

Aspire Community Benefit Society Limited

Scott Hall Grove

Inspection report

83-85 Scott Hall Grove
Potternewton
Leeds
West Yorkshire
LS7 3HJ

Tel: 01132626025

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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

The inspection was completed on 24 April 2018 and was unannounced.

Scott Hall Grove is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is part of Aspire Community Benefit Society. The Respite Service supports people at in a specially designed building. The service offers an opportunity for people to have short breaks from their family and also gives family carers a break from their caring responsibilities. The home has 10 respite beds, of which five are dedicated to crisis/emergency stay. It is situated in a quiet residential area on the outskirts of Leeds.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with complex learning disability and nursing needs using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service good overall. However, we found improvements were required in the safe domain. This was because we were not able to check if appropriate recruitment and identification checks had been undertaken before staff began work. This was because some recruitment information was held centrally at the organisations main office.

At this inspection we found appropriate recruitment checks were in place. Overall the service continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received positive feedback from people using the service. We carried out observations to see how they were being supported and cared for. People told us they felt safe and the staff were respectful and observed their rights and choices. Feedback from relatives and health professionals was positive.

Staff received training to administer medicines safely. There were sufficient staff with the right skills and competencies to meet the assessed needs of people who used the service. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the

policies and systems in the service support this practice.

People were encouraged to make decisions about meals, and were supported to go shopping. People's dietary needs were catered for and we saw clear instructions were followed when a person had involvement from the speech and language therapist (SALT). Appropriate meals were provided for people from different cultural backgrounds.

People retained their own GP while staying at the service, but if needed the service could also access emergency services.

People could take part in activities of their own choice and there were also organised group activities such as trips to the coast and meals at local pubs.

Relatives and staff were happy with the way in which the service was run. The service was appropriately managed. There were comprehensive systems for monitoring the quality of the service. The registered manager and staff team listened to and learnt from the feedback of others to make changes and improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Is the service effective?

Good ●

The service remains good

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good

Is the service well-led?

Good ●

The service remains good.

Scott Hall Grove

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 24 April 2018 and was unannounced. The inspection was conducted by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the last inspection report, statutory notifications about incidents and events affecting people using the service. The registered manager had completed the Provider Information Return (PIR) and sent it to us. The PIR is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with two people using the service at the time of the inspection. We telephoned and spoke with three relatives following the visit. We also spoke with a health care professional who was visiting the service at the time of the inspection.

We spoke with the registered manager and four care staff who were on duty at the time of the visit. We reviewed the care records for four people using the service including their support plans and risk assessments.

We looked at the management of medicines records including their storage and disposal. We also looked at five staff recruitment files and records related to the running of the service. These included maintenance records, checks and audits carried out to monitor quality in the service and make improvements.

Is the service safe?

Our findings

At our last inspection of February 2016, this domain was rated as requires improvement. The registered provider did not ensure that all staff recruitment files were accessible for inspection. This was because the provider stored them centrally at their main office.

At our inspection of April 2018 we found the registered provider had taken reasonable steps to address the issue and the domain was rated good.

We found the service had robust recruitment and selection processes which ensured only suitable staff were employed to work with vulnerable people. We looked at five staff recruitment files and they contained the required records. These included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Sufficient staff were employed to work at the service and our observations confirmed people's needs were met in a timely way. Staff told us they had time to do their job effectively and they felt there were sufficient staff on duty to meet the needs of people who used the service.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff received regular training in safeguarding vulnerable people. Staff were confident to use whistleblowing procedures to report any concerns which may lead to a safeguarding alert being raised. Whistleblowing procedures protect staff members who report colleagues they believe are doing something wrong or illegal, or who are neglecting their duties.

People we spoke with told us they felt safe. One person said, "I am happy here staff look after me and of course I feel safe." Relatives that we spoke with were positive about the safety of their family members during their stays at the service. One relative said, "I know that [family member] is safe as they so look forward to going into the service for a break. They talk about staff with great fondness." Another relative said, "I have confidence in the staff. They are brilliant. I would recommend the service to anyone."

The provider had robust safeguarding procedures and these had been followed by staff trained in the subject. The registered manager confirmed to us that there was no on-going safeguarding at the service. Staff were knowledgeable about keeping people safe from harm.

Relatives of people who used the service told us that they had confidence in the provider to ensure any relevant information was passed to them after their family members stay. One relative said, "They know to ring me if there is a problem but they never have so far. The service is marvellous."

