

Aspire: for Intelligent Care and Support C.I.C Supported Tenancy Network

Inspection report

Humphrey Booth Resource Ctr
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Date of inspection visit:
05 December 2018
06 December 2018
10 December 2018

Date of publication:
24 January 2019

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

The Supported Tenancy Network provides services to people with learning disabilities and complex physical health needs so that they can live as independently as possible in their own homes. People who use the service are tenants in their own right and live with support in various types of accommodation provided by a variety of different landlords.

At the time of the inspection the service was made up of 18 homes, providing support for 60 people who live in the Salford area and who require 24-hour support. The head office is based at the Humphrey Booth Resource Centre, which is located in Swinton.

The provider, which is called Aspire for Intelligent Care and Support C.I.C Ltd, is an employee owned social enterprise and is a 'community interest company,' which registered with CQC in June 2015. At the time of the inspection the service continued to receive support from Salford local authority, who had previously operated the service, for human resources and IT support. The service also worked in partnership with the local authority for any new referrals to ensure a person-centred approach to the delivery of care and support.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

There was a registered manager at the service. 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.

People told us they felt safe when receiving a service at home and were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's relatives also confirmed they felt [their relative] was safe.

The ethos of the service was to promote people's skills and independence. People were supported and encouraged to do tasks for themselves, for example making and buying their own food. People were

supported to take positive risks, such as travelling independently.

Each person had a communication care plan which comprehensively detailed how they communicated what they wanted and how they were feeling. This included verbal and non-verbal communication, with communication aids being used where required, for example in pictorial format.

Care plans were written with easy read symbols and simple words to inform people about their care, support and activities. Information was available in an easy read format, for example the guide to services and complaints procedure.

Risks people may face were assessed and clear guidance was provided for staff to reduce and manage these risks. Staff assessed people's moods moment by moment and any activities undertaken were tailored to the person's current mood and level of anxiety.

Detailed positive behaviour support plans were used to identify people's complex behaviours and the strategies and techniques required to reduce their anxieties.

Comprehensive annual reviews were held, with family involvement, which identified what was working well, areas for development and strategies and plans for the future.

All incidents were recorded in detail and de-brief meetings were held to discuss any changes that could be made to people's support plans to reduce the chance of further incidents.

Thorough holistic assessments were completed for people moving to the service. We saw a very positive example of the service assessing and planning a person's move to the service.

There were sufficient staff available to ensure people's wellbeing, safety and security was protected. An appropriate recruitment and selection process continued to be in place which ensured new staff had the right skills and were suitable to work with people living in their own home.

Staff had a good understanding of systems in place to manage medicines and safeguarding matters. People's medicines were managed so they received them safely.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

People's relatives we spoke with said they involved in care planning and were confident that their comments and concerns would be acted upon. The provider took account of any complaints and comments to improve the service.

Risk assessments were in place for a number of areas and were regularly updated, and staff had a good knowledge and understanding of people's health conditions, choices, likes and dislikes.

Feedback received from people who used the service and their relatives was overwhelmingly positive and people were encouraged to contribute their views. People were positive about the staff who supported them and told us they liked the staff and were treated with dignity and kindness.

People received support in relation to nutrition and hydration and were fully involved in menu planning and shopping.

There was an open and transparent culture and encouragement for people to provide feedback.

People and their relatives told us they were aware of how to make a complaint and were confident they could express any concerns which would be addressed.

Staff told us they enjoyed working for the organisation and spoke positively about the culture and management of the service. They also told us that they were encouraged to openly discuss any issues.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Supported Tenancy Network

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 was a planned comprehensive inspection which took place on 05, 06 and 10 December 2018. The provider was given 48 hours' notice to ensure managers were available in the Salford office to facilitate the inspection.

The inspection was undertaken by one adult social care inspector. At the time of our inspection 60 people were using the service.

