

Aspire Living Limited

# Aspire Support

## Inspection report

Aspire Community Hub  
Canal Road  
Hereford  
Herefordshire  
HR1 2EA

Tel: 01432266881

Website: [www.aspirehereford.org.uk](http://www.aspirehereford.org.uk)

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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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Aspire Support is a service providing personal care to people in their own homes, some of which were supported living services. The service supports people with all types of needs. At the time of inspection 35 people were supported.

The majority of people supported by Aspire support were living in a supported living type service where there was an office and staff available 24 hours a day. Other people using this service were supported with arranged visits in their own home. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

People and their relatives were positive about the service and the care provided. There was a real culture of inclusion from the top down. People were visited by quality assurance assessors with lived experience to check the quality of their service. Also, the service quality director had lived experience and championed people's voice throughout the service. People benefited from the new initiatives and ideas to improve opportunities for social interactions to ensure social inclusion. Staff were passionate about providing care in a very personalised way and worked with the management team to facilitate this. There was a culture of openness that was reflected in all aspects of the service where people and staff had a voice. Suggestions and ideas were acted upon from people, families and staff. Staff were responsive to people's individual needs and wishes and went above and beyond to support people. People's well-being and independence had improved with the support of staff.

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. Skilled, knowledgeable staff were available to meet people's needs. When people needed support with their medicines systems were in place for the safe management of medicines. Incidents and accidents were investigated, and actions were taken to prevent recurrence. Staff followed infection control and prevention procedures.

People's needs were assessed, and care was planned and delivered to meet legislation and good practice guidance. Care was delivered by staff who were well trained and knowledgeable about people's needs and wishes. People were supported to have maximum choice and control of their lives and staff supported them

in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were cared for by staff who were kind and compassionate. People were supported by staff who were warm and considerate towards them. People and their relatives felt involved and supported in decision making. People's privacy was respected, and their dignity maintained.

People's concerns were listened to and action was taken to improve the service as a result. The management team were open, approachable and focussed on providing person centred care. The management team and staff engaged well with other organisations and had developed positive relationships. The management team worked on promoting strong community links to ensure people could access the support they needed.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published December 2016)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Aspire Support

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection consisted of one inspector.

#### Service and service type

This service is a domiciliary care agency and supported living service. It provides personal care to people living in their own houses and flats and specialist housing. Where people received support in supported living settings, people's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had three managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. Each registered manager covered a different geographical area, and there was a fourth registered manager in the process of being recruited.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us and that the provider and registered managers would be in the office to support the inspection.

Inspection activity started on 16 July 2019 and ended on 24 July 2019. We visited the office location on 18 July 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and four relatives about their experience of the care provided. We spoke with 21 members of staff including the Chief Executive, Service Quality Director, operation manager, three registered managers, three team leaders, senior care workers, care workers.

We reviewed a range of records. This included five people's care records and medication records. A variety of records relating to the management and quality monitoring of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding about protecting people from abuse. They had up to date training and understood who to report concerns to. Staff were confident to take appropriate action. We saw examples where incidents had been reported and these were actioned appropriately.
- The registered manager had procedures in place to ensure they met their responsibilities to report any concerns.

Assessing risk, safety monitoring and management

- People said they felt safe with staff and they were happy with their support. Relatives said they were confident their family members were safe and risks were well managed.
- Risk assessments were up to date and gave clear guidance to staff and were reviewed when required. Staff had a good understanding of people's risks and knew how to help them remain safe. For example, one member of staff explained how they could identify the slightest change in a person's behaviour and put strategies in place to help the person stay safe.

Staffing and recruitment

- People were always supported by staff they knew, and they had confidence in. One person said about staff, "I always feel safe." Relatives told us their family members had a good rapport with staff.
- Relatives told us new staff were introduced over time to develop a positive relationship with their family member, and the management team kept consistent staff where possible.
- Staff we spoke with told us they had provided references and there were checks in place to ensure they were suitable to be employed at the service. The management team were completing safe recruitment practices.

Using medicines safely

- Where possible people managed their own medicines with minimal support from staff. When people did need support there were procedures in place to provide this safely.
- When staff administered medicines, they followed appropriate guidance and used an effective system to ensure people had their medicines as prescribed. Staff were trained and had competency checks to ensure they followed safe practice. Medication records were checked regularly by the management team and errors found were actioned straight away.

