were clear about their responsibilities and were held accountable. Team leaders reminded staff about their roles and accountability at supervisions and team meeting.

Plans were in place to put a keyworker system in operation at the service. The keyworker system and the roles and responsibilities of a keyworker had been discussed with staff at a recent staff meeting. A key worker is a member of staff who is allocated to take the lead in co-ordinating someone's care. The team leaders had plans in place to ask people who they would like to be their keyworker to match people to staff they got on well with.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service like serious injury and safeguarding incidents. This is so we can check that appropriate action had been taken. The registered manager had informed CQC of significant events.

Accurate records were kept about the care and support people received and about the day to day running of the service. These provided staff with the information they needed to provide safe and consistent care to people.