

Statement of Purpose

This is the Aspirations Statement of Purpose, it outlines how we will ensure compliance in regard to the new outcome based fundamental standards as required by our registration. This is set out by The Health and Social Care Act 2008 (Regulated Activities) Regulations as amended 2014 and the Care Quality Commission (Registration) Regulations 2009. These outcomes were developed in consultation with people who use health and social care services, in order that there are applied fundamental standards that services are judged on.

The fundamental standards are:

- Care and treatment must be appropriate and reflect service users' needs and preferences.
- Service users must be treated with dignity and respect.
- Care and treatment must only be provided with consent.
- Care and treatment must be provided in a safe way.
- Service users must be protected from abuse and improper treatment.
- Service users' nutritional and hydration needs must be met.
- All premises and equipment used must be clean, secure, suitable and used properly.
- Complaints must be appropriately investigated and appropriate action taken in response.
- Systems and processes must be established to ensure compliance with the fundamental standards.
- Sufficient numbers of suitably qualified, competent, skilled and experienced staff must be deployed.
- Persons employed must be of good character, have the necessary qualifications, skills and experience, and be able to perform the work for which they are employed (fit and proper persons requirement).
- Registered persons must be open and transparent with service users about their care and treatment (the duty of candor).

Regulation 12 of The Care Quality Commissions (Registration) Regulations 2009- Schedule 3 also declares that the following information must be included within this document

- The aims and objectives of the service provider in carrying on the regulated activity.
- The kinds of services provided for the purposes of the carrying on the regulated activity; and the range of the service user's needs which those services intend to meet.
- The full name of the service provider and of any registered manager, together with the business address, telephone number and where available the e mail address.
- The legal status of the service provider.
- Details of the locations at which the services are provided for the purposes of the regulated activity are carried on.

Furthermore

- The registered person must keep under review and, where appropriate, revise the statement of purpose.
- The registered person must provide written details of any revision to the statement of purpose to the Commission within 28 days of any such revision.

The stated outcome for people who use our services is that they will:

Benefit from the knowledge that the Care Quality Commission is informed of the services being provided, as we are required to provide this document to them. Also that this document is kept under review and that we notify them of any changes to it.

Aims of the Service Provider

Aspirations provide person centred support that recognises and responds to each person's individual needs and support requirements.

We are a national organisation who support –

- Adults with learning disabilities
- Adults with mental health needs
- Where appropriate, young people with mental health or learning disability needs who are soon to transition into adult services- (Aspirations North West and Aspirations Midlands)
- Where appropriate we support adults who are over the age of 65 however still able to live within supported living community based settings(Aspirations South West)

The people we support are placed at the heart of everything we do and are fully involved in their own support. We see it as essential that people are able to choose their desired level of involvement the design and implementation of their own person centred support plans. Our services are based in the communities in which people live; we specialise in supporting individuals to maintain or achieve their independence. We are passionate about inclusion and the importance of people being recognised as valued members of their local community.

Some individuals we support who others may see as challenging or complex are supported through our unique approach, a respectful and positive response to behaviours that are complex or may challenge the service we provide. We have a culture of believing in and sticking by people no matter what challenges or complexities they face.

We don't just manage challenge; we take time to understand the function of behaviours. We carry out assessments which allow us to work in a positive, supportive way. We can then design and implement bespoke behavioural support plans.

We have a wealth of knowledge and expertise spanning across services to people with learning disabilities; mental health issues, children and young people, not forgetting families and carers. We use that expertise to provide the best outcomes for the individuals we support.

We believe in working closely with people so they achieve outcomes that lead to less dependency on direct support even if that means enabling people to move on from our own support. We will encourage local partnership working in the pursuit of the best outcome possible for individuals and we are totally committed to the government's agenda on personalisation.

We can bring together all of the benefits of being a large organisation while priding ourselves on thinking and acting locally. Making us small enough to care and large enough to cope.

How we include people in the care they receive

We involve the people using our services, in decisions about their care.

To do this people are involved right at the beginning by choosing their care, where and how they receive it, planning it, making changes if needed and importantly regularly reviewing it to make sure we are still doing the right things.

To make sure that this involves others outside of the Aspirations, all people coming to our service must be allocated a social worker or relevant health professional, which we can help arrange for self-referrals. With social workers or health professional's help, they undertake an assessment of the individual which includes what kind of support is needed, and once we have read it we arrange to meet the person. We introduce them to the organisation if they would like and do our own assessment, which can involve their full circle of support should they wish

We undertake regular reviews which are person centred and we support individuals to invite the people that they would like.

We are currently members of British Institute of Learning Disabilities. This helps us keep abreast of current developments within the sector and plan for the future. Being member's means we have weekly updates via e newsletter, access to publications and resources and opportunities to attend relevant seminars.

Regulated Activities

The Health and Social Care Act 2008 (Regulated Activities), Regulations 2014 (as amended).