Before the inspection visit we reviewed the information we held about the service, including information we had received since the service registered with the Commission. We asked the service to complete the Provider Information Return (PIR), prior to the date of the inspection, which we received. The PIR 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 reviewed the care and medication records of six people who used the service and records relating to the management of the service. We looked at seven staff personnel files, policies and procedures and quality assurance systems.

During our inspection we went to the provider's head office and spoke with one registered manager (who was the director of compliance and risk) and one registered manager (who was the head of provision), one area manager, one service manager for compliance and risk and seven members of care staff. We also visited three properties and spoke to four people who used the service, five relatives and a local authority

professional as part of the inspection; this was in order to seek feedback about the quality of service being provided.

Is the service safe?

Our findings

At our last inspection in November 2015 we rated this domain as Good. At this inspection the rating remained Good.

Without exception, people we spoke with and their relatives continued to tell us they felt safe, or felt [their relative] was safe, when being supported by the service. One person who was able to speak with us said, "I feel safe living here and I love my home." A relative told us, "I feel [my relative] is safe; the carers are lovely they can't do enough for her. I'd give them 10 out of 10." A second relative said, "I feel [my relative] is in a safe place at the moment with this company and they have met his needs very well. He is more contented in himself; not left static, always moving forward." A third commented, "They are getting [my relative] out more than he used to do. They respond to his opinions, so he doesn't go out if he doesn't want to go out. Up to now he is happy and settled and I'm satisfied with the staff."

People continued to be protected against the risks of abuse, because the service had robust recruitment procedures in place. We looked at seven staff personnel files which confirmed staff had been safely and effectively recruited. Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained before new staff commenced employment with the service.

Staff continued to have a good understanding of safeguarding processes and how to recognise signs of abuse, and the service followed the Salford City Council safeguarding procedure.

There were sufficient suitably qualified staff on duty to meet people's assessed needs, including 2:1 or 3:1 support where required in regard to people's potential anxieties and behaviour.

The risks people may face had been identified, such as when doing activities within the community, risks within the home and travelling. Detailed individualised guidance was provided for staff to reduce and manage these risks.

Some people being supported by the service had complex needs. Each person had a very detailed positive behaviour support plan in place. These described people's behaviours and interactions when they were calm (at baseline), possible triggers for their anxiety and the signs that they were becoming agitated. Clear information was provided for staff about how they should respond to support and distract the person if they were becoming anxious to try to re-assure them and enable them to return to their baseline.

The positive behaviour support plans included detailed guidance about the possible behaviours each person may have when they were agitated. This included a description of interventions that could be used by members of staff, if necessary, to keep the person and staff safe. All staff were trained in the use of physical intervention through a course called ARC (Access Respond Care). Staff had also received training in positive behaviour support and total communication.

A daily assessment of people's moods was made to judge whether the person was at baseline or was

anxious and any activities offered were then tailored to the person's presenting mood. We found no evidence to suggest people's human rights were not upheld.

All incidents were recorded and reviewed by the registered manager to identify any recurring trends. Debriefs were held with the staff involved to discuss what happened and if there were any changes in the support plans that may reduce the risk of further incidents. Staff were knowledgeable about the incident reporting system used at the service.

Medicines continued to be safely managed at the service. Clear protocols were in place for when medicines prescribed to be used 'as required' should be administered and this helped ensure that people only received necessary medicines. Pictorial information was available to people who used the service which helped them understand what medicines they required. Medicines, were being obtained, stored, administered and disposed of appropriately. Random sampling of people's medicines, against their medicine records confirmed they were receiving their medicines as prescribed by their GP.

We found all properties we visited continued to be homely in atmosphere, clean and free from malodours. Décor was modern and each person had individualised bedrooms, decorated to their own preferences. Staff understood the principles of infection control and internal environmental audits were undertaken.

Equipment and services continued to be maintained and serviced in line with national guidelines and the manufacturer's instructions. Emergency procedures and evacuation plans were in place.

Is the service effective?

Our findings

At our last inspection in November 2015 we rated this domain as Good. At this inspection the rating remained Good.