Preventing and controlling infection

- Relatives said they were confident staff always followed safe practice when supporting their family members.
- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements. Staff told us they always wore appropriate gloves and aprons when they should do.

#### Learning lessons when things go wrong

- When there were accidents and incidents these were reviewed by the management team to look at trends and any learning from the incident. For example, medication errors were reviewed across all the areas for lessons learnt and to share best practice.
- Staff knew how to report accidents and incidents and told us they knew any changes to peoples care and support as a result. Learning points from CQC guidance were shared with staff to improve their understanding of serious incidents. For example, information on the learning from safety incidents involving choking.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The management team had assessed, and documented people's needs and preferences in relation to their care and planned their support based on this.
- People were introduced in a planned way where possible to allow each person to adjust to their new home and support.
- People's outcomes were good. For example, one relative told us how their family member had become much more independent and happier since they had moved into their supported living service.
- We saw tools and information on best practice guidance was available for staff.

Staff support: induction, training, skills and experience

- Staff told us they had completed training as part of their induction, then had regular refreshers. They said they met the people who they were supporting as part of their induction with experienced staff, who shared best practice knowledge. This enabled them to get to know people before they provided their support. We saw there were check lists for new starters that were specific to each home to ensure staff had the knowledge they needed. They were well supported and had all the information to support people well. They also said there were regular competency checks so they were reassured they were providing effective care.
- All new staff attended a meeting with the chief executive and the service quality director that inducted them into the culture and the values of the service.
- We saw ongoing training updates were arranged for staff, and specific training was arranged to fit specific people's needs to ensure staff understood and had the skills to meet people's needs. For example, one registered manager had arranged training about obsessive compulsive disorder to support staff to understand one person's needs.
- They were encouraged to further develop their knowledge and skills through vocational training.

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

- The support offered to people varied dependant on people's individual needs. People were promoted to be as independent as possible in meal planning, shopping and meal preparation.
- People staff supported them and promoted their independence and a healthy diet.
- Staff were knowledgeable about how to meet people's nutritional needs. For example, staff understood any risks for people eating and prepared food safely.

Supporting people to live healthier lives, access healthcare services and support: Staff working with other

agencies to provide consistent, effective, timely care

- People and their families were confident staff supported them to access healthcare services when needed.
- Staff worked with people to attend health appointments. Staff understood people's health needs and gave us examples of involvement with the person's doctor, consultant or community nurses, so people would enjoy the best health outcomes possible.
- We saw appropriate professionals were involved in setting up plans to ensure people were supported safely and as independent as possible.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Relatives told us staff listened to their family member and checked they were happy with what they were doing. People felt staff respected their wishes and listened to them.
- Staff had a good understanding of the Mental Capacity Act principles and practiced least restrictive support.
- The registered manager had systems in place to ensure they complied with the principles of the MCA. However, across the staff teams MCA paper work was not always completed consistently and best interest decisions recorded in different ways. The registered managers had identified this and were working on consolidating their practice.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said staff were kind to them. We saw positive interactions between staff and people they supported. People were confident and relaxed in their interactions with staff.
- Relatives told us staff were really caring about their family member. One relative said, "They [staff]] have made such a difference to our lives, we know [family member] is so happy and living a normal life that we never believed possible."
- Staff demonstrated sensitivity and consideration about issues around equality, diversity and human rights when discussing people they supported. They were passionate about ensuring the people they supported had a voice when they needed it. We saw and heard many good news stories were staff had taken action to support people using this service. For example, two people needed more suitable accommodation and staff intervened and worked with housing associations to ensure they improved the people's choices and to ensure they had the accommodation they needed. Staff told us what a difference this home made to these people in their well-being and life styles.

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

- People we spoke with were clear they made decisions about their day to day support. Relatives explained how staff always involved their family member in decisions about what they wanted to do, what support they needed and how this could be achieved.
- People and their families were regularly asked for feedback to ensure they were happy with the support staff provided. We saw results from satisfaction surveys were shared with people and their families and action taken to make improvements. Quality assessors and the service quality director regularly visited people to ensure their voices were heard.
- Relatives we spoke with told us they felt involved in how their family member was supported and were kept included and updated by staff and the management team.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity and supported them to be as independent as possible. One relative told us they how their family member had changed since living at the service, how their independence had improved. They were impressed with all the choices that were available for them now.
- Staff were respectful of people's needs. All the staff we spoke with were passionate about the people they supported and spoke of respecting their wishes and constantly encouraging people to live full lives.