Schedule 1 lists the differing categories of those activities that are regulated.
The specific regulated activities that we deliver are the following:

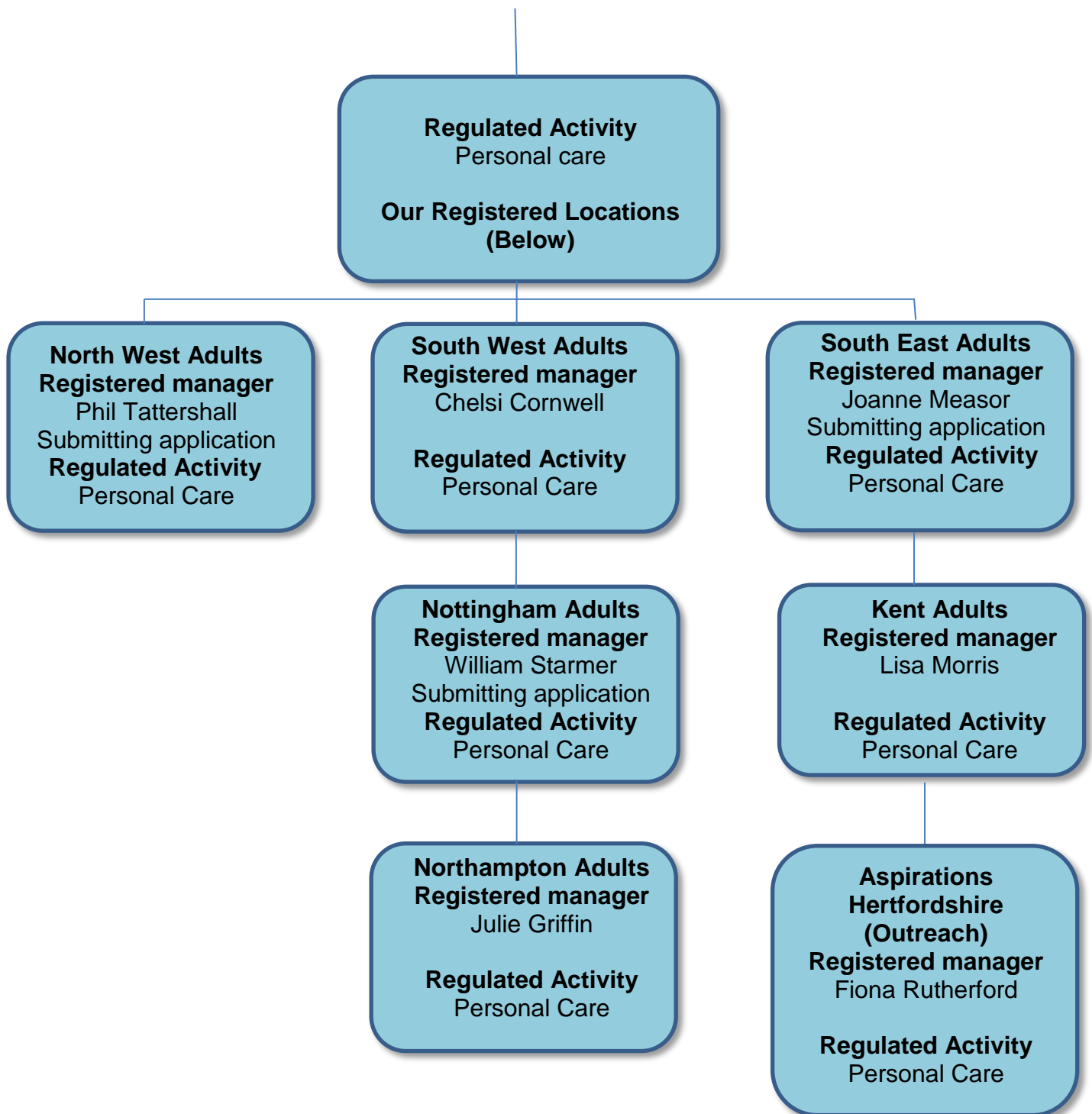
- 1. Personal care:** both in relation to full hands on support for these tasks for some individuals as well as just prompts for personal care support. This also involves healthcare related support such as assistance with taking medication.

Provision of Quality Management and staff teams

It is essential that the organisation's management ensure that it provides and maintains a well-trained and suitably checked staff team in line with existing legislation.
We ensure that staffs in all roles across the group are given the skills, support and training for their job role. This enables them to work in a professional and effective way

The group management structure shows the Chief Executive Christine Cameron is the Individual for all the services within the group; this covers regional localities we currently operate.

Please see the accompanying pages for location details



Details of services provided per region.

