

Aspire Support Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Aspire Support Limited is registered both as a domiciliary care agency and a supported living service. It provides personal care to people living in their own homes, and to people living in a 'supported living' setting, so they can live as independently as possible. The service started providing care to people in their own homes in February 2022 and this is the first inspection of the service.

People's care and housing are provided under separate contractual arrangements. The CQC does not regulate premises used for supported living; this inspection looked at people's care and support.

Not everyone using the service received a regulated activity; CQC only inspects the service being received by people who are provided with the regulated activity of 'personal care', for example which includes help with tasks such as personal hygiene and eating. Where they do, we also take into account any wider social care provided. People using the service who received personal care lived in two Supported Living settings.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting underpinning principles of "Right Support, Right Care, Right Culture".

Right support

The model of care and setting maximised people's choice, control and independence. The supported living services had good access to the local community and amenities.

The supported living services are staffed by a deputy manager and dedicated small staff team who know people well. Staff supported people to make choices about their daily lives and engage in activities, that were tailored to their individual needs and promoted their independence. People were supported to maintain and develop relationships

People are 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.

Staff were recruited safely. The staff team had the appropriate levels of knowledge and skills to support

people and responded to their individual needs and choices. Staff were supported by a system of induction, training, supervisions, appraisals and staff meetings.

People received their medicines in a safe way and were protected from abuse and neglect. People's care plans and risk assessments were clear and up to date.

Right care:

People received good quality person-centred care that promoted their dignity, privacy and human rights. People were involved in decisions about their care and support and staff empowered people to communicate what they wanted. Staff were observed talking to people in dignified and respectful way.

There was a strong person-centred culture within the staff team. Positive behaviour support plans had been developed for people, to help staff understand the reasons for their behaviour, and provide guidance to ensure consistent approaches were used when supporting them. Staff knew people well and demonstrated an understanding of their individual care, behavioural and communication needs. This helped ensure people's views were heard and their diverse needs met.

Right culture:

The ethos, values, and attitudes of management and care staff ensured people led confident, inclusive and empowered lives. Staff created an environment that inspired people achieve their goals and ambitions.

People lived as they wished and staff supported people to do the things they enjoyed.

People, relatives and staff told us management were approachable and they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements to the service.

Cleaning and infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection. Government guidance about COVID-19 testing for people, staff and visitors was being followed.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 27 November 2020 but did not provide a regulatory activity until February 2022. This is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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.

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Aspire Support Ltd

Detailed findings

Background to this 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector

Service and service type

This service provides care and support to people living in five 'supported living' settings, so that they can live 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.

The service had a registered manager 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We announced the inspection a few days in advance to ensure that people would give us permission to visit them in their home. Before we visited the supported living settings, we discussed infection control processes for people, staff and inspectors, with reference to COVID-19

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since their registration

We used all of this information to plan our inspection.

During the inspection

We visited the registered office and met with the director, registered manager and deputy manager.

On another day we visited one person in their own home. We spoke with two support staff and the deputy manager.

We reviewed two peoples care records. We looked at staff records in relation to recruitment, training and supervision. We also looked at a variety of records relating to the management of the service and quality monitoring systems.

We spoke with two relatives about their experience of the service. We received six emails from health and social care professionals regarding their experience of the service. We also received two emails from staff and spoke with one staff member on the phone.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People told us they felt safe and that staff supported them well. People were encouraged to report any concerns they may have about their welfare to the registered or deputy managers.
- Relatives said they were confident their family members were well cared for and were safe.
- Health and social care professionals felt the service was safe. Comments included 'This is indeed a safe and caring environment the management team advocate and enhance the delivery by looking to go above and beyond the requirements to support staff and service users.'
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from the risk of harm. Safeguarding processes and concerns were discussed at staff and multi-disciplinary meetings.
- Staff received training and were able to tell us what safeguarding, and whistleblowing was. Staff knew how to whistle-blow and how to raise concerns outside of the provider. Whistleblowing is the process of speaking out about poor practice.
- People told us staff supported them to manage some aspects of their finances. The system to manager finances was satisfactory.