People continued to tell us staff had the knowledge and skills needed to provide an effective service. One relative said, "Staff have a very good understanding of [my relative's] needs and use techniques to encourage her to engage. When [my relative] came here she started walking and she hadn't done this for months." A second relative told us, "I feel positive about this service; they seem to be getting better and better, a really good team. [My relative] is settled and now he has the best team he has had in his life."

There continued to be a focus on delivering effective and relevant training to all staff. Our observations determined a 'whole team' approach continued to be a driving force in delivering a truly person-centred service. Staff told us the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. Staff were subject to a period of induction before being assessed as competent to work independently. Where necessary training was in keeping with the requirements of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care.

One member of staff told us, "I had a period of induction at the beginning and this included shadowing other staff, reading policies and procedures and looking at care plans." A second said, "I've done lots of different training such as positive behavioural support, breakaway techniques and safeguarding. I feel the training is very good and it's provided by different organisations like the local authority or through advice from speech and language therapists. You can discuss the effectiveness of training afterwards."

Staff continued to receive supervision in accordance with the supervision policy or more often if this was required, for example during the induction period. This was in addition to an annual appraisal. Staff we spoke with confirmed they continued to receive effective supervision. This meant staff were clear about the standards expected by the service and how the service expected them to carry out their role in providing effective care to people in their own homes.

Thorough holistic assessments were completed before people started using the service, and we saw detailed transition plans in place, which included transition timelines and records of best interest decisions, where necessary; we saw one person had been assisted to make a transition from one property to another over a period of five months, with initial short visits being made and gradually increasing over time until the person was familiar with and happy with their new home.

People's health needs also continued to be met by the service. Health action plans were in place which detailed the support people required to maintain their health. Each person was registered with a GP and other medical professionals were involved where required, for example speech and language team (SALT), psychologists and community learning disability team. Staff liaised with healthcare professionals to monitor

people's conditions and ensure people's health needs were being met. We saw any communication between professionals such as GP's or district nurses was documented to ensure staff supporting people knew of any changes or issues.

There remained a strong emphasis on the importance of people maintaining a healthy diet; people identified the food they wanted to eat each day and staff provided guidance about healthy food choices.

At the time of the inspection no person who used the service was at high risk of malnutrition or dehydration. However, if it was identified assistance was needed in this area, support workers recorded people's nutrition and hydration intake. Staff confirmed if a person had little appetite then they would inform their manager with a view to accessing the appropriate professional support if required.

We looked at the way the service managed consent and found that before any care and support was provided consent was obtained from the person who used the service and/or their representative; we were able to verify this by checking people's care files. At the time of the inspection the area manager told us a new consent form was being developed.

All the people using the service we spoke with and their relatives told us staff sought their consent before providing care, and we observed this happening during our visits to people's homes.

People's homes had been adapted to meet their individual needs, for example through the provision of overhead hoisting equipment and wide doorways to enable wheelchair access/egress.

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.

We checked whether the service was working within the principles of the MCA. We found the service had an up to date MCA policy and procedures in place and staff had all received training in this area. We saw that mental capacity assessments had been completed and best interest meetings held with the involvement of the relevant people including family members, where applicable and necessary.

Is the service caring?

Our findings

At our last inspection in November 2015 we rated this domain as Good. At this inspection the rating remained Good.

Without exception, people continued to tell us that staff were kind, caring and dedicated to their role. One relative told us, "Staff are very caring and look after [my relative] very well." A second told us, "[My relative] is supported by the same staff all the time and this is important to them. Staff are very caring people, it's things like they pick up on if [my relative] has a cold, and getting in touch with the GP."

People's relatives told us staff continued to promote [their relative's] independence. One relative told us, "Staff promote [my relative's] independence and now she is walking again." We asked staff how they aimed to promote people's independence. One staff member told us, "People (who use the service) should have the same quality of life as everyone else and we use 'total communication' with people." Total communication includes the use of aids such as signed, oral, auditory, written and visual aids, depending on the particular needs and abilities of the person being supported. This enabled people with different communication abilities to be involved in making decisions about their daily lives.