Aspirations Care Ltd – Provider location address

Provider ID 1-101678368

Nominated Individual: Christine Cameron

Aspirations Care Ltd,
Unit B2, Elmbridge Court,
Cheltenham Road East,
Gloucester
GL3 1JZ

T: 01452 399199

Aspirations South East

Nominated Individual: Christine Cameron

Registered manager: Joanne Measor – submitting application

Regulated activity: Personal Care

Registered office address

84a High Street,
Billericay,
Essex.CM12 9BT

T: 01277 63 41 44

E: joanne.measor@aspirationscare.com

Aspirations Kent Adults

Nominated Individual: Christine Cameron

Registered manager: Lisa Morris

Regulated activity: Personal Care

Registered office address

The Clarendon Rooms,
Aylesham Community Centre,
Ackholt Road,
Aylesham, Kent CT3 3AJ

T: 01304 84 90 20

E: lisa.morris@aspirationscare.com

Aspirations South West

Nominated Individual: Christine Cameron

Registered manager, : Chelsi Cornwell

Regulated activity: Personal Care

Registered office address

5 Hare Lane,

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Gloucester,
GL1 2BA

T: 01452 835970

E: chelsi.cornwell@aspirationscare.com

Aspirations Northampton – Adults

Nominated Individual: Christine Cameron

Registered Manager: Julie Griffin

Regulated Activity: Personal Care

Registered office address

Northampton Business Centre
Lower Harding Street
Northampton
NN1 2JL

T: 01604 63 54 37

E: julie.griffin@aspirationscare.com

Aspirations Midlands

Nominated Individual: Christine Cameron

Registered Manager: William Starmer – submitting application

Regulated Activity: Personal Care

Registered office address

Moorbridge House,
190 Hucknall Lane
Bulwell
Nottingham
NG6 8AJ

T: 01159 75 75 72

E: william.starmer@aspirationscare.com

Aspirations North West - Adults

Nominated Individual: Christine Cameron.

Registered manager: Phil Tattersall – submitting application

Regulated activity: Personal Care

Registered office address

Essex House,
Middle Unit Office 2,

ADS/ SOP 06.03.2018 DC version 5

Bridle Rd,
Liverpool,
Merseyside
L30 4UE

T: 0151 922 0984

E: phil.tattersall@aspirationscare.com

Aspirations Hertfordshire Outreach

Nominated Individual: Christine Cameron.

Registered manager: Fiona Rutherford (Maternity leave)

Regulated activity: Personal Care

Registered office address

Office 8,
Maylands Business park,
Hemel Hempstead,
Hertfordshire
HP2 7ES

T:01442 531171

E: odette.fostermonk@aspirationscare.com

Below are the details of how we will commit to meeting the key regulations.

Requirement where the service provider is a body other than a partnership

Regulation 6: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended).

We must give notice to the Commission of the name, address and position in the body of an individual who will act as “the nominated individual”. Aspirations Chief Executive – Christine Cameron is the individual who meets the defined criteria , as she is employed as a director and is responsible for supervising the management of the carrying on of the regulated activity, by the body.

Aspirations has taken all reasonable steps to ensure that the individual, is of good character, has the necessary qualifications, skills and experience to properly supervise the management of the carrying

on of the regulated activity, is able by reason of their health, after reasonable adjustments are made, of properly doing so, and is able to supply to the registered person, or arrange for the availability of, the information specified in Schedule 3.

Requirements relating to Registered Managers

Regulation 7: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended).

It is essential that the service is provided to individuals and that the registered manager of the service is appropriate and fit to do so. To comply we must ensure that the managers are of good character, fit both physically and mentally and has the necessary qualifications and experience to do so. They must also make the necessary information relating to them available to the commission as specified in schedule 3. Schedule 3 relates to ensuring that identification, checks against qualifications, experience and DBS checks where applicable. They must also have adequate knowledge of the relevant legislation policies and procedures in order to meet essential quality and safety requirements.

As an organisation we understand that those acting in managerial roles must be trained and have the skills necessary to fulfil their roles. People who use our services have the rights to have their care and support needs met because there is a competent person leading the service. The Registered person should be able to apply up to date knowledge to effectively meet manage any necessary risks and meet the needs of the people that they support. They must be able to work within recognised organisational and statutory policies and procedures in order to have beneficial outcomes for people who use the service. This means that the registered managers must keep their skills and knowledge up to date and be qualified or working towards the sector specific qualification.

They must have the skills to empower and support their staff teams. It is paramount that they have knowledge of how to safeguard individuals from all forms of abuse, knowledge of the key principles of equal opportunities, human rights and diversity and understand how these are put into practice when delivering the service. They must empower people with choice and control within their lives by working in a person centred way.

They are liable to inform the provider of areas of concern and inform the C.Q.C. where they may receive convictions cautions or other actions taken against them

They must understand this Statement of Purpose in relation to the organisation, their roles and the accountability within their roles.

Person centred care

Regulation 9: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended).

Aspirations must ensure that the care and treatment of service users is appropriate, that it meets their needs, and reflects their preferences. We will carry out, collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the service user. We are required to design care or treatment with a view to achieving service users' preferences and ensuring their needs are met. In turn enabling and supporting relevant persons to understand the care or treatment choices available to the service user and to discuss, with a competent health care professional or other competent person, the balance of risks and benefits involved in any particular course of treatment; It is essential that we design a service that is enabling and supports the relevant persons to make, or participate in making, decisions relating to the service user's care or treatment to the maximum extent possible; this includes providing opportunities for relevant persons to manage the service user's care or treatment and involving relevant persons in decisions relating to the way in which the regulated activity is carried on in so far as it relates to the service user's care or treatment. To achieve this we will provide the relevant persons with the information they would reasonably need for the purposes of making a choice and make reasonable adjustments to enable the service user to receive their care or treatment.