We saw risk assessments were in place to reduce the impact of potential hazards such as trips and falls and

there were emergency plans in place to ensure people's safety in the event of a fire or other emergency at the home.

There were appropriate arrangements in place to ensure people's medicines were safely managed, and our observations showed that these arrangements were being adhered to. Medicines were safely stored, with additional secure storage for controlled drugs, which the Misuse of Drugs Act (1971) states should be stored with additional security. We checked records of medicines administration and saw these were appropriately kept. There were systems in place for checking medicines stocks, and for keeping records of medicines which had been destroyed or returned to the pharmacy.

One staff member told us prior to admission into respite services staff contacted relatives and carers to check if any changes were made to the prescribed medication. Relatives and carers were asked to bring in sufficient medication for their relatives stay and insisted the medication was in the original packaging with clear dispensing labels. This ensured staff continued to administer medication at the times when the person received them at home. Relatives we spoke with confirmed these arrangements.

Systems were in place to check and ensure the safety of the premises and we saw certificates in relation to gas, water and fire safety. Risk assessments were in place to cover any maintenance work at the home. The home was clean and well maintained. Cleaning records were maintained for all areas and this included deep cleans where appropriate. The potential for a spread of infection within the building was mitigated by appropriate cleaning schedules and colour coded equipment. There were procedures and equipment to deal with any spillages.

Is the service effective?

Our findings

People and relatives we spoke with confirmed they received care and support that was appropriate to their needs. People told us that staff always consulted with them about their care and were respectful of their wishes. For example, people continued to attend social centres during the day and attended groups and social events in the evenings. People we spoke with told us that staff asked them if it was okay to assist them with personal care. We observed throughout the inspection support workers offering choice and respecting people's wishes.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

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 were being met. We found appropriate DoLS were in place. These were mainly for people who used the emergency respite service.

Staff had been trained in MCA and were able to describe the principles of the act and gave examples of how people's best interests were taken into account if the person lacked capacity to make a decision. For example, people were supported to make decisions through the use of care plans, with their involvement.

Staff regularly monitored food and drink intake to ensure people received enough nutrients in the day. We saw clear instructions were followed where people had involvement from the speech and language therapist (SALT). Staff regularly consulted with people on what type of food they preferred and ensured foods were available to meet peoples' diverse needs. Staff told us that they could easily access foods for people who were from different faiths and beliefs. For example halal meats. People told us that the food provided was good with lots of choice. This included a variety of snacks that were available throughout the day.

Staff had attended training to ensure they had the skills and competencies to meet the needs of people who used the service. The records we looked at confirmed staff had attended regular training. Most of the staff who worked at the home had also completed a nationally recognised qualification in care to level three. Staff confirmed to us that they had received training suitable for their role within the organisation.

The registered manager was aware that staff employed without prior experience would be required to complete the 'Care Certificate' The 'Care Certificate' looks to improve the consistency and portability of the

fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. We saw certificates to confirm staff had completed their induction. The induction included fire procedures, staff handbook, safer working practice, safeguarding, infection prevention and control, moving and handling, equality and diversity, practical skills, medicines and record keeping.

Systems to support and develop staff were in place through monthly supervision meetings with their line manager. These meetings gave staff the opportunity to discuss their own personal and professional development as well as any concerns they may have. Annual appraisals had been completed for all staff. This meant staff were supported in relation to their roles and responsibilities.

Is the service caring?

Our findings

The staff provided care which was person centred and focused on the individual needs, wishes and preferences of the people who used the service. Care plans and guidance for the staff gave information about the person and how they expressed their choices. This enabled staff, in particular new staff, to become familiar with how to support people in a way they wanted.

Relatives and people who used the service consistently told us that staff were courteous, kind and respectful. We saw that staff knew people who used the service very well and had a warm rapport with them. There was a relaxed atmosphere in the home with staff having time to share a joke with the people they were supporting.

Relatives told us staff ensured their family members stay was meaningful and promoted their independence. One relative said, "The respite stay gives us a break and also gives [family members] time to spend with friends." Another relative said, "Our [family member] is so well looked after. The staff are respectful and helps to maintain [family members] independence."

We saw there were designated dignity champions. The champion's role included ensuring staff respected people and looked at different ways to promote dignity within the home. We observed that people were treated with respect and dignity was maintained.

We observed staff interacting with people in a positive encouraging way. People were asked what they wanted to do during their time at the service and there was lots of encouragement given to people to undertake household tasks like cooking their own meals and tidying their accommodation.

