Aspirations Care Limited

Aspirations Southeast 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?	Requires Improvement

Summary of findings

Overall summary

Aspirations Southeast Adults is a domiciliary care service providing 24-hour cover within supported living settings. The service supports people with learning disabilities, complex mental health problems, behavioural needs, physical disabilities and sensory impairments. At the time of the inspection there were 42 people being supported.

The service did not have a registered manager in post as the registered manager had left the service. An interim manager was supporting the service and plans were in place for one of the senior team to register as the manager.

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.

The provider's system of audits and checks was not picking up shortfalls in staff supervision and competencies.

Staff told us that they felt supported and they could talk to the managers at any time. Records showed that staff members had supervision meetings with their line manager in which they could raise any issues they had and where their performance was discussed, although these did not occur. on a regular basis.

Care records contained detailed and personalised information around people's care needs. This meant that staff had access to relevant and accurate information on how they should support people. It was not always clear if this information had been reviewed or whether people or their relatives had been involved in reviews.

Where staff were supporting people with complex behavioural needs risk assessments were in place, which provided staff with information around how to keep people safe. Risk assessments were reviewed regularly to ensure information remained up to date.

Staffing levels were consistent with the hours allocated to people by the local authority. Where the manager felt that people needed additional support they had referred to the local authority for a review. Accidents and incidents were monitored and appropriate action had been taken to ensure people's safety was maintained. These actions included referrals to health professionals and the local authority for support.

Recruitment processes were robust and helped to ensure that staff were suitable to work with vulnerable adults. New staff had completed an induction, which included a period of shadowing experienced members of staff, and completing training in core subjects such as moving and handling, safeguarding and the Mental Capacity Act 2005.

Staff were kind and caring towards people. They had a good knowledge of people's needs and how they liked to be supported. People's family members commented positively on the support their relatives received from staff.

The registered provider had a complaints policy in place. People's relatives told us that they would feel confident making a complaint if they needed to.

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.

Risk assessments, which were in place clearly outlined how staff were to support people safely.

The correct numbers of staff were in place to safely meet people's needs.

Staff knew how to identify and report safeguarding concerns. The registered provider had a whistleblowing policy in place which staff were aware of.

Is the service effective?

Good

The service was effective.

Staff offered people choice and control over their day-to-day care. Staff had received training in the Mental Capacity Act 2005 and understood their role and responsibilities in relation to this.

People were supported to access health and social care professionals to ensure their health and wellbeing was maintained.

Is the service caring?

Good

The service was caring.

Good relationships had developed between people and staff and staff had a good knowledge of people's support needs.

Staff treated people with dignity and respect. Family members spoke positively about staff interactions with their relatives.

People were supported to communicate effectively.

Is the service responsive?

Good

The service was responsive.

People were protected from the risk of social isolation. Staff

supported people to access the community and to engage in activities of their choosing.

Staff knew how to put their learning into practice in order to support people and were responsive to their changing needs.

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

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The home did not have a registered manager in post however the provider had plans in place to address this.

Regular checks on the quality of the service had not identified shortfalls in supervision and competency checks.

People were supported and cared for by staff who felt supported by approachable managers.

Aspirations Southeast 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 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 between the 29 November and 5 December 2016. This inspection was announced. The registered provider was given 24 hours' notice because we needed to be sure that someone would be at the office to support with the inspection.

Two adult social care inspectors carried out the inspection. During our inspection, we visited the office and we also visited people in one of the supportive living houses. We observed how the staff interacted with people and spent time observing the support and care provided to help us understand their experiences of living in the service.

During the inspection, we visited three people in their own homes and observed the support they received from staff. We spoke with four people that use the service, three family members, and ten members of staff. We also spoke to Head of Quality for Aspirations and the office manager. We looked at care records for six people, recruitment records for eight members of staff and other records pertaining to the management of the service.

Good

Is the service safe?

Our findings

People and relatives we spoke with told us they felt safe with the care and support provided by the service. People told us that they felt safe because of the good relationships they had with staff. One person told us "I feel safe, they always lock my patio". A relative told us, "They keep them safe, when they take them out and when they work."