We will ensure that our policies and procedures enable the effective care and support the emotional and physical well-being for service users; and that that is centred around the individual in a person

centred way . In order to do so we will plan and deliver care in line with assessed needs undertaken by ourselves and other appropriate agencies.

We will seek tailor the support we provide in regard to people's needs beliefs, values, religion, culture and diversity. Outside of emergency placements people will be given plenty of opportunity to make visits to the service and meet other individuals and have transitional visits to ensure that they feel happy with the choice that they are making.

Service users will supported to manage and review their health and social needs through support plan approach meeting which are reviewed at least twice a year and therefore all are aware of support required. Individuals have the right to request a review however whenever they wish. They will also have a health action plan developed in conjunction with their G.P.'s annual health reviews.

Dignity and Respect

Regulation 10: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended).

We will give people who use our services, information about support we can provide in a format they understand.

We will work with people to make sure they can express their views and are involved in making decisions about the care and support that they receive. We understand that this is their right and that we uphold their privacy, dignity and independence within this process. We also commit to helping individuals be involved in how the service is run, to get involved and to participate more widely within the community, as active citizens.

We understand that this can differ greatly dependant on the individual's needs. We therefore commit to listening and involving people in a person centred way, using a variety of tools and formats.

Need for consent

Regulation 11: Health and Social Care Act 2008 Regulated Activities Regulations 2014 (as amended).

When a situation arises where consent is sought Aspirations' staff are aware of the issues around the capacity of that person to understand what they are consenting to. We will follow current legislation and procedures in relation to the Mental Capacity Act 2005. Where individuals are not able or do not have the capacity to consent then the suitable and appropriate legislative procedures will be followed, so that those advocating for individuals unable to consent are part of a multi-agency approach and that it is agreed to be within the person's 'best interests'.

The capacity of individuals to consent where applicable will be assessed by those trained to undertake such assessments such as an IMCA or suitably trained worker such as a social worker trained in capacity assessments.

We will undertake to respect the rights of individuals and assist them to make informed choices based on the options open to them. Where there may be risk then this will be effectively managed through clear procedures. However we are committed in principle to enabling individuals to learn and grow by having the right to make choices and take risks, in relation to our positive risk taking policy.

Safe care and treatment

Regulation 12: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended).

Staff support service user to understand the principles of what safe care is, their rights and how they should be treated, along with professional boundaries. We train our staff also to understand the principles of risk management balanced with positive risk taking. We ensure that all staff understand how to alert if they are concerned that they have witnessed or believe that there were unsafe practices

being undertaken. We also have an external independent whistleblowing partner for staff in the event that they wish to raise a concern anonymously.

Health and safety checks and audits also help minimise risk. Services where appropriate also undertake the further necessary service specific checks for example against Legionella, lifting equipment. (Where appropriate).

Management of medicines also forms an integral part of the safe care and treatment of people we support.

Where there is an identified need to support with medication, the staff will be trained and suitably assessed to ensure that they are safe to do so in line with current legislation in regard to safe handling, storing, administration, and recording. Where applicable the people we support will be assessed as to the levels of support they require and wherever possible given opportunity to be as independent as possible within this task.

Risk will be minimised through effective use of specific medication training relating to individuals health needs and associated medication. Medication, Policies and procedures will further reduce risk.

We are mindful of the need to ensure people are given information and appropriate choices and options based around their medication needs. We will ensure that alternatives to medication are considered and discourage reliance on medication only as an option if there are appropriate alternatives. This too is important in regard to review, in that medication is considered as part of a holistic combination of strategies for individuals e.g. when managing behaviours, anxieties, psychological needs etc. Support for individuals to make informed choices will be sought from health practitioners where appropriate. Where individuals may lack capacity or be reliant on others advocating or choosing medication intervention on their behalf, then the use of any covert administration will be agreed following a best interests meeting route. This would be to ensure agreement between agencies and advocates.

Furthermore we are required to ensure that we deploy staff with the correct knowledge and skills to manage infection control, maintain clean and safe work practices and minimise the risk of infection to the people we support, their colleagues and third parties. The group takes seriously its responsibility for recording and if applicable reporting of any infections, along with providing the necessary PPE for staff to support the safe management of this

Safeguarding service users from abuse and improper treatment

Regulation 13: Health and Social Care Act 2008 Regulated Activities Regulations 2014 (as amended).

We have a wealth of experience based around supporting individuals who are potentially vulnerable, being at risk, present risks or may put themselves at risk. To this end we will work within recognised safeguarding procedures with the relevant agencies.

An essential part of our responsibility is to enable people to live fulfilling lives with access to opportunities, so therefore effective risk management is central to this idea so that people rights are not infringed. We will ensure that the staff we employ to support individuals have had the necessary safeguarding checks in line with government agencies and that they are trained in the understanding of the protection of vulnerable people and children. To achieve this, we have robust and comprehensive policies to cover the many differing areas where this can occur.

