

Aspect Supported Living Limited

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Inspection report

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Date of inspection visit:
26 January 2023

Date of publication:
23 February 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service

Aspect Supported Living Limited provides care and support to people living in 'supported living' settings so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (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. At the time of this inspection 2 people who used the service were receiving personal care.

Aspect Supported Living Limited is also registered for domiciliary care, to provide support to people in their own homes. However, at the time of the inspection it was not supporting anyone with this care and support.

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

The provider's recruitment practices required improvement to ensure people are supported by suitable staff. The small staff team in place knew people well, but care records such as care plans and risk assessments needed more information to give staff clear guidance for managing people's risks.

Staff adhered to infection control procedures and protected people from the risk of infection. Staff were knowledgeable in safeguarding adults' procedures. People we spoke with said they felt safe with the care and support of staff and staff were caring.

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 and relatives said staff were caring, respectful and they were involved in their care and their wishes about how they wanted to be supported.

Checks and audits in place had failed to identify the areas for improvement found at this inspection including safe recruitment processes and the required improvements needed in care planning and risk assessments.

Relatives we spoke with said the service was well managed and staff provided good care. Staff working for the provider told us they felt supported.

The provider was open and receptive to the areas of concern identified in the inspection and after the inspection the provider took immediate action to address some the concerns we found. They had also subscribed to a new management system that was in the process of reviewing care documentation and would also look at recruitment.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 06 October 2021, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led section of this full report to see what actions we have asked the provider to take.

Enforcement

We have identified breaches in relation to good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Aspect Supported Living Limited

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 was carried out by one inspector.

Service and service type

This service is a supported living and domiciliary care agency. This service provides care and support to people living in a supported living setting, 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 is also registered for domiciliary care to provide personal care to people living in their own houses and flats. At the time of the inspection there were 2 people using the service.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 not a registered manager in post. A new manager was in place and had submitted an application to register. We are currently assessing this application.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed

to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 26 January 2023 and ended on 01 February 2023. We visited the office location on 26 January 2023.

What we did before the inspection

We reviewed information we had received about the service since it registered with CQC.

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 used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 1 relative about their experience of the care provided. We spoke with 5 members of staff including the nominated individual, the care manager and three care staff. We also made contact with 2 healthcare professionals.

We reviewed a range of records. This included 2 people's care records and the medication records for 1 person. We looked at the 2 staff members files in relation to recruitment. We also looked at a variety of records relating to the management of the service, including policies and procedures.

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 for this service since it was registered. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider had not adhered to safe recruitment practices. This placed people at risk of being supported by unsuitable staff.
- We checked two staff files and each file had only 1 reference with limited information that only confirmed the dates of their previous employment. This meant the provider had not followed their own recruitment policy which stated the requirement of, 'A minimum of two references one of which must be from current or last previous employer. Where a reference does not give sufficient information as requested, we will seek a third referee.'
- There were no records of interviews on the 2 staff files. We spoke with 3 staff, all of whom said when they were recruited interviews had taken place but there were no records of these. This meant the provider did not follow their own recruitment policy which stated, "The assessments [interviews] made by interviewers are formally recorded on an interview assessment form."
- The provider took immediate action following the inspection to re-request a second references for the 2 members of staff.
- DBS (Disclosure and Barring service) checks had been obtained for staff, however, we found one certificate was out of date. We discussed this with the manager who advised us the DBS update service had been used and provided us with a record of this.

Assessing risk, safety monitoring and management

- Improvement was required in care documentation to enable staff to provide care in a safe and consistent way.
- The provider had care plans and risk assessments in place but these did not give clear and detailed instruction to staff on how to provide safe care and support. For example, one person needed support when moving within their home. Although this was recorded there was no guidance on the level of support that staff should provide.
- There was small staff team of 5 staff supporting people. We spoke with 4 staff, all of whom knew people well and the risks to their well-being. However, we found some of this knowledge was not recorded in the care plans. Detailed care plans are required because if the current staff became unwell and agency staff need, clearer guidance was needed for them to meet people's needs.
- People and relatives we spoke with said they were happy with the care provided and they felt safe with the support of staff. One person said, "I feel safe, they [staff] check on me and help me."

