Aspirations Care Limited

Aspirations Northwest Adults

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection of Aspirations Northwest took place on 7, 8 & 11 September 2017.

We gave the provider 48 hours' notice that we would be coming, as the organisation provides a domiciliary care service and we wanted to make sure that someone would be available.

Aspirations Northwest is registered with CQC to provide personal care to people in their own homes. Most of the people who used the service lived within a supported living setting. At the time of our inspection the registered manager informed us that there were twelve people in receipt of the regulated activity of personal care. There were other people accessing support from this service, however they were not within receipt of this regulated activity, so we did not look at their documentation.

This was the service's first inspection at their new location.

The inspection was carried out by an adult social care inspector and an expert by experience who had expertise in care from this type of service. The expert by experience spoke to people who used the service and their families over the telephone.

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

Everyone we spoke with told us they felt safe receiving care and support from Aspirations.
Staff were able to explain the course of action they would take to ensure actual or potential abuse was reported in line with the service's polices.

Staff recruitment procedures were robust and we saw that staff were only offered positions within the company once all satisfactory checks had been completed on their character and suitability for the role.

Medication was managed safely. People were supported to store their medication in a safe place within their home. People who required support from staff to take their medication were supported only by staff who had been trained to do so. These staff also underwent regular competency checks to ensure they were still able to complete this task safely.

Risk assessments were regularly reviewed and contained information around how to manage the risk and keep the person safe.

There were adequate numbers of staff to keep people safe, however we saw that staff turnover over the last 12 months had been high. We enquired about this and found the registered manager and regional manager

were honest and open about structural changes within the service and challenges they had to overcome which resulted in some staff choosing to leave employment.

The Mental Capacity Act and associated principles had been considered for some people who were found to lack capacity. Decisions were made in people's best interests, and there was an open dialogue of conversation between Aspirations and the local Authority regarding a proposed deprivation of liberty safeguard referral for one person.

Staff had undergone a programme of training. As well as mandatory training, staff were also trained in areas to support their understanding of the people they supported and their individual diagnosis. New staff were required to complete an induction.

Staff supervisions took place regularly, and these were managed and checked by the registered manager. All staff received an annual appraisal.

People were supported to maintain a diet of their own choosing which took into account any specific dietary requirements they had. For example, people who required their food to liquidized had this done and presented to them in a which they chose. We also observed people doing their own cooking and choosing homemade meals which the staff supported them to make.

Care records demonstrated that people had access to medical professionals such as GP's and district nurses when they required it. One medical professional told us it had been difficult in the past working with this service; however, it had improved slightly since a new manager had been in post.

Information in people's care plans was individualised and detailed. Each plan we looked at contained information regarding people's likes, dislikes, routines and life history. People were supported to follow their interests and hobbies.

The complaints policy was available in different formats, such as easy read to support people's understanding. Complaints were well responded to.

The culture of the service was positive and staff were clearly proud of the service. The new structure was clearly explained to us and demonstrated sustainability.

Quality assurance processes were effective in identifying concerns and areas for improvement and these areas were subject to action plans which were reviewed by the regional manager and registered manager every month.

There was a process in place to gather and analyse feedback from people who used the service as well as their family members. Service user meetings took place every few months.

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.

Medication was stored in people's homes in accordance with their wishes and administered by staff who had undergone appropriate training.

Staff were able to explain how they would ensure abuse was reported and actions they would take to keep people safe from harm.

Recruitment and selection of staff was robust. Staff were only offered positions once all checks had been completed.

Risk assessments were detailed and contained clear guidance for staff to follow to minimise the risk.

Is the service effective?

Good

The service was effective.

The service was operating in accordance with the principles of the Mental Capacity Act. People's choices and decisions were respected.

Medical professionals were involved in people's care as and when needed, and a log of professional visits was kept in people's care plans.

Food was prepared by some people themselves with staff assistance. People told us food was home cooked, and they enjoyed being supported to cook.

Staff were trained in accordance with the services training guidance, which also included more specialised training sessions to support people with complex needs. Staff engaged in regular supervision and appraisal.