Assessing risk, safety monitoring and management

- Staff knew people well and were aware of their risks and how to keep them safe.
- People had detailed risk assessments and associated support plans. These had been reviewed and changes were recorded to ensure the plans reflected their current needs. These included information about risks associated with people managing their emotions and behaviour, personal care, eating and drinking, medicines and doing things they enjoyed in their community.
- Risks were managed in a way that did not restrict people's freedom and right to independence.
- People were supported to try new experiences while any related risks were identified, and action taken to help reduce the risks. A health and social care professional commented, 'Positive risk taking was also one of the things they were keen on taking forwards to enable the client to have positive life experiences, in a safe and supported way.'
- The service worked closely with health and social care professionals in order to adapt and change the way people were supported if issues arose.

Staffing and recruitment

- People and relatives told us they felt that there were sufficient staff on duty. Relatives were assured regular staff supported their family members and so knew the person well.

- The service used agency staff. The registered manager had booked specific agency staff members to cover vacant shifts. Agency staff confirmed they had regular shifts and enjoyed working at the service. The deputy managers confirmed that there was always a permanent member of staff on shift with an agency staff member so that people always received care and support from consistent staff they knew and trusted.
- Rotas confirmed that sufficient staff were on duty at all times to meet people's current needs. Staff told us there were sufficient staff on duty.
- An ongoing recruitment campaign was in place. People were involved in the recruitment of their staff team. They told us this worked well.
- The services recruitment practices were safe and all necessary pre employment checks had been completed to ensure prospective staff were suitable for employment in the care sector.

Using medicines safely

- A person administered their own medicines in order to develop confidence in their independent living skills. A risk assessment was completed and recorded how the person would like the team to support them to manage their medicines. This was reviewed regularly.
- Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.
- When medicines were prescribed to be given 'when required' we saw that person-centred protocols had been written to guide staff when it would be appropriate to give these medicines.
- Medicines audits were completed on a regular basis. Where there were medicine errors, these were investigated to minimise risk of reoccurrence.

Preventing and controlling infection including the cleanliness of premises

- People were protected from the risk of infection and cross contamination including COVID-19.
- The service had an ample supply of PPE. Staff had received training in the safe use of PPE. Their practice reflected current guidance.
- Some people found it difficult to tolerate staff wearing masks in their own home. Current infection prevention control guidance, risk assessments and consultation with appropriate professionals had occurred to ensure people and staff were protected.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted. The staff team discussed accidents/incidents as learning opportunities and the patterns of events were closely monitored by the multi-disciplinary teams as part of people's Positive Behaviour Support (PBS) plans. Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team and handover meetings and with the persons own multi-disciplinary team.

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.

This is the first inspection of this newly registered service. We have rated this key question good.

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

- People's needs were assessed prior to their admission to the service, so that they could confirm they were able to meet individual needs safely and effectively.
- People and their family, together with reports from health professionals contributed to the assessment, which included their presenting needs and the person's preferences and routines.
- The person along with their family and relevant health and social care professionals were involved in the development of a 'transition programme'. This meant that the placement was built around the person's needs. For example, the development of a bespoke staff team, who were trained and skilled to support the person's needs in their home and completed at the person's pace. This enabled the person to move in to the service in a planned manner to help ensure their needs were understood and could be met.
- Health and social care professionals confirmed this process had been well managed and comments included, 'Throughout the whole transition they [management team] were always present, available and communicated effectively and consistently with the Multi-Disciplinary Team.'

Staff support, training, skills and experience

- Staff new to the care sector were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt confident and their competence was assessed before they started to provide support independently. Staff told us they felt very supported during their induction.
- Health and social care professions were positive about the bespoke training staff had undertaken to meet people's individual needs. Comments included 'They [management team] have trained the staff team prior to working with [person they support], following advice from professionals and have requested person specific/bespoke training that the team were able to deliver which was well attended and received. This has had a positive impact on the person's quality of life, and [they] have appeared more empowered and motivated.'
- As the service was new, some staff had been transferred from a previous care provider to Aspire, other staff were new to the company and therefore there was a comprehensive training course for staff to complete. The provider identified some gaps in staff training and was actively monitoring this. Staff told us there was, 'loads of training' and that they were completing this.
- Staff were provided with opportunities to discuss their individual work and development needs. Staff meetings and one to one meetings were held to enable staff to raise any issues and share ideas. Staff told us they were well supported by management.

