

Aspirations Care Limited

Aspirations (Northampton)

Inspection report

Northampton Business Centre
Lower Harding Street
Northampton
Northamptonshire
NN1 2JL

Tel: 01604635437

Website: www.aspirationscare.com

Date of inspection visit:

03 April 2018

04 April 2018

Date of publication:

09 May 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 3 and 4 April 2018 and was un-announced.

We carried out an un-announced comprehensive inspection of this service in August 2017. After that inspection we received concerns in relation to an incident following which a person using the service died. We also received some other concerns from the local authority. As a result, we carried out a comprehensive inspection to look in to those concerns.

Aspirations (Northampton) provides care and support to people with learning disabilities living in 'supported living' settings, so that they can live in their own home as independently as possible. 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. At the time of inspection, 35 people were using the service.

The care 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.

A registered manager was in post, but was not available on the day of our inspection. 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, and staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. People had risk assessments in place to cover any risks that were present within their lives, but also enable them to be as independent as possible. All the staff we spoke with were confident that any concerns they raised would be followed up appropriately by their manager.

Staffing levels were adequate to meet people's current needs.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. References and security checks completed as required.

Staff attended induction training where they completed mandatory training courses and were able to shadow more experienced staff giving care. All new staff were taking part in the Care Certificate which teaches the fundamental standards within care. On-going training was offered to staff and mandatory areas of training were kept up to date.

Staff supported people with the administration of medicines, and were trained to do so.

Staff were trained in infection control, and told us they had the appropriate personal protective equipment to perform their roles safely. We saw that staff had reported any concerns they had around infection control within people's homes to management, who had then acted appropriately.

Staff were well supported by the manager and senior team, and had one to one meet ups, spot checks and observations.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

People were able to choose the food and drink they wanted and staff supported people with this, and people could be supported to access health appointments when necessary.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. People told us they were happy with the way that staff spoke to them, and provided their care in a respectful and dignified manner.

People were involved in their own care planning and were able to contribute to the way in which they were supported. Care planning was personalised and mentioned people's likes and dislikes, so that staff understood their needs fully. People told us they felt in control of their care and were listened to by staff.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required. The people we spoke with knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed.

The service worked in partnership with other agencies to ensure quality of care across all levels. Communication was open and honest, and improvements were highlighted and worked upon as required.

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 remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

Aspirations (Northampton)

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.

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident.

However, the information shared with CQC about the incident indicated potential concerns about the risks around the management of staff, the activities that staff carried out with people, and appropriate guidelines and risk assessments for staff to follow. This inspection examined those risks. We also looked in to the concerns raised by the local authority, and discussed with the management how they were addressing these concerns.

This inspection took place on 3 and 4 April 2018 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, we reviewed information that we held about the service such as notifications. These detail events which happened at the service that the provider is required to tell us about. We also contacted the Local Authority and the local police force, for any information they held on the service.

We went out to visit and speak with two people who were using the service. We also spoke with three relatives of people that used the service, three support workers, the branch manager, the training manager, and an area manager. We reviewed five peoples care records to ensure they were reflective of their needs, five staff files, and other documents relating to the management of the service.

Is the service safe?

Our findings

The people we spoke with told us the staff supported them safely. One person said, "Yes I am safe here, the staff are good." A relative told us, "[name] is in very safe hands with the staff." All the staff we spoke with had a good understanding of safeguarding procedures, and knew how to report abuse. We saw that all staff had received training within this area.

We saw that risk assessments were formulated to ensure that risk was managed across every aspect of a person's life. These included plans to manage behaviours that may challenge, personal care routines, emotional support, activities and finance. Risk were documented and assessed in a way that promoted people's independence as much as possible, and staff we spoke with felt able to care for people safely. Staff provided as much choice and independence as people were able to manage. Risk assessments were reviewed and updated regularly.

There were enough staff employed by the service to cover the care required, and all staff had undergone a disclosure and Barring Service (DBS) check and obtained references before starting employment. People told us that there were always staff at hand when they needed them, and feedback from relatives was that their family members always had the right level of staff support. Staff we spoke with were all happy that there were enough team members to cover shifts, and that people would pick up overtime to cover when necessary.

The service safely supported people with the administration of medicines. People we spoke with confirmed that they received support from staff and they were happy that it done safely. The staff completed medication administration records (MAR) clearly and accurately, and staff were sufficiently trained in this area.

People were well protected by the prevention and control of infection. We saw that the office location was stocked with personal protective equipment for staff to collect, and staff we spoke with confirmed they received the equipment and training they required to control the spread of infection.

We saw that staff members were aware of the need to record any accidents and share the information with managers and the rest of the team. Team meetings were held where any issues were discussed and analysed. We saw that after a particular incident, the management team had updated the service policies and procedures, as well as the training made available, so that lessons were learnt from things that had gone wrong.

Is the service effective?

Our findings

People's care was effectively assessed to identify the support they required. This provided staff with information that guided them to providing effective care that met people's cultural needs. The staff we spoke with understood that people they were supporting had a diverse range of needs and preferences, and told us they ensured that people were not discriminated against.