Is the service caring?

Good

The service was caring.

We observed kind, friendly and familiar interactions between staff and the people they supported. The staff we spoke with clearly enjoyed supporting people.

People and family members we spoke with told us that the staff were caring and nothing was too much trouble.

Contact details for local advocacy services were made available to people if they required this support.

Is the service responsive?

Good

The service was responsive.

Care plans contained information which was personalised to meet people's needs.

There was a complaints procedure in place and people told us they would not hesitate to raise concerns about the service if needed.

People were supported by staff to follow their own hobbies and chose how they spent their time.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post who people said they liked.

There was a process in place to check the quality of the service and action plans were formulated to address any highlighted concerns.

Team meetings and meeting which involved people who used the service took place regularly.

Aspirations Northwest Adults

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 checked 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 was conducted on 7 8 & 11 September 2017. We gave the provider 48 hours' notice that we would be coming, as the service offers domiciliary support, and we wanted to be sure there would people for us to speak with.

The inspection team consisted of an adult social care inspector and an expert by experience with particular expertise in this type of service.

The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications we had received about the service. During the inspection we spoke with three people using the service and visited their homes. We also spoke with three relatives on the telephone. We spoke with seven staff including the registered manager, and two social care professionals.

We spent time looking at a range of records including four people's care plans and other associated documentation, three staff recruitment files, staff training and supervision records, the staff rota and medication administration records. We also looked at a sample of policies and procedures, minutes of staff and service user meetings, compliments and acknowledgements received at the service, as well as complaints, health and safety records and quality assurance records.

Good

Is the service safe?

Our findings

Everyone we spoke with told us that they felt the service was safe. Comments included, "Very well, they (staff) are very good, generally punctual. Occasional delays due to problems with traffic."
One person who lived in their home with other people who received support from Aspirations told us, "It's amazing, I'm really safe here and I couldn't ask for better." Someone else also said, "Oh I feel very safe."

We asked if there were enough staff to be able to deliver the support hours people required. There were no issues raised in relation to staffing during our inspection, however the providers PIR indicated that there had been a high turnover staff in the last twelve months. The regional manager and the registered manager were honest with us concerning this and explained that the new management structure of Aspirations had meant some staff left, while others joined. One health and social care professional we spoke with confirmed that things had sometimes been difficult over the last few months, but they had noticed some slight improvement since a new manager had been in post.

Staff were able to explain the course of action that they would take if they felt someone was being harmed or abused. This was reflected in the organisations safeguarding policy. Staff we spoke with said they would 'whistle blow' to external organisations such as CQC if they felt they needed to. Staff had received training in safeguarding and their responses were in line with procedures set out in the service's safeguarding policies. Information regarding safeguarding for people who used the service and relatives was readily available on the noticeboards in the office and the service user guide. People we spoke with confirmed they knew how to raise concerns should they have any. This demonstrated the registered manager had ensured safeguarding principles were understood by staff and people who used the service.

All staff had received training by a competent person in the administration of medication and additionally received annual updates and competency refreshers. We viewed a sample of MAR (Medication Administration Records) which were completed accurately by staff, and had been audited by the manager. We counted a sample of loose medication and found that all stock balances corresponded to what was recorded on the MAR. Everyone had a medication plan in place for medication prescribed to be given as required. Medication requiring refrigerated storage were stored in a separate fridge were the temperatures were recorded daily. People had chosen to keep their medications in a separate room in a locked cabinet. This was risk assessed by the registered manager.

Staff records we saw demonstrated that the registered manager had robust systems in place to ensure staff recruited were suitable for working with vulnerable people. The registered manager retained comprehensive records relating to each staff member. Full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had two references on file prior to them commencing work at the home.

The registered manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff. A valid DBS check is a check for all staff employed to care and support people within health and social care settings. This enables the registered manager to assess their suitability for working with

vulnerable adults.

There was a process in place to monitor any incidents and accidents in the service. The procedure consisted of the registered manager going through any incidents/accidents forms and documenting any remedial action needed. This was then discussed at team meetings and fed back to the staff team if any action needed to be taken.