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

- People with staff support planned their own menu and went food shopping. Staff knew the persons food likes/dislikes, and these were catered for.
- People were encouraged to eat a varied and healthy diet and their nutritional needs were being met.
- Where required, staff supported people with preparing their meals.
- People's weight was regularly checked to ensure that their health needs were monitored.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to attend regular health appointments, including their GP, and learning disability services.
- Peoples health conditions were well managed. Staff were proactive in making timely referrals to health professionals when they had concerns around a person's health and well-being. Care records were updated to reflect any professional advice given and guidance was available for staff through shift handovers.

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 MCA 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. We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- For people who lacked capacity, staff understood the importance of ensuring necessary applications for the authorisation of restrictions had been made appropriately. Any restrictive practices were regularly reviewed to ensure they remained the least restrictive option and were proportionate and necessary. We found no evidence of inappropriate restrictive practices in relation to taking a punitive approach to managing behaviour that challenged.
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance.
- Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the service supported decisions, made on people's behalf, would be in a person's best interest.

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.

This is the first inspection of this newly registered service. We have rated this key question good.

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

- Relatives spoke positively about the support and care their family member received. They commented, "I can't find fault", "they[staff] want the best for [person's name]", "I'm over the moon" and "They [staff] adore [persons name] and vice versa."
- Health and social care professionals also provided positive views on the caring approach by staff to people they supported.
- There was a relaxed atmosphere at the service and staff provided friendly and compassionate support. People had built caring and trusting relationships with staff. We observed the person was confident requesting help from staff who responded promptly to their needs.
- The way staff spoke about people they supported showed they genuinely cared for them. They talked about people's wellbeing and were focused on providing the right support to improve people's lives.
- Staff knew people well. Staff told us they had time and support to develop the relationships required to tailor communication and support people in a way that made them feel like they mattered.
- Staff respected people's individuality and supported them in a non-discriminatory way. Staff had received training in equality and diversity and knew how to support each person in a way that took account of their abilities and lifestyle choices.

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

- People were involved in decisions about what to do throughout the day. People planned with staff each day what they were going to do, be it an activity in the home or in the community. We observed a person discussing with staff what activities they wanted to do in the week and how this would be achieved.
- People were provided with information that enabled them to make decisions about their lives. Staff understood the importance of empowering people to make even the smallest of decisions.
- Staff supported people to make decisions about their care as independently as possible. Representatives, where needed, were involved in decisions about the care of people they supported.
- Staff listened to people's views and ensured these were respected. People were encouraged to chair their own review meetings with support. and decide the agenda and lead the meeting with staff and health and social care professionals present. This was also an opportunity to express and share their views on the support they received.

Respecting and promoting people's privacy, dignity and independence

- Treating people with privacy and dignity was embedded in the culture of the service. Staff were skilled at

identifying when people were becoming distressed or feeling anxious. They consistently followed guidance in place to help people feel calm and reassured.

- Everything about how the service operated, and the way staff provided care and support was focused on the individual person and involving them in their care. Where any daily routines had been developed, these were in place to meet people's needs and wishes, rather than to benefit staff.
- The values of the service were based on enabling people to live as fulfilling live as possible and achieve the best possible outcomes.
- People's right to privacy and confidentiality was respected. Confidential information was kept securely.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care

- Staff had a good understanding of people's individual needs and provided personalised care.
- People's care plans provided staff with detailed information about their abilities, the risks they faced and how they should support them in line with their preferences. These were reviewed monthly or as their needs changed. Multi-disciplinary meetings were held to review the persons care and identify future goals.
- Staff were clear that the care plans were up to date and that they reflected the care and support each person received.
- The service had introduced an electronic application to record the persons care plan, their risk assessments and the persons daily notes in 'real time'. Daily notes detailed what the person had done during the day and information about their physical and emotional well-being.
- Staff were positive about this electronic care plan application. Staff commented, "I like the app; I feel it works well and all the information is in one place". An agency staff member echoed this view.
- There was good communication within the staff team and staff shared information appropriately, about people's needs, at shift handovers.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified, and care plans contained information on how they communicated. Staff had sought advice from each person, their relatives and health and social care professionals in how best to communicate with each person they supported in a meaningful way. We observed people and staff communicating effectively together throughout the inspection.
- The service had developed 'social stories' which were presented in a pictorial as well as written format, to present information in a manner the person could understand.