During our visits to individual homes, we saw interaction between staff and people who used the service continued to be caring and it was clear staff knew the people they supported very well. Interactions between staff and people were affectionate and sincere; people looked well-presented and well-groomed and wore clothes of their choice. We saw and heard people chatting and laughing with staff and each home environment we visited was calm, homely and clean.

People were supported to communicate what they wanted and some people used pictorial weekly planners to show what they would be doing.

Staff could describe how they maintained people's privacy and dignity when supporting them. We observed people could spend time on their own in their own safe space when they wanted to. People were supported to be involved in tasks wherever possible, such as cleaning and cooking, which helped to maintain their independence, and promote daily living skills.

We looked to see how the provider promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through good person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different groups received the help and support they needed to lead fulfilling lives, which met their individual needs. There was no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

People's confidential information was securely stored in a staff office at each home we visited. Access to the providers computer system was password controlled so computer records were only accessible to those with permission to do so.

Is the service responsive?

Our findings

At our last inspection in November 2015 we rated this domain as Good. At this inspection the rating remained Good.

People continued to tell us they believed the service was responsive to their needs and listened and acted upon any concerns they raised. One relative told us, "I think they are very good, the staff are brilliant and they know all about [my relative] and now how to handle his moods. They try to get him out and about and I've no complaints at the moment. We got information on how to complain. Staff swap about sometimes but they are doing a good job. The house is lovely and [my relative] is happy there; he goes to GP appointments and others and the staff always let me know about what happens all the time. When I phone they always answer quickly. I'm involved in care planning and go to annual meetings and we had an initial meeting to discuss needs."

People and their relatives told us they knew how to complain and had been given information about how to do so, which we saw was in pictorial, easy-read format. One relative told us, "We got a guide book at first and this had information on how to make a complaint; we had a small issue once but they sorted it with me, we discussed it and they did what I wanted them to do." A complaints policy was in place and any complaints or feedback received from people or their relatives had been looked into and responded to appropriately.

We saw staff continued to encourage people to access person centred activities around their individual hobbies and interests and people were empowered to make choices and to have as much independence as possible. The service actively encouraged people to maintain positive relationships and community links, for example one person had agreed to have an 'App' on their mobile phone that allowed the staff to identify their location, when accessing the community independently. We also saw people who were interested, had been enrolled on the electoral register in order to maintain their civil rights.

A relative told us, "[My relative] is always well dressed and well presented. His bedroom is immaculate. Staff help with going out and he likes going to the pub and we're trying new things all the time, it's always about what [my relative] wants to do; we use picture cards to communicate with him and he chooses what he wants. He gets out and about and he only does what he wants to do. I feel [my relative] is in control of his life as much as possible."

Each person had clear care plans in place that detailed the support they required, for example with personal hygiene, attending activities and how staff should try to re-assure people if they became anxious, including giving them time on their own if they wanted, or using distraction techniques and objects of reference. The care plans included guidance for staff on what they needed to do and how to respond in different scenarios depending on the mood and anxiety levels of the person they were supporting.

The service had introduced the sensitive subject of funeral plans for people who used the service and since the last inspection had worked closely with a local funeral service which had improved the product range available for people who used the service. This meant the service supported relatives as well as people who

used the service with their choices regarding the funeral service they wanted, for example one person's funeral plan we saw identified the music the person wanted to be played and their preferred place of rest.

The service was meeting the accessible information standard. All care plans included easy read symbols to assist the person to understand what they and the staff team would do. Easy read versions of the service user handbook and complaints policy were used. Each person had their own 'communication passport' and systems in place to help them communicate, understand and be involved in what they did each day. Each home had a total communication coordinator who had been trained to identify areas that could be improved and enhanced using symbols, objects and technology.