Staff understood safeguarding and their role in following up any concerns about people being at risk of harm. Staff were able to describe what they would do if they thought someone was at risk of abuse and how they would raise any concerns. One member of staff said, "We have a whistle blowing hotline, which is written everywhere." Another member of staff said. "I would report it to senior or above. I would look for changes in mood, tearfulness, and any bruising marks or self-neglect. The service had an independent whistle blowing process called 'safe call' where anyone can raise a concern if required.

Most people who used the service were provided with 1:1 support during the daytime to ensure their needs were met safely. On the day of inspection, we observed this in practice. Staff told us there were enough staff available to meet people's needs. If staff were on annual leave or off sick the service would ring round to try to find regular staff to cover. If this was not possible then they would request agency staff who were familiar with the service and that knew the needs of the people that lived in the service One relative told us, "Staff is better now than it was, there is 1:1 during day, there were a few problems but it is now much better."

A staff member told us, "Things happen and staff call in sick but they [the service] always try to get cover as soon as possible so we are not left short." Another staff member told us, "Yes there is enough staff, I have worked in a lot of care homes but this is much better as we get time with people."

We saw that medicines were stored and administered safely by staff who had received training during their induction which was updated yearly. Medicines were stored in people's rooms in locked cupboards. People had medicine administration records (MAR) which showed that they received their medicines as prescribed. Staff told us that two members of staff gave out medicines and both signed the MAR sheet as an added safety measure.
One member of staff told us that if they saw a gap on a person's MAR then they would ring the office to report it. We were also informed that senior workers visited weekly to complete an audit of the MAR sheets to check whether people received their medicines safely and that staff were competent to administer them.

We saw written reports of these weekly visits during which a senior member of staff would carry out a weekly check not only of medicine management but also to look at the home environment, hygiene and infection control practices to ensure people's safety and wellbeing was maintained.
We found that people did not have protocols in place for PRN (as needed) medicines. Protocols provide guidance to staff on when and how much medicine to give to people in any given situation. However, staff told us that they would use the 'on-call' system to ring senior members of staff for guidance before giving PRN. On the day of inspection, we observed this in practice with regard to administering pain relief to a person to ensure their safety so staff received guidance in this area. The management team advised us that

a senior member of staff visited each property where people were supported on a weekly basis.

The service kept a record of all accidents and incidents. We saw that these were logged and investigated appropriately with measures put in place to mitigate future risk. Where the incidents were regarding people's behaviours that posed a risk to themselves or others, the service put behaviour charts in place to monitor people's behaviour over a period of time. The information obtained was reviewed by senior members of staff and shared with relevant people to assess whether additional safety measures were required to be put in place to keep people and staff safe. For example, through arranging appointments with a hospital consultant to request reviews of people's medicines.

Risk assessments were included as part of the care plan. They were reviewed regularly and records we looked at were all up to date. Risk assessments included areas such as communication, accessing and volunteering in the community, healthy eating, behaviours that might pose a risk and people's finances. These were regularly reviewed and updated if there were any changes. One risk assessment we looked at detailed how a person could safely volunteer in a local charity shop, this included guidance for staff to keep the person safe. Where someone was at risk of becoming distressed and anxious the triggers for this and physical signs of this occurring were documented and the subsequent action recorded. A staff member told us that all external activities are risk assessed they told us, "If a person wants to go swimming, the manager will come and risk assess this activity to ensure that it is safe for the person to go."

People were supported to keep their money safe which was kept in a locked tin in a locked safe. People had cash record books which logged their money booked in and taken out. Staff checked the cash records daily to make sure the amounts recorded were accurate and copies of receipts were kept as evidence of what had been spent.

Systems and processes were in place for the safe recruitment of suitable staff. Checks on the recruitment files for eight members of staff showed that they had completed an application form, provided a full employment history and photographic proof of identity. References had been taken up however there was no written evidence that these had been verified. The management team advised that this was completed via telephone but not recorded. The provider had also undertaken a Disclosure and Barring Service (DBS) check on all staff before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use health and social care services.

