

Aspire Healthcare Limited

Grasmere Lodge

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Grasmere Lodge is a care home that provides accommodation and personal care for a maximum of 20 people with mental health needs or associated conditions. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. Grasmere Lodge accommodated 12 people at the time of the inspection. The service operates from two adjoining houses.

At our last inspection in December 2017 we rated the service good. However, there was a continued breach of regulation 17, governance, as the provider had not actioned improvements to maintain the building in a timely way.

At this inspection we found improvements had been made and the service was no longer in breach of this regulation. Other evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing 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.

At this inspection we found the service remained good.

People said they felt safe and they could speak to staff as they were approachable. People and staff told us they thought there were enough staff on duty to provide safe care to people. Staff knew about safeguarding procedures. Staff were subject to robust recruitment checks. Arrangements for managing people's medicines were safe.

Improvements were required to hygiene in some areas of the home. A designated domestic person was not employed. This was actioned straight after the inspection and a domestic person was being recruited.

Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks. Staff knew the needs of the people they supported to provide individual care and records reflected the care provided.

People were involved in decisions about their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People had food and drink to meet their needs. There were some opportunities for people to follow their interests and hobbies but they told us they would like this to be extended with more varied activities to be made available. They were all supported to contribute and to be part of the local community.

Staff were well-supported due to regular supervision, annual appraisals and an induction programme, which developed their understanding of people and their routines. Staff also received specialised training to ensure they could support people safely and carry out their roles effectively.

People had the opportunity to give their views about the service. There was consultation with staff and people and their views were used to improve the service. People said they knew how to complain. The provider undertook a range of audits to check on the quality of care provided.

Further information is in the detailed findings below.

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 remains good.

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 has improved to good.

Grasmere Lodge

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 9 October 2018 and was unannounced.

The inspection team consisted of one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of caring for someone who uses this type of care service for people who live with a mental health related condition.

Before the inspection we reviewed the information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also contacted commissioners from the Local Authorities who contracted people's care and two professionals who provided specialist advice and support to some people who used the service.

During this inspection we carried out general observations.

During the inspection we spoke with eight people who lived at Grasmere Lodge, three support workers including two senior support workers. The registered manager was not available as they were on holiday. We reviewed a range of records about people's care and how the service was managed. We looked at care records for four people, three people's medicines records, recruitment records for four staff, staffing rosters, staff meeting minutes, meeting minutes for people who used the service, maintenance contracts and quality assurance audits the registered manager had completed.

Is the service safe?

Our findings

People were positive about the care they received and told us they were safe with staff support. Staff also said they felt safe working at the service. Peoples' comments included, "Staff always make me feel safe", "Staff are around if you need them and come quickly if you ask for any help", "Staff are always in and out of rooms if any they see anyone causing trouble they will speak to them and sort it out" and "Staff are good at handling situations quickly so it doesn't upset other people."

There were sufficient numbers of staff available to keep people safe over the 24 hour period. Staffing levels were determined by the number of people using the service and their needs. However, we identified as ancillary staff were not employed and the work was carried out by support workers this reduced the amount of direct care time with people. After the inspection we were told by the provider a domestic person was being recruited.

Improvements were required to hygiene in some areas of the home. There was a mal-odour in an area on the ground floor and the front entrance carpet was stained and some areas of the ground floor were showing signs of wear and tear. After the inspection the provider told us this was being addressed. Staff received training in infection control and personal protective equipment was available for use as required.

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the person in charge. One staff member told us, "I'd raise any concerns with the manager or safeguarding team." Records showed and staff confirmed they had completed safeguarding training.

Risk assessments were in place that were regularly evaluated to ensure they remained relevant, reduced risk and kept people safe. Although the risk was well-managed we highlighted the increased risk as several people smoked in their bedrooms. A designated smoking room with ventilation was not available on the premises but a covered smoking area was available outside that we saw people use during the day. We discussed this with the senior support worker about the risk of fire not being contained who told us it would be addressed.