The service used assistive technology to enable people to be more independent, for example one person was able to open their own bedroom curtains, switch on a light and open their bedroom door to let staff in by using this technology. Electronic white boards which enable the individual to have an awareness of time, activity and planning, were also in place. The provider's quality development team had undertaken sensory profiles of people who used the service to enable staff to understand the communication needs of some of the people being supported, which included 'now and next boards', timelines and objects of reference. This enabled the development team to provide support workers with bespoke communication training to meet people's sensory needs.

Is the service well-led?

Our findings

At our last inspection in November 2015 we rated this domain as Good. At this inspection the rating remained Good.

A registered manager continued to be 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.

We found that regular reviews of care plans and risk assessments were undertaken. Regular supervision of staff was also undertaken; staff told us they valued these meetings and that informal support was always available each day in addition to formal scheduled meetings. One staff member told us, "I get regular supervision but support is always available through the 'on-call' system. I feel supervisions are very useful as they are a two-way discussion and we get notes of these meetings afterwards."

The service continued to undertake a range of comprehensive checks and audits to monitor the quality of service delivery. A robust quality assurance system was in place including spot checks of staff practice where they were observed supporting people. A range of audits were regularly completed. Incidents were logged and reviewed for any patterns. Medicines and people's monies were also audited.

The chief executive of the organisation contacted staff via a weekly 'blog' which included information about changes, news and developments and this was used as a form of encouragement and motivation to maintain high standards across the service. There was an employee board with 10 elected staff members from across the service which met regularly to discuss agenda items and liaise between the senior management and the overall workforce. The chief executive, non-executive directors and operational directors also frequently visited the service in order to keep in touch with front line staff, which was verified by the staff we spoke with.

We found the service had policies and procedures in place, which covered all aspects of service delivery including safeguarding, medication, whistleblowing, recruitment, complaints, equality and diversity, moving and handling and infection control. These policies were all up to date.

There was an up to date certificate of registration with CQC and insurance certificates on display as required. We saw the last CQC report was also displayed in the premises as required.

The service had a business continuity plan that was up to date and included details of the actions to be taken in the event of an unexpected event such as the loss of staff or office power failure.

The registered manager, and other managers, were very visible in the team and proactive throughout the inspection in demonstrating how the service operated and how they worked to drive improvements.

Feedback was obtained from people who used the service and their relatives at different times whilst people were receiving care and support, for example via annual surveys/questionnaires and as part of the process of regular reviews of care provision, which meant people who used the service were able to provide feedback at different stages of their 'care journey.'

Strong and visible leadership was demonstrated at Supported Tenancy Network. Our discussions throughout the inspection demonstrated that there was an open culture which empowered people to plan and be involved in the care provided at this service. This positive and inclusive management approach resulted in people receiving a tailored inclusive service which focused on them receiving individualised care.

Staff continued to enjoy working at the service and told us the registered manager was supportive and approachable and regular team meetings were held, providing staff with the opportunity to contribute their opinions and ideas. One staff member told us, "Team meetings are usually every month and if we can't attend we get the notes of the meeting afterwards so we know what was discussed. Staff contribute to the agenda which usually starts with taking about people who use the service." A second said, "I feel we work well as a team and have regular meetings; I love my job."

There was a clear ethos across the staff we spoke with about promoting people's skills and independence by supporting people to engage in community activities safely and to increase their independence, for example making their own drinks or meals or travelling by bus on their own. One relative told us, Staff are great and do their best to meet [my relative's] needs. The house is wonderful, it's a lovely home. Staff are more like friends to [my relative] and he is very fond of all the staff. They take him to the cinema and other places. No problems, never a nasty word; you can just tell staff are doing their best." A second said, "I go to meetings every year; [my relative] is happy going out and staff take her out regularly."

Feedback from families and professionals we spoke with and through surveys was seen to be positive. One relative told us, "I give them top marks in all departments; I can't fault them, they are very kind and [my relative] always looks well-groomed and happy and staff are his friends as well as workers and this is important to [my relative]. They are very good and [my relative] has got the best care as far as I'm concerned."

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.