Risk assessments regarding people's health, emotional and behavioural needs were clear and provided instruction for staff to enable them to minimise the risk to people using the service. For example, we saw that one person was at risk of presenting behaviours which can challenge. We saw a detailed risk assessment compiled which clearly informed the staff which triggers they should be clear on and any words or phrases they should avoid so as not to escalate the person's behaviour. We saw another risk assessment in place for someone regarding the environment at their home with regards to this person's sensitivity, and how everyday items can affect them.

Risk assessments were also in place concerning the environment, such as the garden and kitchen. There were also personal emergency evacuation plans. Staff supported people to arrange for repairs and maintenance to take place when needed. This included PAT testing, gas and electric checks.

Good

Is the service effective?

Our findings

People told us they felt that staff had the right skills and training to support them. Comments from staff with regards to their training included, "Training its ongoing never stops, I am still learning each day, I get help and support from more experienced staff and managers." also, "Training is good, including refresher training, I loved the Autism training, I requested this at my supervision".

The training matrix showed that all staff had attended the required training, and there were no dates outstanding. This included training specific to the needs of the people who used the service.

New staff completed an induction which was aligned to the principles of the Care Certificate. The Care Certificate is a set of standards health and social care workers can adhere to as part of their role. All staff engaged with regular supervision which took place every eight weeks and all staff had had an annual appraisal.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that applications had been submitted to the local authority to deprive people of their liberty in their best interests and these were being monitored by the registered manager.

There was no one subject to any DoLS due to the service being supported living, however discussions with the provider indicated they were aware of a high court ruling and the introduction of the 'acid test.' This was a process applied to people who lived in their own homes who may be subject to continuous supervision and deprivations in their best interests. The registered manager had been in contact with the local authority to discuss the possibility of applying to the high court for a DoLS for one person. The rationale for this was clearly documented, along with the dialogue between the registered manager and the local authority. This was ongoing at the time of our inspection, however this demonstrated that the registered manager was aware of their roles in relation to the MCA and the legislation underpinning the act.

People told us they were supported by staff to shop for their own food and cook their own meals. We saw that staff supported people to make balanced and nutritional choices with regards to food and meal

preparation. On the second day of our inspection we were invited to visit people in their home, and saw that the staff had supported people to make scouse, which everyone told us they enjoyed.

Medical appointments were scheduled into people's daily activity plans and staff were allocated to support that person to attend the appointments. Staff completed documentation when they returned from the appointment with that person to show the outcome and additional information (such as any medication changes) which the staff would need to know. We saw from looking at records relating to people's medical and clinical needs, that they were being well maintained by the staff. Each person had a Health Action Plan which contained important clinical information about that person.

Good

Is the service caring?

Our findings

Everyone we spoke with told us they felt the staff were caring. One relative said, "Yes certainly" when we asked if the staff were caring. Someone else who was in receipt of support from the service said, "They are wonderful," and "Top class". Another person said, "I am really happy with my team." Someone else said, "The staff help me to go out and about, I really like to go to the park."

Staff were aware of the importance of confidentiality and how this needed to be maintained. Personnel records and care files were securely stored away and it was clear data protection was being effectively managed.

It was evident that staff were aware of the importance of maintaining and preserving people's privacy and dignity; staff were able to give us examples of how they did this during their day to day roles. Examples included the fact that people needed personal space and time to themselves, and the staff would respect this. Also helping people to shower by standing with the door closed and passing people things so they could do as much for themselves as possible. The need to ensure doors, blinds and curtains were closed when helping people with other forms of personal care.

We observed people being supported by staff they were familiar with and who clearly knew and understood their needs and wishes. One person had recently been out on an activity with staff and showed us what they had bought. One person we spoke with said, "The staff make sure I am okay because they all know me."

Advocacy information was available for people who required this type of support. No one was accessing advocacy support at the time of our inspection.

We checked to see if people had information made available to them in a way which they understood. We saw that the provider had made various polices, including the complaints policy and safeguarding policy available in easy read to support people's understanding.