Good

Is the service effective?

Our findings

Relatives we spoke with told us that they thought staff were well trained and had the skills needed to provided care and support to their family members. One relative told us, "They are much better trained than previous companies, I have peace of mind and we can discuss everything." Another relative told us, "Yes, some are very experienced, some of the newer staff not so, there has been a lot of new staff shadowing, I sometimes think they could do with more shadowing."

The service provided a face-to-face classroom based induction for new staff based upon the Care Certificate. - This sets out national minimum standards on what is needed to be a carer providing workers with a good foundation from which they can develop their knowledge and skills. Staff were required to complete a learner workbook covering each module with marked assessments to assess their level of understanding. In addition, new staff spent time shadowing experienced team members and were observed in practice to ensure they had acquired not only the theoretical knowledge but also the practical skills required to support people effectively. Staff told us they felt they received sufficient training to feel competent in their role

Staff told us that they only supported people that they had shadowed to ensure that they knew them and that the person felt comfortable with them. However, whilst staff were assigned to support particular people, they said that they worked together as a team and would support each other as the situation required. For example, one staff member said, "If a person doesn't want us to help them with a particular task, another member of staff can jump to help, if that is what the person wants."

A training plan was in place to monitor staff training and ensure that all mandatory training was up to date. We reviewed the training records of eight staff and saw that their training was up to date. In addition to the mandatory training, the service provided additional specialist training which was relevant to the people that staff supported. For example, training in positive behaviour management and understanding mental health. Staff told us that following on from induction they were encouraged to develop their skills and were supported by the management team to take more advanced qualifications in health and social care if they chose to.

Staff told us they were always learning and learnt on the job from the people they supported. One staff member told us, "[Person] is teaching me Makaton." This meant that the person was supported by workers who were keen to learn for the benefit of the people they supported. Makaton is a method of communication using signs and symbols and is often used as a means of communication for those with learning disabilities.

The service had a supervision policy, which stipulated that staff were to have supervision every three months. However, in practice we saw that this was not the case. We reviewed the company's' supervision matrix which was used to monitor which staff had received their regular formal supervision. The records showed that staff did not always receive this consistently. We looked at eight staff records and found that none of these staff had received supervision every three months in accordance with the policy with seven out of eight only having received one formal supervision in 2016. However, all of staff we reviewed had

received an annual appraisal. This provided staff with a formal opportunity to discuss their job role and identify training needs and any future goals.

The service told us that they held staff meetings as a way of providing additional support to staff and aimed to have a meeting every three months or sooner if the need arose. However, records of minutes of meetings showed that these were also inconsistent with most units that staff worked on having only one staff meeting in 2016. Despite the inconsistency in records, staff, we spoke to told us that they had regular supervision meetings and felt supported by the senior team. The managers also supported them informally and they said that they could always contact senior staff if they needed support. Staff told us that senior staff regularly worked alongside them to provide care to people who use the service and they used these opportunities to assess staff's competence. Although this was not recorded.

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. The service would consult with social workers when a mental capacity assessment was required and did not carry these out themselves.

Staff we spoke with had a good understanding of the MCA and understood the context of the legislation and had knowledge of how this was applied to ensure decisions made for people without capacity were only made where this was in their best interests. A member of staff said, "I offer them every opportunity to make decisions which we offer and record. If there were any decisions people struggled with we would speak to relatives or community nurses." The people we spoke with said that staff always asked permission before providing any care or support and we observed staff asking for consent from people in their daily practice.

People's nutritional needs were assessed and people chose what they wanted to eat with guidance from staff where needed. There were suitable arrangements in place to ensure people had sufficient food and drink to meet their needs. People said they were given the choice about what they would like to eat and the level of support they wanted to shop for food and prepare meals and drinks. Where people were identified as being at particular risk, their levels of nutrition and hydration were monitored and the information shared with the appropriate health professionals. For example, one person had a weight loss chart to monitor their weight after a hospital admission based on advice from a dietician.