- People were promoted to be as independent as possible and involved in working towards goals they wished to achieve.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- There was a culture of social inclusion throughout the service and embraced by the management team. The service quality director who worked alongside the CEO, had lived with experience of Autism. The Chief Executive Officer said, "We are very proud of his role in Aspire and the value that having someone with lived experience in our Executive team brings." The service quality director explained that their experience impacted on how the service quality assurance was completed.

For example, they visited all the people who used the service to speak with them and check the quality of the support received. This meant people were listened to by someone who had lived experience who then shared the information gathered to ensure services were tailored to each person's individual needs.

- The Service Quality Director commissioned peer quality checks from The Quality Company, who regularly visited every person who received a service to gather their feedback and ensure any changes needed were made. The Quality Company were separate to Aspire Support and they provided lived experience assessors to gather feedback and drive up standards. The impact of this was that the people checking the quality of the care could relate with people using the service and really understand their perspective.

- People using the service were also involved in recruitment either formally or informally through interview panels or meet and great, to provide a voice during this process.

- The management team also had innovative ideas to support people to reduce social isolation. For example, in one area we saw there were regular lunch meetings for people living in different houses to get together and form friendships and build relationships with people they had common interests with. Staff facilitated this for those who wished to participate, and we heard people really enjoyed the get together, and stayed in contact with the people they got to know. This improved people's feeling of inclusion. One person told us how their life had improved since they had been involved with the service, and they needed much less support now.

- Another example in a different area where the registered manager arranged gatherings for people who used Aspire support and other people in the community to attend regular events that staff ran in their own time. These were regular and established and we saw positive feedback about the friendships created and the enjoyment of the events.

- People told us they were supported to achieve goals to improve their well-being and life style. One person told us how they had been supported by staff into paid work and how this had improved their confidence, life skills and well-being. Staff explained how this person had struggled to maintain interest and motivation, and what a huge difference had been achieved by staff determination to find the right fit for this person. We

saw this person was really proud of their achievement and enjoyed all the aspects of their paid work.

- Company membership is about to be launched and people, their families and staff have been appointed company members. Company membership gives people supported, their family and staff the opportunity to have their say at AGMs and Board meetings through an elected Independent Director who joins Board meetings to ensure staff and the people they supported had a voice when decisions were made about the service development. The staff forum is a sub-committee of the board and chaired by a Trustee. Team representatives ensure that all staff have a voice in issues that affect the workforce and the organisation's development. People and staff had a consistent voice about how the service was managed. For example, including people who use services in the recruitment of their staff, and people with lived experience being involved in all the aspects of quality assurance.
- All the relatives we spoke with said their family member was constantly busy doing things they enjoyed. They had access to the community and staff constantly worked with people and their families to work towards people living full, interesting lives.
- There were many good news stories shared with us about making a difference to people's well-being through the support they received. For example, one person now has a dog and this has made a huge difference to everything in their lives, they are happier, more involved and motivated and more independence and confidence across their life.
- Relatives told us and we saw many examples where people were supported to spend regular contact with their families. Relatives told us staff would support them to achieve regular contact with their family member and ensure this maintained to improve people and their family's well-being.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Information had been gathered from people and their families to build a detailed picture about each person's support needs, preferences and history. The management team explained that they were working with staff to ensure they had a consistent approach across the different geographical areas that had recently joined together.
- Records contained detailed information for staff on how best to support people with all aspects of their life. Promoting people's independence was risk assessed to provide appropriate support. They also included detailed information about their health needs and the care people required to manage their long-term health conditions. Staff told us they were able to provide personalised support tailored to the needs and wishes of each person.
- Staff had an excellent knowledge about people they supported. They got to know them over time and the shared information from experienced staff. Many of the staff we met had been working with the same people for at least ten years and really understood them well. People and their relatives said staff were regular and knew both the person and their family well.
- People and their families told us support was adapted to meet people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew how to communicate with people to understand their wishes. When people were less able to communicate verbally, staff found different ways to ensure they understood their needs. For example, understanding bespoke signs that were personal for one person who didn't speak.
- The management team were aware of the accessible communication standards and ensured people had access to their information. For example, they had information in different formats when it was needed. We

saw this was adapted to ensure it was appropriate to the person. Relatives told us they had access to information they needed relating to the service they received.

#### Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns if they needed to. Relatives told us they had not needed to make any complaints but were confident they could speak with the management team if they needed to.
- The management team had a complaint policy and reviewed their complaints to ensure they acted on concerns raised appropriately.

#### End of life care and support

- Staff told us they supported people with end of life care when this was needed. They were knowledgeable about how to respect people's needs and wishes.
- The management team explained they had involved other agencies to support people who remained in their own homes at the end of their life. For example, one member of staff shared when they had supported one person recently at the end of their life. Other professionals were involved, and additional staffing arranged so the person could return home and be where they wanted to be. Family and staff supported this person in the comfort of their own home. Staff were supported afterwards by the management team.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and relatives said the management team knew them well and treated them as individuals. One relative said, "The whole service is brilliant, staff listen, and care and they come up with brilliant ideas to make such a difference."
- The management team completed a range of quality audits on a regular basis and we saw actions were identified and addressed to bring about improvements.
- Relatives we spoke with said they were contacted when there were any concerns about their family member and felt welcome and involved with the support from staff. One relative said about the service, "I am always involved, if anything happens I know no matter what. It is such a confidence booster from the beginning."
- All the staff we spoke with were passionate about the people they supported and championed their rights and wishes. We saw examples where staff advocated for people to improve their well-being, such as with housing issues to improve where people lived.
- All the staff we spoke with said there was an open and positive culture, led by the management team. One staff member said about the management team, "We have a voice and are listened to." Another staff member told us right from when they started any suggestions they made were listened to and considered and implemented when appropriate.
- The management team were open and honest. When improvements were needed these were investigated and shared with people and their families, and staff.

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

- People and their relatives gave positive feedback about the care they received. One relative said, "I couldn't ask for more, they are the best."
- The service was led by a supportive management team. Staff were clear about their responsibilities and the leadership structure.
- The management team were clear about their responsibilities for reporting to the Care Quality Commission [CQC] and the regulatory requirements. Risks were clearly identified and escalated where necessary.



- Staff were confident they could speak with the other managers if they wanted to escalate concerns.
- The management team constantly reviewed their practice to ensure they were up to date and following best practice guidance.
- Staff were encouraged to become champions in areas they were interested in, for example, the "Whoosh" initiative which was about keeping people hydrated. Staff were leading in sharing good practice and reminding staff how important this was for people using their services.

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

- The management team used many different ways to ensure staff and people who used the service had a voice and were engaged and involved with service development. For example, through the development of the company membership staff and people would have representatives included in the board meetings to share their voice and bring back information to share in more widely.
- The provider used different systems to seek feedback to ensure people's voice was heard. People and their relatives were encouraged to contribute their views through regular questionnaires which were shared and acted on. There were regular quality assurance visits with an independent company of lived with experience assessors who feedback people's voice and improvement ideas. Also, the service quality director regularly met with people to establish improvements and new ideas.
- The provider included staff through their use of the staff forum, and the health and safety committee which included staff representatives to share best practice. Staff told us they were encouraged to share ideas and concerns to help improve the quality of care. All the staff we spoke with said they felt valued, listened to and able to make suggestions and share ideas.

Continuous learning and improving care

- The provider constantly shared best practice ideas and examples of accidents and incidents to improve staff awareness and skills.
- The provider had identified new training to support staff to improve communication and identifying people's needs. The registered managers had attended and were in the process of rolling this out to staff. They said this training had informed their practice and they were looking at new ideas as a result.
- The management team regularly audited all aspects of their care delivery to constantly keep the support provided under review.
- Accidents and incidents were reviewed, and learning used to inform future plans.

Working in partnership with others

- National initiatives such as "Stop Overmedicating People [STOMP]" were actioned and followed through to all areas of the service. We saw examples where medicines usage had decreased with professional input and positive risk management.
- The registered managers had established good links in the community to support them to provide quality care.
- We saw examples such as the "People Out Doing Stuff, [PODS]" initiative lead by on registered manager to include people who used their service and people living in the community. Other registered manager had strong links to the community to establish effective opportunities for people they supported.