We saw staff attended to people's needs in a discreet way, which maintained their dignity. Staff encouraged people to speak for themselves and gave people time to do so. They engaged with people in a respectful and encouraging way, to help them to be as independent as they could be.

Information was provided, including in accessible formats, to help people understand the care available to them. We saw care records included pictures which helped people understand the topics that were discussed such as personal care needs and activities.

Staff retention was good, and staff knew people well and had built good relationships. Staff came across as very committed and there was a nice, relaxed atmosphere. One staff member we spoke with said, "It's an absolute pleasure coming to work. I have worked here for several years and enjoy my job very much."

Is the service responsive?

Our findings

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The people we spoke with told us the standard of care they received was good. We looked at copies of four people's assessments and care plans. They gave a clear picture of people's needs. They were person-centred in the way that they were written. For example, they included such information as people's preferences, their likes and dislikes in relation to food and leisure activities, and the times they usually liked to go to bed and to get up.

Relatives we spoke with told us they had been involved in providing some information about their family member including things they liked to do socially. They told us they had also been involved in reviews of their family members care.

We found people's care and treatment was regularly reviewed to ensure it was up to date. We were told before each stay staff telephone the person's relative and asked for any updates regarding medication and any health changes. Relatives we spoke with confirmed these arrangements. Daily handovers ensured new information was passed at the start of each shift. This meant staff knew how people were presenting each day. We saw copies of handovers which were sufficiently detailed.

Staff we spoke with told us they worked flexibly to ensure people who used the service could take part in activities of their choice. They said activities such as attending social events and going for meals were arranged around people who used the service. Staff told us that sometimes people came into respite and regarded their stay as their 'holiday' as some people had caring responsibilities when they returned to the family home.

People were provided with information about the service which included information about what they could expect from the service. This was called a 'Service User Guide'. The information was set out in an appropriate format. Photographs and pictures used to illustrate the main points.

The service had recognised the needs of different groups in the planning of its services. For example, staff told us they had organised female only weeks so people from different cultures could have respite at the same time. At this time only female staff were rostered to work.

We were shown information about how the service had taken part in celebrating British culture day where people could try different foods from around the country. This gave people who used the service to sample foods that they would not normally eat. The registered manager told us it was a great event enjoyed by everyone.

The registered manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. It was written in plain English and used pictures to help people to understand the process. The registered manager told us there were no on-going complaints. They said they met regularly with staff and relatives to learn from any concerns raised to ensure they delivered a

good quality service.

People and relatives we spoke with told us they were confident in being able to express what was important to them and they were positive that they were listened to and respected. One relative we spoke with told us they had raised an issue with the registered manager but it had been dealt with to their satisfaction. They said their complaint was a long time ago and everything had been very good since then. Other relatives told us they had never needed to raise anything as staff were 'very good'.

Is the service well-led?

Our findings

The service continued to be well led by the registered manager. Feedback from relatives about the staff and registered manager was complimentary. Comments included, "The staff and management are excellent, nothing is too much trouble" and, "I would recommend Scott Hall Grove to anyone who needs this type of service."

Staff spoke highly of the registered manager. They told us, "It is a well-run and organised service. The registered manager understands the service" and, "We work as a team to help support people staying at the service."

Staff confirmed that they had regular staff meetings. This enabled them to meet and discuss the welfare of people using the service and other topics such as safeguarding people, staff training and health and safety. The registered manager told us it also helped to make sure any relevant information was disseminated to all members of the team.

During our inspection, we noted positive examples of leadership from the registered manager and the support workers. Staff were encouraged to speak with us about the service. This showed an open approach which encouraged staff to give their views.

Relatives told us the registered manager and support workers were always visible and they felt supported by him and the support workers. One relative said, "It is good to know there is a person leading the home and staff really care."

We spoke to a health care professional who told us the service was very well run and staff were always 'on the ball' when responding to people in crisis. They said, "This is such a valuable service, but there are just not enough beds to meet the demands of people living in the city of Leeds."

There were effective and robust systems in place to monitor and improve the quality of the service provided. Monitoring of the service included gaining the views of people living at the home. Surveys were returned centrally to the organisation where outcomes were collated. Any areas for improvement were discussed with staff and people who used the service to agree any actions which may need to be addressed.

The registered manager had responsibility to undertake audits which looked at health and safety, infection control and medication. We saw there were clear fire risk assessments in place and regular maintenance of the fire alarm system took place to ensure equipment was well maintained. We found the registered manager could clearly demonstrate areas of improvements and had action plans with timescales to monitor progress.