Accident and incident reports were analysed, enabling any safety concerns to be acted on. De-briefings took place with staff and reflective practice to analyse any incidents.

Medicines were given as prescribed. Some people managed these by themselves. Peoples' comments included, "Staff are always on the ball with your medicines and never late" and "Staff keep me right, I've never missed it or had it late." Staff had completed medicines training and competency checks were carried out. Staff had access to policies and procedures to guide their practice.

Records showed that the provider had arrangements in place for the on-going maintenance of the buildings. Routine safety checks and repairs were carried out such as for checking the fire alarm. External contractors carried out regular inspections and servicing, for example, fire safety equipment, electrical installations and

gas appliances

Staff personnel files showed that a robust recruitment system was in place. This helped to ensure only suitable people were employed to care for vulnerable adults.

Is the service effective?

Our findings

Staff received training to meet people's care and treatment needs and they kept up-to-date with safe working practices. There were opportunities for personal development and staff received supervision and support to carry out their role.

Care provided by staff was holistic and included support for all areas of assessed need to assist people's recovery. Comprehensive assessments were carried out to identify people's support needs and safety requirements. They included information about their medical conditions, mental health, dietary requirements, finances, safety, communication and other aspects of their daily lives.

People were supported, where required, to access community health services to have their healthcare needs met. Regular reviews took place to check people's health and welfare. Their care records showed they had input from different health professionals. One person told us, "If I need to go to the doctor's staff always make sure I get there and I don't worry." Another person commented, "I go to the clinic every month. The staff remind me of the date and arrange the taxi to take me. They [staff] are well-organised."

People enjoyed a varied diet. Where needed nutrition care plans were in place and these identified requirements such as the need for a weight reducing or modified diet. Where anyone was at risk of weight loss their weight was monitored more frequently as well as their food and fluid intake. People's comments included, "The food is great", "You never get the same food and if you don't like what's being made you can have something else", "The food is spot-on we plan the menu the night before with staff" and "The food is fabulous, staff always ask what you'd like on the menu."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. The registered manager and staff were aware of the deprivation of liberty safeguards and they knew the processes to follow if they considered a person's normal freedoms and rights were being significantly restricted.

Staff were successful in ensuring that people had transitions between services that were seamless, positive and person-centred. Communication was effective between professionals internally and external to the

service to ensure people's needs were met as individually as possible and that the transition was a success. One person told us, "I'm new to the service and staff really made the change over easy for me which was good as I'd been at the last place a long time. Staff found out what my routine was and how I liked to do things."

Is the service caring?

Our findings

People were very positive about staff support and told us they felt valued by staff. Their comments included, "Staff have been really helpful and help me to do as much as I can", "I don't feel alone as staff will always come to see me", "The staff are very patient and always have a lot of time for me", "Staff are kind and caring and willing to offer support when I need it. Nothing is too much for them", "Where staff get their patience from I don't know. They are amazing", "Staff are always polite and friendly and around if you need help" and "Sometimes I feel down and staff know that. They watch for me and always have a chat to check I am okay."

Positive, caring relationships had been developed with people. Staff interacted with people in a kind, pleasant and friendly manner. There was a stable staff team with some staff having worked at the service for several years. Staff were given training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a more personalised service. People's care records were up-to-date and personal to the individual. They contained information about people's likes, dislikes and preferred routines as well as their dreams and aspirations.

All of the people we spoke with confirmed they were involved in making decisions about their care and support. They were asked their opinion at their regular meetings. They told us they were able to decide for example when to get up and go to bed, what to eat and what they might like to do. One person said, "I like to spend time in my room in the evening." Another person commented, "Sometimes I watch television late so I don't want to get up early and staff don't mind."

Staff respected people's privacy and dignity. We saw staff knocked on a person's door and waited for permission before they went into their room. People's comments included, "Staff are respectful and ask if it's okay to come in my room" and "Staff come in once a week to clean my room and ask if it's okay first."

People were encouraged and supported to maintain and build relationships with their friends and family. People were able to visit their relatives and friends regularly. People's comments included, "Staff will help me with any problems with my family", "Staff will help to arrange visits for me to see my family" and "Family are always welcome to visit here any time."