People received support to obtain services they needed in relation to their health and care from a range of healthcare professionals including speech and language therapists, psychologists and occupational therapists. Care files seen confirmed visits to and from General Practitioners and other healthcare professionals and had been recorded. People had annual health checks that staff supported people to attend. A staff member told us, "GP's, community nurses, speech and language are seen regularly."

Staff used a variety of methods to communicate to each other to ensure that people were supported effectively. For example, a communication book was used to let staff know when people had health appointments or were going out to do activities. Staff did a hand-over at each shift change to ensure they had the most up to date information about people.

Good

Is the service caring?

Our findings

People told us the staff were kind and caring. One person told us, "They're really nice people (the support workers) If I get stuck with anything they always help me." Another person told us, "They look after me, I get on well with carers." A relative told us, "They are all caring, with different levels of abilities." Another relative told us, "[Named] is really happy, we take them out but they cannot wait to get to get home. I am reassured that they really want to get back to the staff and other residents."

On the day of inspection we found there was a happy and relaxed atmosphere in one of the supported housing services we visited, with people talking to each other and smiling. One person told us, "The best thing about living here is getting on with everyone." We observed two members of staff working with three people who used the service. We saw that their interactions were warm and affectionate. The staff spoke to people kindly and courteously and used gentle humour to engage with them.

Independence was promoted in a number of ways for example, through staff working with people to develop their daily living skills. We saw an entry in one person's daily notes which stated, "[Person] has been helping around the house with the daily cleaning. A person told us, "I don't cook, the staff do it for me but I help tidy and I do the washing up." They told us that they kept their flat neat and tidy with support from staff to manage aspects such as their laundry and shopping for food. We looked at people's daily notes which were written sensitively and gave a clear picture of what the person had been doing and how they were feeling. For example, one entry by a worker stated, "[Person] was happy they were singing whilst I was driving."

People told us they were offered choices about what they did and how their care was provided. This was done on a daily basis and was part of the way support was provided and was about the relationships that had been built between staff members and people. A staff member told us of how they used Makaton or flash cards to communicate.

Staff spoke about their roles with commitment and enthusiasm. Some staff members had been in post for a long period of time and attributed this to the enjoyment of their jobs. One staff member said, "I know my clients inside and out." Another staff member said, "I like making a difference.".

People told us that privacy and dignity were respected. One person told us, "They knock on my door." Relatives also told us that staff treated their family members with dignity and respect. One relative said, "The staff are very nice and very respectful, they understand how vulnerable people are." Another relative said, "The staff are very respectful."

Staff told us about the ways they respected people's privacy and dignity and gave examples of how they did this in relation to personal care. One staff member told us, that they "Remind [the person] to shut their bedroom door when they're getting changed."

People who used the service had access to advocacy services if required; staff told us that one person had

just purchased their own home with the support of an independent advocate. Advocacy services help vulnerable people access information and services and to be involved in decisions about their lives.

Good

Is the service responsive?

Our findings

People had been assessed prior to them using the service and this information had been used to develop their care plans so that they received appropriate care and support. A relative told us, "They carried on from a previous provider and the change went well."

Each person had care records in place that were written in a very person-centred way. They provided staff with a range of information about the person, their needs and any risks that they may be exposed to in their daily lives. There was information about how to communicate effectively with each individual, what certain behaviours they displayed may mean, what is important to them, how they like to spend their time, day and night time routines, foods they liked and disliked and how they liked to make decisions, amongst other things. Risk assessments, and steps that needed to be taken to mitigate risks, were clearly documented in order for staff to support the person effectively.

People told us that staff made the necessary changes to their care plans when their needs changed. A member of staff said, "Care files are very detailed, we put any changes forward and this is changed by the managers, they are detailed and contain guidance information." Not all care files viewed were clear about how frequently reviews were held or who was involved. Although relatives told us they were included when care plans were reviewed this was not always recorded to evidence that a review had taken place. One relative told us, "I talk to people in charge regularly; they do review the care and keep me up to date with everything."