We asked one person if they knew about their care plan. They told us they did. The same person told us they felt they made decisions and choices regarding their care and the staff supported them to do this.

Good

Is the service responsive?

Our findings

Care plans we looked at were individualised and contained information about the person such as their backgrounds, likes, dislikes as well as other areas of interest. Everyone had a document which contained photographs of the person, explaining their life history and personal journey. We saw this had been completed with the person by their keyworker. This was important, because as well as containing background information, this document also contained information around people's behaviours such as any triggers or situations which may cause them to display behaviours that challenge. For example, key words or phrases that the person did not like.

Support plans were written in a way which took people's choices into consideration. For example, one person had ritualistic behaviours and it was important to them that certain things had to happen at a specific time. Some people required 'support' with certain tasks and others required 'verbal prompts.' The differences in these two types of support were clearly written in people's care plans. This shows that the service were helping people to maintain their skills and not just doing tasks for them.

The service's complaints procedure was available in different formats to support people's understanding. People and the relatives we spoke with told us they were aware of the complaints procedure and knew who they would go to if they wanted to complain. Most people we spoke with said they had never had a cause to complain.

The complaints procedure clearly explained what people had a right to expect when they raised a complaint and the timescales as to when they should expect their complaint to be responded to. We looked at complaints records. Some complaints had been raised with CQC and we checked how these complaints had been investigated and resolved, and whether any lessons had been learnt as a result. We saw that all complaints had been appropriately investigated in line with the provider's complaints policy. We saw in some cases, processes within the service had changed as a result of people complaining. For example, more staff had been recruited, and people had been directly involved in this process.

People told us they engaged in regular activities either with the people they lived with or during their one to one time with the staff. One person told us, "I am supported to do the things that I love by the staff." We were shown how rotas accommodated people's activities, for example extra staff were sometimes booked on shift when people had planned one to ones. Some people had jobs which they were encouraged to attend, as well as college, day centres and hobbies.

Good

Is the service well-led?

Our findings

There was a registered manager in post who had been in position for a year.

People who used the service, relatives and staff spoke positively about the management of Aspirations and said that the managers were approachable. Comments included, "The manager trusts individuals to do their job." also "The service is really approachable."

Everyone we spoke with said they would recommend the service to friends and staff said they enjoyed working for the company. We saw that the company engaged in an employee of the month were staff could win a day off and a gift voucher. Staff newsletters were published monthly, which kept staff up to date with the logistics of the company.

Team meetings took place every few weeks, the last one was in August 2017, and there was a service user forum which gave people using the service an opportunity to meet up and discuss any changes they would like to see happen in Aspirations. We saw topics discussed such as staff recruitment, equipment concerns and an activities hub. We saw that there was in a plan in place to put some of the suggestions from the service user forum into action.

The last survey was completed in 2016. We saw that feedback had been analysed and charts had been formulated for each key questions. No concerns were identified from the feedback, and 91% of people using the service answered positively. There were some negative responses concerning staffing and these had been investigated and explained.

Monthly service audits took place in each supported living property. At the end of this audit, the finding was scored. One month the registered manager had scored an audit 61% which was 'inadequate' according to Aspirations own scoring mechanism. We checked the action plans formulated from this audit and saw that each point had a corresponding action which had been assigned to the correct person for completion and a timeframe was agreed. We saw that this action plan was checked as part of the next month's audit, and actions were followed up. The audit was rescored and achieved a better percentage. This showed that the provider's quality assurance provision was effective, and it allowed them to highlight errors and action plan for improvements.

During the inspection we asked for a variety of documents to be made available to us and these were promptly provided and well maintained. Policies and procedures were regularly reviewed. We found records to be well kept, easily accessible and accurate.

The service had policies and guidance for staff regarding safeguarding, whistle blowing, dignity, independence, respect, equality and safety. There was also a grievance and disciplinary procedure and sickness policy. Staff were aware of these policies and their roles within them. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance.

Notifications had been sent to CQC as required by law.