Where people may potentially be at risk the organisation commits to adhering to current legislation such as, the Mental Health Act (Deprivation of Liberties Safeguards), 'Best Interest' meetings, strategy or safeguarding meetings. This is so that individual's choices and capacity to make those choices without putting themselves at 'intolerable' risk are agreed and reviewed by suitable agencies. This will involve the service user's wishes as far as practically possible.

Where people are potentially at risk or there is a safeguarding alert we will also ensure that the Care Quality Commission is notified using the appropriate notifications.

Meeting nutritional and hydration needs

Regulation 14: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended).

We offer support to menu plan, shop, cook and eat according to basic healthy eating principles. Staff encourage individuals to eat nutritional food and care plans are written also to respect individual's preferences, tastes, beliefs or religion needs.

We help support people to keep 'healthy eating' dairies if they wish. Where service users have specific dietary related health needs then referral and support comes externally from health partners providing access to information and support from either the G.P's surgery or community health teams.

We aim to respect people's rights as to when, where, how and with whom they might choose to eat.

Premises and equipment

Regulation 15: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended).

We will ensure that the organisation is compliant with relevant health and safety legislation (Health and Safety at Work Act 1974 and the Regulatory Reform (Fire Safety) Order 2005). Staff training, Policies and procedures ensure that premises are maintained and checked for compliance, and that all staff are clear about the process for reporting concerns.

We will ensure that all premises are fit for purpose and maintained to this level as part of a rolling programme of logged maintenance across the group. We will ensure that they are, clean, secure, suitable for the purpose for which they are being used, properly used, properly maintained, and appropriately located for the purpose for which they are being used. Furthermore where Aspirations provides equipment this will be maintained and serviced so ensure that it is safe and fit for purpose.

This programme is aimed to ensure that individuals, who access the service, live in a homely environment that is of a required size for its purpose. Individuals should have input and control over how this environment looks and is managed. An essential part of including people is that they can feel that they live in a suitable environment where their privacy and dignity is respected.

Relevant health and safety and fire safety risk assessments, as well as tests for water born infections are in place. These tests are undertaken and regularly reviewed. This includes clear procedures for emergencies, evacuation and practices of evacuations.

We have contingency arrangements in the event of fire, floods, power cuts, gas leaks and staff have 24 hr access to senior managers in the event of emergencies.

In some locations there may be the need for medical equipment, we will ensure that in this event that staff are suitably trained in the use of such. Where medical/care related devices are required then the group ensures that there are clear protocols for how the equipment should be used managed and maintained.

Receiving and acting on complaints

Regulation 16: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended).

We have a clear complaints procedure that is accessible for individuals to use. We wish to make people feel at ease that they will be listened to and heard. It is also important for people to understand that they will not be discriminated against if they do choose to make a complaint and that any complaints will be acted upon and effectively.

- People who use our services and those acting or advocating on their behalf will be given them clear information.
- A named person, who is sufficiently skilled in handling the complaints, will be assigned to deal with it.
- Advice and the opportunity to be involved in resolving the complaint and a realistic timescales for any outcomes, that must be agreed, will be given.

Good Governance

Regulation 17. The Health and Social Care Act 2008 (regulated Activity) Regulations) 2014

We understand the necessity for us to have accurate systems and procedures in place for monitoring the quality of the service being delivered. Outside of those regulatory inspections we undertake audits of the services.

We develop tools that assess quality and help meet the published Quality strategy.

Registered managers record and report any relevant incidents so that such incidents and /or near misses can be acted upon. They ensure that the safety, health and welfare of all staff service users and third parties are managed effectively within the service.

Monitoring of all accidents and incidents across the group are summarised per location on a monthly basis and these then collated and reviewed by the Quality team. This helps them to develop training strategies or undertake other actions where applicable

Staffing

Regulation 18: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended).

We have effective recruitment procedures that ensure we attract a wide and diverse range of candidates.

Our recruitment and selection procedures follow best practise guidance to ensure that we are following all the existing equality legislation.

Staff are selected based on knowledge, skills and experience relevant to that post and are employed subject to the relevant checks being undertaken before starting work. These checks will involve DBS through the Disclose and Barring Service system and checks against barring before commencement of employment and deployment.

Individuals we support are involved in the recruitment of their own staff this can be done in different ways depending on the individual.

We also ensure that those operating in senior positions, supervisory roles, managing or leading others are given the suitable training and development to do so effectively.

We ensure that the staffing levels, skills mixes and experience of staff teams meet the needs and demands of the people we support within that location. Where circumstances change then appropriately trained staff will be deployed to manage the situation so that we can ensure that needs are met and any risk measures minimised.

Fit and proper person employed

Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We understand that those who use our service have the right to consistency and continuity of care and that this is of a high quality. This can only be achieved by investment within the staff teams in regard to training and personal development. All staff undertake a service specific induction in line with Skills for Care and Care Act induction standards and the regulatory framework within which the services are registered. The induction, supervision and appraisal system that we operate enables us to identify and

agree training needs of individuals. We understand that if staff feel valued and challenged within the work place then this has a beneficial effect on people who use the service.

We have a rolling programme for staff to access and obtain qualifications, relevant to the post. As an organisation we understand that this investment in people is paramount and our aim is to maintain a high level of retention within the staff team to benefit all who work within and use our service.