The care people received was person-centred. Depending on their needs, some people had structured routines in place that they were familiar and comfortable with. Other people had no set routines about what they did with their time and staff supported them to set and achieve goals each day, as they wished. People told us about things they liked doing and told us they had made these choices themselves. Staff told us this was the way the service operated, because it was a supported living service where staff supported people to live their lives, in the way they wanted to.

Staff knew the people they were supporting and could describe things that were important to the person and how best to support them and manage any difficulties they experienced at home or when out and about. During our inspection, we saw a person become agitated so a worker got their guitar and played to the person to calm them.

People were supported to pursue their interests and hobbies as well as education and social opportunities. A person told us, "I've got enough to do, I'm not bored." Another person told us, "I go out every day, shopping and to the dog trust." People told us how staff supported them to attend college, visit the park and go swimming. Care records detailed what people enjoyed doing and what support people needed in order to access activities. - The daily notes showed that people had active lives with opportunities to get out and about doing a variety of activities such as shopping, visiting restaurants, attending clubs and accessing the community. One staff member told us the person they were supporting was told they would never get a job but the staff member was determined they would. They told us, "We did some research, we went to visit lots

of places and visited a lot of zoos, I attended interviews with them and they now have a job working with animals."

The provider has systems in place to respond to complaints and provided easy read formats .Staff told us that they would support people if they needed to make a complaint, one staff member told us, "We would help them or the families to go to the manager." One relative told us, "I had a problem, just one in three years, it was sorted straight away, they responded very well." Another relative told us, "I have no complaints at all."

Requires Improvement

Is the service well-led?

Our findings

The service had not had a registered manager in post since the previous manager had left in April 2016. However, the Head of Service was currently providing support in the interim period until one of the senior managers puts in an application to register, although this had not happened yet. The Head of Service manager was not present on the day of the inspection so the manager who will be registering assisted us with the inspection. The provider's Head of Quality also provided information to us on the day of inspection.

The registered provider had completed an annual satisfaction survey since 2013. The provider had sent out questionnaires to people that use the service and staff in 2016 but these had only been sent recently so no analysis had been undertaken. The Head of Quality was able to show us examples of the surveys sent out to people who use the service and staff. An easy read format was sent to people who required this.

The Head of Quality demonstrated that the manager completed a monthly report which highlights open safeguarding, concerns and complaints, accidents and incidents and health and safety checks. This part of their quality assurance process was comprehensive and included quality meetings and health and safety meetings. However, the system of audits and checks was not picking up shortfalls in staff supervision and care reviews. As a result, some deficiencies were not noted and action taken. For example, it was noted that staff had not received supervision in accordance with the provider's supervision policy.

Staff told us that team leaders were visible in the service and observed them providing people's support and any issues were addressed immediately. These checks were not recorded and plans were not in place to make sure they were completed on all staff regularly. These audits and checks are needed to ensure that the required records are well maintained, procedures are followed and the service is well run.

The service had a mission statement and a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as complaints, infection control and safeguarding and whistleblowing. Staff we spoke with were knowledgeable regarding these procedures and the company's mission statement.

The manager had a good knowledge of the service and staff spoke positively about them, telling us that they were very approachable and supportive. One staff member told us, "We can approach the manager at any time." Another member of staff said, "Managers are great, we all want the same things."

Staff told us they enjoyed working at the service. One staff member said, "We work really well as part of a team, we all support each other." Another staff member told us, "I am really happy in my job." A third told us, "I love the team work, we all cheer people up, and we are a good a team."

Family members did not always know who the manager was, however they did know the most senior members of staff in charge of their relative's care. Family members commented positively on the leadership within the service, telling us there was effective communication between themselves and the service. One relative told us, "I was recommended to this company and I think they are very good, I would recommend

them." Another relative told us, "I would rate them between good and excellent."

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 interim manager had informed CQC of significant events.