Using medicines safely

- Medicines were managed safely within the service. We saw one person managed their own medication, however the record of this had not been updated to reflect the arrangements in place at the time of the inspection. The provider said action would be taken to address this immediately following the inspection.
- Staff had received training in medicines management and the provider had arrangements in place to monitor medicines.
- People and relatives, we spoke with were happy with the medication support they received.

Preventing and controlling infection

- We were assured that the provider was supporting people to minimise the spread of infection.
- We were assured that the provider was using PPE (personal protective equipment) effectively and safely.
- We were assured that the provider was following current Government guidance on the use of PPE at the time of our inspection.

Learning lessons when things go wrong

- Staff knew how to report and record any concerns and were assured action would be taken. At the time of our inspection there were no records of any incidents occurring. However, the provider had a system in place to review any incidents that occurred and said these would be reviewed and monitored for trends and learning.

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 for this newly registered service. This key question has been rated 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 and relatives we spoke with said care was delivered in line with people's individual choices. Staff we spoke with knew people's needs and wishes well.
- One health professional told us, "[Person's name] was fully involved in the assessment and appeared comfortable discussing their needs with the manager present. [Managers name] is supporting them and providing the care they need following discussions with them."
- An assessment had been carried out with one person prior to them using the service, which included information about their medical history, healthcare conditions, their care needs and the outcomes they wished to achieve. This helped them plan and deliver the care and support people required.
- We found that an assessment had not been completed for the second person supported. The provider explained the reason for this and said they would take action to address this immediately following the inspection.

Staff support: induction, training, skills and experience

- The provider had an induction programme in place which included staff completing some training such as medication and moving and handling training before they started work.
- The provider had also enrolled staff on training to help them meet the range of people's needs. There was a small staff team of experienced staff in place. Where staff had already completed training with previous employers, for example deprivation of liberty training, the provider had completed competency checks to assess their level of knowledge and understanding until the providers own training had been completed.
- As it was still a new service, care staff had not received supervisions at the time of the inspection, however all 3 care staff we spoke with told us that they had to opportunity to speak to the manager for advice and support if they needed to. One staff member told us the manager was, "100% supportive," and a second member of staff said, "[Manager's name] has always been very supportive to me."

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

- People and relatives told us they were happy with the support from staff in preparing meals.
- People's records set out information about their dietary needs and any specific needs they had. Staff understood people's preferences and dietary needs and took this into account when supporting people to plan and prepare meals.

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

- Staff understood people's health conditions and the support they needed in managing these.
- Staff helped people to access support for their healthcare and medical needs. They made sure people attended their scheduled medical and healthcare appointments when required.
- Staff were observant to changes in people's health and well-being and sought the advice and support of health care professionals when needed. One healthcare professional commented, "[Manager's name] always feeds back any issues or concerns and recently there was a physical health issue that they dealt with quickly."

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People using the service had capacity to make and to consent to decisions about specific aspects of their care.
- Staff told us how they offered choice and respected people's choices and decisions.
- People we spoke to also told us that care staff members spoke to them and gained consent.
- The manager told us if people lacked capacity to make specific decisions, they would involve people's representatives and healthcare professionals to ensure decisions would be made in people's best interests.

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 for this service. This key question has been rated 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

- We received very positive feedback about the care provided to people. One person told us the care was good because, "The staff are kind; they are good."
- People received support from a consistent staff team which enabled them to build good relationships with their care workers. One relative commented, "I want to record the level of love and care he is given. He is making good progress, He loves it there and he is in a good place."
- We also received positive feedback from one healthcare worker who commented, "The manager is very compassionate and caring which ensures a high standard of care."
- Care records recorded peoples culture and religion, and staff had a good knowledge of this, however the inspection found records could be developed further to show how this is reflected throughout the care provided.