Furthermore we are required and will ensure that Persons employed for the purposes of carrying on a regulated activity must be of good character, have the qualifications, competence, skills and experience which are necessary for the work to be performed by them, and be able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the work for which they are employed.

Duty of candour Co-operating with other providers

Regulation 20: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended).

We aim to work openly with other agencies from within the education, health and social care sectors. This will include at times working with other providers, be that signposting referred people to other services if appropriate or working effectively where they may transfer from other agencies. In all cases consent to share any relevant information is sought and handled in line with best practice arrangements for data protection. Information is managed and shared on a need to know basis and it has to be relevant to the situation. Records are maintained and protected within locked premises across the group.

We are committed to cooperating with all other agencies and providers, so that people who use, have used or intend to use our service have the best outcomes. This requires ensuring that we work in an open and transparent way, within all the related Acts of Parliament to ensure that the health, safety and wellbeing needs of the people we support are met. It also means that where we are duty bound to report 'notifiable safety incidents' along with other incident/events types listed within the regulations, we will ensure the following.

Further Regulations relating to our duty on Candour

Notification of death of a person who uses services

Regulation 16. Of the Care Quality Commission (Registration) Regulations 2009

We commit to notifying C.Q.C in the event of a death occurring within our services, as laid out in Regulation 16.

Notification of death or unauthorised absence of a person who is detained or liable to be detained under the mental health Act 1983

We commit to notifying C.Q.C in the event of a death occurring within our services, as laid out in Regulation 17. We will also ensure that C.Q.C is notified in the events of any unauthorised absences of any person who is liable to be detained under the Mental health Act 1983.

Notification of other incidents

Regulation 18. Of the Care Quality Commission (Registration) Regulations 2009

We commit to notifying C.Q.C of all incidents as laid out in Regulation 18.

There is very clear and specific guidance about how this information is reported, the types of incidents to report and what details that are required.

In all cases it is with the best interests of the health safety and wellbeing of the people who use our service that we commit to comply with these regulations. The registered persons for the regulated activity will be the responsible person for reporting and ensuring that reports that are issued are compliant.

Fees

Regulation 19: The Care Quality Commissions (Registration) Regulations 2009.

We will be clear with people who use our service what any fees are. These fees may be in terms of a contribution to care. Dependant on the service type, individuals may have the choice to purchase additional services. In all cases we will be clear about what the fees structure is and what people are paying for. Individuals and their advocates (if appropriate consent is given) will be given time to make decisions where a financial payment or cost is involved. Any costs will be explained within an individual contract specific to each service.

Fees for individuals will be in line with those agreed by commissioning authorities, such as local authority, children's and adult's services. Learning disabilities and mental health commissioning service, based at Local authorities and /or NHS trusts.

We will uphold robust and thorough procedures for accounting when supporting individuals with fees or support with finances.

Statement of Purpose

Regulation 12 of The Care Quality Commission (Registration) Regulations 2009

Enclosed within this document as outlined in introductory section

Appendix 1

Health and Social care Act 2008 (Registration Regulations) as amended 2014

PART 1

1. Citation and commencement
2. Interpretation

PART 2

3. Prescribed activities

PART 3

SECTION 1

4. Requirements where the service provider is an individual or partnership
5. Fit and proper persons:
6. Requirement where the service provider is a body other than a partnership
7. Requirements relating to registered managers

SECTION 2

8. General
9. Person-centred care
10. Dignity and respect
11. Need for consent
12. Safe care and treatment
13. Safeguarding service users from abuse and improper treatment
14. Meeting nutritional and hydration needs
15. Premises and equipment
16. Receiving and acting on complaints
17. Good governance
18. Staffing
19. Fit and proper persons employed
20. Duty of candour

PART 4

21. Guidance and Code
22. Offences
23. Offences: penalties

PART 5

24. Penalty notices

PART 6

25. Revocations

26. Transitional and transitory provision

27. Review

Schedules

SCHEDULE 1

Regulated Activities

1. Personal care
2. Accommodation for persons who require nursing or personal care
3. Accommodation for persons who require treatment for substance misuse
4. Treatment of disease, disorder or injury
5. Assessment or medical treatment for persons detained under the 1983 Act
6. Surgical procedures
7. Diagnostic and screening procedures
8. Management of supply of blood and blood derived products etc
9. Transport services, triage and medical advice provided remotely
10. Maternity and midwifery services
11. Termination of pregnancies
12. Services in slimming clinics
13. Nursing care
14. Family planning services

SCHEDULE 2

Regulated Activities: General Exceptions

1. Any activity which involved the carrying on of an establishment
2. Subject to paragraph 4, the provision of treatment in
3. Paragraph 3 does not apply in relation to
4. Medical or dental services provided (otherwise than in conjunction
5. Forensic medicine or dental services provided under arrangements made with

6. Primary ophthalmic services provided under Part 6 of the 2006
7. Services which are provided at or from premises that are
8. The provision of first aid by— (a) health care professionals
9. Defence medical and dental services being
10. Treatment provided in a school to the pupils of that.