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager or senior staff any issues or concerns. Advocates can represent the views of people who are not able to express their wishes, or have no family involvement.

Is the service responsive?

Our findings

People said they went out and spent time in the community. They were also supported to go on holidays and day trips to places such as Blackpool and Beamish museum. However, most people said they would like more opportunities for activities and trips out as people said they mostly watched television and listened to music or went walking in the local park. Their comments included, "I enjoy going to the local club house and playing snooker with staff", "I used to love playing football, I'd love to do that again", "I like colouring books but I don't think we have anything like that here", "We did have a computer to use but it got broken" and "There are some activities in the office that you could ask for but I prefer to read." We discussed this with the registered manager after the inspection about people wanting more activities. They told us people were being consulted about activities they would like to be made available.

Support plans were developed from assessments that were carried out when people moved to the service. The service provided rehabilitation to some people to help them prepare for living more independently. However, support plans did not detail the advice and guidance provided by staff to help people re-learn or learn new skills to help them become independent and ensure consistent care was provided. We discussed this with the senior support worker who told us it would be addressed.

Staff supported people with laundry, cooking, budgeting and cleaning their bedroom. People's comments included, "I have my own kitchen and kettle. The staff have asked me if I want to cook my own meals and said they will help me to do this" and "Staff are good at supporting me. They remind me about getting a shave and about bringing my laundry down so they can wash it."

Records showed that when crises did occur, the service approached community and external professionals for support, particularly around mental health and well-being. Staff responded to people's changing needs and arranged care in line with people's current needs and choices. One person told us, "Staff always help me as best they can. They know I need help with things like getting a shower and dressed." Another person said, "It's good that staff help me to keep my room tidy and remind me of things I need to do." Meetings took place with people to review their care and support needs and aspirations. Staff completed a daily diary for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans which were up-dated monthly.

Household meetings took place with people to discuss the running of the household. Their comments included, "We have a resident's meeting every month and discuss menu choices, things that we'd like to happen or trips to be organised", "We can offer our own ideas and staff do listen" and "There is a service user forum where we can talk about issues or plans for the home."

The provider had a complaints procedure which was available to people, relatives and stakeholders. Information could be made accessible to people if they did not read. A record of complaints was maintained. People told us they could talk to staff if they were worried and raise any concerns. They all people said staff would take action if they had any concerns.

Information was available about people's religion and end-of-life wishes to inform staff of people's wishes at this important time.

Is the service well-led?

Our findings

A registered manager was in place who registered with the Care Quality Commission in March 2015.

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 found that the breach of regulation and areas for improvement identified at the last inspection had been acted upon as improvements had been made to the building. At this inspection we found improvements had been made to the environment and the service was no longer in breach of its statutory requirements.

The senior support workers assisted us with the inspection as the registered manager was not available. Records we requested were produced promptly and we were able to access the care records we required. The staff team were open to working with us in a cooperative and transparent way.

The provider and registered manager acted swiftly and told us straight after the inspection about the action that had been taken as a result of our findings. For example, more activities being provided and designated domestic hours so staff had more time to spend with people.

We were told and observations showed the registered manager promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making.

The atmosphere in the service was relaxed and friendly. Staff and people told us the registered manager was approachable. They were very positive about their management and had respect for them.

The registered manager was supported by a staff team that was longstanding, experienced, knowledgeable and familiar with the needs of the people they supported. They told us they were well supported by the provider's management team. They had regular contact with head office, ensuring there was on-going communication about the running of the service.

Staff told us and meeting minutes showed staff meetings took place. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Staff told us meeting minutes were made available for staff who were unable to attend meetings.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of monthly, quarterly and annual checks. They included the environment, medicines, health and safety, accidents and incidents, complaints, personnel documentation and care documentation. Audits identified actions that needed to be taken. Audits were carried out to ensure the care and safety of people who used the service and to check appropriate action

was taken as required.

Feedback was sought from people and staff through meetings and surveys.