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

- People were supported to access activities within and outside the service. A person showed us some of their hobbies and interests that they were involved with in their own home.
- People were supported to maintain relationships that were important to them. Relatives commented "There is really good communication" and "I'm just really pleased [person's name] is getting the support

they need."

- Staff were committed to supporting people to live as full a life as possible by helping people to fulfil their wishes and aspirations. Staff told us, "I feel this model of how we support people really does promote developing people's independent living skills" and "I have enjoyed seeing [person's name] gain new skills and become more independent."
- Care plans recorded information about people's interests, past hobbies and what they enjoyed doing with their time.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale.
- People had the opportunity to raise concerns during their care plan reviews
- Relatives told us they would be confident to speak to the management or a member of staff if they were unhappy. Relatives told us they had no concerns.

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.

This is the first inspection of this newly registered service. We have rated this key question good.

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

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

- There was a defined organisational management structure and regular oversight and input from the two directors of the company. One had the dual role of being a director and registered manager.
- The registered manager had oversight of two supported living services and an outreach package of care. Each supported living service had a deputy manager and dedicated staff team.
- The registered manager divided their time between the two services. The registered manager would speak or visit the service regularly to check with the people they were supporting and staff how they were. At times the registered manager, and director would undertake a shift at the services. This ensured an overview of the service.
- Staff were very motivated by and proud of the service. They told us they felt valued and were well supported.
- As the service was newly registered, quality assurance and auditing systems designed to drive improvements in the service's performance had just been implemented. These systems need time to embed to provide evaluation of the service.
- The directors had notified CQC of some incidents in line with the regulations. They agreed to notify us of all incidents in the future.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a strong emphasis, within the staff team, on meeting people's individual needs and staff demonstrated a thorough understanding of people's differences and individual preferences.
- We observed that staff had good relationships with the people they supported, and they were treated well. Staff were committed to providing the best possible care and support for people and achieving positive outcomes for them.
- The culture within the service was open and centred on people who used the service. People, relatives and staff had easy access to the registered manager/ directors and deputy managers when needed. A relative told us "I'm happy with Aspire" and "I would recommend them."
- Staff were complimentary about the leadership of the provider. Relatives felt the service was managed well.
- Health and social care professionals were complimentary about the service. Comments included, 'The management team are responsive, honest and professional. It is evident that they have great underpinning

knowledge and experience in how to care for people with complex needs in a safe and inclusive fashion'.

- The provider's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures.

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

- The management team understood their regulatory requirements and responsibilities. This included acting on the duty of candour when needed. People and relatives were kept informed of any events or incidents that occurred with their family member.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.
- Staff and the directors/registered manager took an open and honest approach to the inspection process. They acted promptly on the feedback provided and supplied all information requested.

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

- Staff meetings were held regularly and were an opportunity to share ideas about how to develop and improve people's experiences. Staff said they could talk to management at any time, feeling confident any concerns would be acted on promptly.
- The service regularly sought the views and opinions of people using the service, their relatives, staff and professionals.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity.

Continuous learning and improving care

- The directors received external support to reflect on their practice. This was an opportunity for shared learning, to review their model of care and identify learning lessons and where improvements could be made.
- Systems to gather and analyse people's behaviour and anxiety levels were used effectively by managers and shared with the person's multi-disciplinary team. This meant when trends emerged changes could be made, to how support was provided, to help ensure the quality of the person's care continuously improved.
- The registered manager and provider were keen to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.

Working in partnership with others

- The service worked collaboratively with healthcare professionals and commissioners to ensure people's needs were met.
- Health and social care professionals confirmed there were good working relationships with the service. Comments included, "The team are extremely well managed, and the senior leaders are pragmatic in their approach to support staff and providing excellent care."
- Where changes in people's needs or conditions were identified prompt and appropriate referrals for external professional support were made.