Staff had the skills, knowledge and experience to support people effectively. One relative told us, "I am very happy with the level of skill that the staff have. Much better than when [name] lived elsewhere." The staff we spoke with felt that training enabled them to confidently carry out their roles. One staff member said, "The training is excellent. We have a training manager that is very good. Everything is very clear, and we know from the start what the expectations are." We saw that regular training was provided within a dedicated training room at the office of the service. There was a training manager in place who kept track of each staff members training and was able to make sure people were updated as required. Training was developed and created according to the needs of people and staff. We saw that policies and procedures were provided to outline what was expected of staff, and that staff had signed to confirm they had understood these.

People received support with eating and drinking when required. We saw that information around food preferences was recorded in people's files so that they could be supported correctly. Food and fluid monitoring was recorded when required for health monitoring. Staff we spoke with told us how they made sure people had choice with what they were eating, and encouraged people to make healthy choices.

The service worked and communicated with other agencies and staff to enable effective care and support. We saw that people had communication plans to help them and other health professionals communicate more effectively, and staff all had a good knowledge of the other agencies and health professionals involved in people's lives. We saw that contact with other professionals was documented within people's files, as well as all required health and medical information. One person told us, "The nurse comes out to see me regularly."

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) and they were. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In domiciliary care settings this is under the Court of Protection. People told us that staff sought their consent before carrying out any care.

Is the service caring?

Our findings

People we spoke with told us the staff were caring. One person said, "Yes I like my staff, [name] is very nice to me." Relatives we spoke with told us that staff supported people in a caring manner. One relative said, "[staff name] is excellent. They are more like a family member." The staff we spoke with felt like they were able to get to know people and develop positive relationships as they were regularly working with the same people.

People were able to express their views and be involved in their own care as much as they were able to, and family or advocacy services were involved for people that required them. One relative told us, "We have regular reviews and my opinion is listened to. [Name] can't do as much as they used to, but the staff involve them as much as possible in day to day choices." The staff we spoke with said they involved people in their own care as much as possible, and regularly communicated with people's family when required. We saw that people's files were regularly reviewed and contained information that was gathered from people themselves and their family members.

People confirmed that the staff respected their privacy and dignity when providing care. One person told us, "I don't like the staff to always be here, I like time on my own sometimes so they go away for a while." A relative told us, "The staff approach is very dignified. [Name] receives personal care and the staff support them respectfully." Care plans we saw listed care tasks in a way that reminded staff to respect people's dignity, remembering the things that they could do for themselves and what their preferences were.

Is the service responsive?

Our findings

People received care that was personalised to their needs. We saw that care plans outlined what people's likes, dislikes and preferences were. People were able to take part in activities of their choosing, and were supported to access the community as they required. One staff member said, "I take [name] to look at the trains as they like that a lot. We have sorted out a wheelchair now because [name] can't get about as much as they used to. It's important to still be able to go where they want to go."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given.

People and their families knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. One relative said, "I have nothing to complain about, but I can contact the manager directly and I know they would sort it out." We saw that the complaints policy and procedure was available for people to view in pictorial form should they need it. At the time of inspection, there were no current complaints that had been made. The manager told us that if any complaints were made, then the policy would be followed and the information would be recorded in detail, and investigation would take place, and a response given promptly.

No end of life care was currently being delivered. Information about people's decisions and choices was recorded for those who wished to make those decisions. Some people had information detailing their funeral arrangements and preferences.

Is the service well-led?

Our findings

We saw that the management team were transparent and open to all stakeholders and agencies. Prior to our inspection, we received information of concern from the local authority regarding the timeliness of responses the provider gave when asked to investigate any safeguarding issues. We raised this with the branch manager who explained that this was being addressed by the managers at the service by redefining management responsibilities, to make it clear whose responsibility it was to respond to concerns promptly. The management team raised alerts and notified CQC as required.

The service had a clear vision and strategy to provide positive care for people, and staff we spoke with told us they felt the service was well managed. The managers we spoke with, all had a good knowledge of the people that were using the service, and how to meet their needs. It was clear that staff at all levels had a passion to provide good quality care to people. The staff we spoke with were happy that they had the right support in place to do their jobs, and felt positive about working for the service. One staff member told us, "The support system is very good. I enjoy working for the company. The vision is very clear, we know what we have to do."

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not available on the day of our inspection. Other management staff we spoke with were aware of the responsibility to submit notifications and other required information.

Staff had the opportunity to feedback and discuss any concerns in team meetings. We saw that meetings were held that were specific to staff members that supported the same people, so that they could share information relevant to the people they knew and were supporting. Staff we spoke with felt able to express their views and share information with confidence that they would be listened to and actions taken where necessary.

The people using the service and their family were able to feedback on quality. We saw that quality questionnaires were completed for people in an easy to read format which enabled them to record feedback. We saw that feedback collated and analysed by management. Responses were given to people when necessary.

Quality assurance systems were in place to help the service continually learn and improve. Staff within the management team completed extensive audits of the information coming in to the office and files in general. Audits were carried out at each location that people were being supported in, which also included spot checks on staff. We saw that when mistakes were found, actions were promptly taken to rectify them.