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

- People and their families were involved in decisions about their care. Staff liaised with people throughout their care to ensure the support delivered was in line with their wishes. One person commented, "We talk everyday about care. They [staff] ask me and listen."
- This was also confirmed by one relative who said, "[Person's name] chooses what they want, and staff support them to do it." They also added that were in regular contact with the manager. They said, "I have [manager's name] mobile, I can call or send a text and they'll always reply and get back to me."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and supported people to maintain as much independence as possible. For example, by involving people in meal preparation. This was confirmed by one person we spoke with, who told us how they were involved.
- Staff told us they were respectful and respected people's privacy when providing care.

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 for this service since it was registered. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People and relatives told us they were happy with the care provided and staff provided responsive care. One relative told us of an example of how staff had supported their family member when they had become unwell.
- Both healthcare professionals we contacted felt personalised care was provided. One healthcare professional told us they had met with the manager who had, "Explained how they were providing a more centred approach to [person's name] care." The second healthcare professional also commented, the manager "Always ensures our service user is involved in any decisions made."

Improving care quality in response to complaints or concerns

- The service was new and the manager told us they had received no complaints. We saw a complaints policy was in place whereby they would be logged and responded to.
- One person and 1 relative we spoke with both told us they would feel able to raise any concerns if the need arose.

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 careers.

- We spoke to the manager and the provider who said that they were aware of the AIS. We saw documents such as care plans and health passports were written in an easy read format to aid peoples understanding. The manager also advised if the need arose they would seek guidance from professional bodies in providing other information in appropriate formats.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection. The manager told us he would liaise with relatives and healthcare professionals to ensure peoples wishes were followed.

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 for this service since it was registered. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care;

- We found systems in place to assess, monitor and improve the quality and safety of the services provided were not always effective.
- Processes in place had not been effective in identifying that the providers own recruitment policy had not been followed to ensure safe recruitment. Checks on the inspection found no interview records, only one employment reference had been obtained and one out of date DBS recorded.
- The provider systems had failed to identify that more information was required in peoples care plans and risk assessments to ensure clear instruction to staff on how to provide care and support to keep people safe.
- Processes in place had not identified there was no pre-service assessment for one person. This is an importance assessment to record the care needs of the person and record how these will be met by the service.
- The provider systems had also failed to identify that the self-medication record for one person did not reflect the current practice in place at the time of the inspection.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was not a registered manager in post. A new manager was in place and had submitted an application to CQC to register. We are currently assessing this application.
- The manager and provider were open and very receptive to our feedback during the inspection. They acknowledged where improvements could be made and took immediate action on some matters. For example, to re-request a second employment reference.
- The provider also confirmed they had taken the decision to move to a new management system and all documentation, including care plans, risk assessments and staff recruitment would be reviewed as part of this.
- The provider oversight of the service. We saw records of a weekly management meeting when all aspects of the service were discussed, and any required actions recorded

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff all told us the service was well managed. People told us they felt involved in

their care and able to speak to the manager if they had any concerns.

- Staff also felt involved in the service and able to make comments and suggestions. One member of staff commented, " [The manager] is really enthusiastic and open to comments, they take all comments on board to make improvements."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 manager demonstrated a hands-on approach to care. All 3 care staff we spoke with, praised the approach of the manager. One member of staff commented, "The manager is excellent with the service users; they love them."
- The manager and staff had a good understanding of their role and responsibilities and were committed to deliver a person-centred service for people.
- Staff were positive about the manager and shared the same values, ethos and need to provide a quality service.
- The manager and provider were aware of their duty to submit statutory notifications about key events that occurred at the service in line with the service's CQC registration.

Working in partnership with others

- There was evidence the provider was open to working with external agencies to provide good care. For example, the service had sought advice from healthcare professionals, and this promoted positive outcomes for people. Two healthcare professionals told us the staff team worked well with them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to assess, monitor and improve the quality and safety of the services provided were not always effective.