SCHEDULE 3

Information Required in Respect of Persons Employed or Appointed for the Purposes of a Regulated Activity

1. Proof of identity including recent passport
2. Where required for the purposes of an exempted question in...
3. Where required for the purposes of an exempted question asked
4. Satisfactory evidence of conduct in previous employment concerned with the
5. Where a person (P) has been previously employed in a
6. In so far as it is reasonably practicable to obtain
7. A full employment history, together with a satisfactory written explanation
8. Satisfactory information about any physical or mental health conditions which...
9. For the purposes of this Schedule— (a) “the appointed day”

SCHEDULE 4

Good character and unfit person tests

PART 1 Unfit person test

1. The person is an undischarged bankrupt or a person whose.
2. The person is the subject of a bankruptcy restrictions order
3. The person is a person to whom a moratorium period
4. The person has made a composition or arrangement with, or...
5. The person is included in the children’s barred list or...
6. The person is prohibited from holding the relevant office or...

PART 2 Good character

7. Whether the person has been convicted in the United Kingdom...
8. Whether the person has been erased, removed or struck-off a...

SCHEDULE 5

Fixed Penalty Offences

Appendix 2

Overview of the Care Quality Commissions (Registration) Regulations 2009

Part 1 General

1. Citation and commencement.
2. Interpretation.

Part 2 Registration

1. Register of regulated activities.
2. Persons to be regarded as the person carrying on a regulated activity.
3. Registered manager condition.
4. Cancellation of registration.

Part 3 Publication of information and explanations

5. Publication of information relating to enforcement action.
6. Exemptions from the requirement to notify bodies of certain matters.
7. Notification to primary care trust, English local authority and strategic health authority.
8. Power to require an explanation.

Part 4 Registration requirements

9. General.
10. Statement of purpose.
11. Financial position.
12. Notice of Absence.
13. Notice of changes.
14. Notification of death of a service user.
15. Notification of death or unauthorised absence of a service user who is detained or liable under the Mental Health Act 1983.
16. Notification of other incidents.
17. Fees etc.
18. Requirements relating to the termination of pregnancies. (For organisations registered to undertake these activities.

Part 5 Other miscellaneous requirements

19. Death of a service provider.
20. Appointment of liquidators.

Part 6 Compliance, Guidance and Offences

21. Compliance with regulations.
22. Guidance.
23. Offences.

Schedules

Schedule 1

1. Information required in respect of a service provider who proposes to manage the carrying on a regulated activity.

Schedule 2

1. Publication of information relating to enforcement action
2. Information relating to enforcement action which must be published
3. Information relating to enforcement action which may be published

Schedule 3

1. Information to be included in the statement of purpose

Appendix 3

Complaints and Compliments Policy

The purpose of this policy

Complaints must be viewed as an opportunity to improve our standards and are seen as a means of determining how continuous improvement can be effected. Having clear and robust procedures for reporting and handling complaints ensures that we can resolve any complaints openly and as quickly as practicably possible. We also have systems for monitoring, collating and reporting the nature of complaints across the organisation. These systems are used on a weekly, monthly and annual basis.

Reports are collated for the Board and Senior Management team; and are used as a way of identifying and learning how to avoid reoccurrences. Compliments are welcomed as a means of recognising good practice and sharing in successes. The Aspirations Complaints and Compliments Policy is designed to promote feedback from the people we support, their family and advocates, those commissioning services, staff and any other relevant third parties. Aspirations actively encourage feedback from a range of sources into the quality of the services we deliver.

Policy - What you need to know and do

- 1 Staff must abide by and actively promote the Aspirations' Complaints and Compliments procedure, inviting feedback from the people we support, their family and advocates, those commissioning services, staff and any other relevant third parties.
- 2 All of the people we support (and if appropriate their families/carers) will be provided with a written copy of the Complaints and Compliments Policy, and the service specific complaints procedure, in a format appropriate to their individual needs, which may include a range of user friendly mediums, formats and languages.
- 3 The system is designed to :
 - a. Provide a means through which to register and resolve a formal complaint or review decisions that affect a person we support.
 - b. Provide a means through which to acknowledge good practice.
 - c. Encourage active feedback and establish how we further build good quality practices.

Procedure

1. Complaints may be made in person, by telephone, in writing or by e mail. It is frequently possible to resolve a complaint informally, and wherever possible this should be the objective. All Verbal complaints will be written down and the complainant provided with a written confirmation. Swift appropriate action will often be sufficient to deal with issues to the satisfaction of all parties. Staff should always remain open and friendly when hearing about issues that are causing people to complain. Staff must always remember that a complaint is an opportunity to improve the service and not a personal criticism.
2. ALL complaints and compliments, regardless of their nature or manner of reporting, must be notified to the Registered Managers within 24 hours of being received. The Registered Manager will take the lead in handling the complaint and will identify the appropriate person to lead the investigation.
3. Where it is not possible to resolve the complaint informally, the person should be asked to set out the complaint in writing and be advised as to whom the letter should be addressed- (The name and contact details of the registered manager will be provided).
4. On receipt the Registered Manager should log the complaint in the complaints log and a standard letter acknowledging receipt of the complaint will be sent to the complainant within 3 working days. This will give the complainant the opportunity to discuss how they would like their

complaint to be handled. The letter will also include the following:

Details of the complainant's right to advocacy support. For example using Patient Liaison Services through the local NHS Trust, Local Independent Advocacy Groups or Advocacy support that may be provided by a Local Authority employee
and
the right to complain to the Regulator e.g. Care Quality Commission, Ofsted, Supporting People and the Commissioner of their care or support, such as Local Authority or CCG.

5. Investigations into the complaint should begin as soon as is practical. Progress in dealing with the matter should be reported to the complainant throughout the process, especially if there are delays in resolving the issues. The points to be investigated will be agreed with the complainant and any advocate; and a realistic timescale will be agreed.
6. Complaints and compliments will be monitored by the Registered and Regional Managers. The complaints register will be inspected at each monthly service audit and collated information will be forwarded to the Head of Quality. Information on all open complaints is featured on the Quality Report. This is shared with the Senior Management Team at SMT meetings. The report is then presented at board meetings by the CEO. Information about the actions and outcomes that are or were required to resolve the complaint are also featured within this report. The report also specifies the number of complaints per service and the nature and the number of complaints that were upheld. The Annual Quality Report for the board contains a summary of all complaints, inclusive of all complaints upheld. A copy of the regional report will be sent to the relevant commissioner, where we are contractually requested to do so.
7. Any employees raising genuine concerns or complaints about a service under this policy will not be subjected to any unfavourable treatment; and will be protected by the company's whistle blowing policy. Confidentiality will be maintained to the maximum extent possible. However, any employee found to have made a malicious claim about concerns or complaints, or to have made unfounded claims about unfavourable treatment, discrimination or harassment may be subject to disciplinary action.
8. People who use our services, wishing to complain about any aspect of their support, will be assisted to do so upon request. This assistance may include helping the complainant to clearly formulate the details and basis of the complaint, putting it in writing and directing them to the appropriate advocacy services. We also have an short form 'easy read pictorial complaints' procedure for the people that we support, as some people may require this.
9. Complaints involving managers within a service, will lead to an investigation from a more senior manager. Should the complaint be considered serious enough to warrant it, the Regional Manager will inform the relevant Director and Head of Quality.
10. As far as practicably possible the lead investigator will review the matter and provide a written report to the Registered Manager within 14 days.
11. As far as practicably possible the Registered Manager will review the matter and provide a written response to the complainant within 14 days. A copy of the final response will also be sent to any other parties notified of the complaint. The complainant will be informed of their right to approach the relevant Regulator and Health Service Ombudsman and given their contact details.
12. A register of all complaints received will be maintained in the service and in accordance with the regulators guidelines will include the following information: -
 - a. Date the complaint was made
 - b. An allocated complaint log number
 - c. Person making complaint
 - d. Actions taken, minutes and records of any meetings
 - e. The resolution and written confirmation of the outcomes
 - f. Date resolved

13. In addition to the requirements outlined above, if the complaint was not resolved in the service the register will also include the following: -
- a. The date and name of the person to whom it was forwarded for further investigation, including the regulator or ombudsman.
 - b. A date to review the outcome/resolution with that person.
 - c. Date of final resolution, inclusive of any appeal and notification of outcome to complainant.

Appeals

1. Within 28 days of receiving a written response, the complainant has the right to notify the company that they are dissatisfied and to wish appeal against the outcome. In this instance, the appellant will be provided with contact details for the Regional Manager, to whom they should write setting out the basis of their appeal.
2. The regional manager will acknowledge receipt on any appeals in writing within 3 working days. Within 28 days of receipt of an appeal, the regional manager will review all relevant information and discuss and explore the issues with the complainant. A final decision on the matter will then be issued and a copy provided to any other parties notified of the complaint.

Compliments

1. The company is always pleased to receive compliments and also to hear about how success may have assisted someone to make a positive change in their life. Celebrating achievements both big and small with the people using our services is one of the most rewarding and important aspects of our work. Compliments may also be a means of learning what works for people in certain situations and so they can be used to help to find solutions to people's difficulties. For staff, learning that they have done something well can contribute to a sense of achievement and satisfaction. Positive feedback is therefore welcomed and encouraged. People who use our services are sent an annual questionnaire based on the satisfaction of the service they receive. We also undertake an annual staff survey. The information collected from all surveys and monthly managers reports is collated on the monthly and annual quality report for the board. This also helps to identify both good and poor practice and enables us to develop strategic quality plans.
2. Each Aspirations Service/ Area Office holds a compliment's folder, in which any letters sent expressing satisfaction are kept. With consent these can then be shared with the people we support, existing and new staff, people interested in receiving a service and also other professionals and people interested in finding out more about us.

Dissemination, Implementation and Review

All policies are disseminated at Induction and refresher training and are implemented by all relevant staff. Updates and reviews are circulated by the senior management team to local managers who disseminate and implement the new policy. Line managers then ensure all staff read and implement the new policy and procedures.

All policies are reviewed yearly or more frequently if required.