

Aspire Community Benefit Society Limited

Scott Hall Grove

Inspection report

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

Tel: 01132626025

Date of inspection visit:
02 February 2016

Date of publication:
24 March 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an unannounced inspection carried out 2 February 2016.

Scothall Grove is part of Aspire Community Benefit Society. The Respite Service supports people at Scotthall Grove 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.

A registered manager was in post and present for the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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 looked at records relating to the personal care that the service was providing and found care was well planned and reviews involved the people receiving care and their families.

We did not judge recruitment procedures to be safe because staff application forms and references were not available to be inspected. This was a breach of a requirement and we have asked the provider to make improvement. We saw appropriate background checks were undertaken to ensure new staff were not barred from working with vulnerable people. There were sufficient, appropriately skilled staff to provide care and support at all times.

The provider had policies and procedures relating to the safe administration of medication. This gave guidance to staff on their roles and responsibilities.

People told us they felt safe using the service. We observed very good relationships between people and their support workers and saw policies and practice that ensured people's privacy and dignity were respected. Staff spoke highly of the registered provider and felt well supported by them.

We saw the support plans were detailed and included information on how to meet people's religious and cultural needs, the activities they took part in and how to manage any behaviour that could be challenging.

The staff we spoke with were able to describe how people preferred their care and support to be delivered and the importance of treating them with respect. People who used the service told us staff were very caring and always provided care and support in line with their agreed support plan.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received. The people we spoke with and their relatives told us they were aware of the complaints procedure and would have no hesitation in making a formal complaint if they had

any concerns about the standard of care provided.

We saw the provider had a quality assurance monitoring system that continually monitored and identified shortfalls in service provision.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People told us they felt safe. Staff knew how to recognise and respond to abuse correctly. Individual risks had been assessed and identified as part of the support and care planning process.

Staff application form and references were not available to check at the inspection so we could not determine that safe processes had been followed.

Risk was assessed and managed in order to keep people safe.

Is the service effective?

Good ●

The service was effective.

People felt that they were supported by staff with the skills and experience to provide the care they needed.

The records we looked showed staff had completed training about the Mental Capacity Act.

People enjoyed their meals and were supported to have enough to eat and drink. People received appropriate support with their healthcare.

Is the service caring?

Good ●

The service was caring.

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed.

Staff gave good examples of how they maintained people's dignity. One staff member told us, "I treat people how I would like to be treated."

Is the service responsive?

Good ●

The service was responsive.

People's care plans contained sufficient and relevant information to provide consistent, person centred care and support.

There was opportunity for people to be involved in a range of activities within the home and the local community, however, these were limited.

Complaints were responded to appropriately.

Is the service well-led?

The service was well led.

The registered provider kept staff informed about the business and the staff felt listened to. Staff we spoke with were positive about the registered provider and told us that they enjoyed their work.

Any incidents and accidents were recorded and addressed. The registered manager put actions in place to prevent re-occurrence.

A range of audits and quality assurance systems were used to identify areas of improvement.

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 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.

The inspection took place on 2 February 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

At the time of the inspection there were nine people receiving a service from Scothall Grove. We visited the home and spoke with four people, three relatives, four members of staff and the registered manager. The staff at Scothall Grove are known as support workers. We spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at people's care and support plan and medication records.

We looked in detail at five care plans and the recruitment records of three members of staff. We looked around all areas of the home including living rooms, dining rooms, bathrooms, kitchens and some people's bedrooms. Due to the nature of the service some people who used it were not able to tell us about their experiences, but we spent time making observations of care and support provided.

Before the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

We looked at recruitment records of support workers. However we were not able to check if appropriate recruitment and identification checks had been undertaken before staff began work. This was because the service did not hold staff application forms and references at the location. The registered manager told us they will ensure these are made available for other inspections. The provider information return we received before our inspection stated; 'We have a rigorous recruitment and selection policy and procedure and customers are involved in recruiting staff. References are obtained for all potential staff.' We saw evidence Disclosure and Barring Service (DBS) checks had been carried out. These checks helped to make sure job applicants were suitable to work with vulnerable people. The DBS is a national agency that holds information about criminal records and persons who are barred from working with vulnerable people. However, because staff application forms and references were not available to check at the inspection, we could not determine that safe processes had been followed.

We found this was a breach of Regulation 19 (Fit and proper persons employed)) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked relatives of people who used the service whether they felt there were enough staff to meet people's care and support needs. One person told us, "There are plenty of staff, I drop in any time." Another said, "There's enough staff." Staff we spoke with also said they felt the provider planned enough staff for each shift. We looked at rotas, spoke with staff and made observations as to how staff responded to people's care and support needs. The registered manager told us the staffing levels agreed for people's needs were being complied with, and this included the skill mix of staff. Based on this evidence we concluded there were sufficient staff to provide safe care.

We spoke to four people using the service and three people's relatives regarding the safety measures in place within the home. We asked if people felt safe. One service user told us "I certainly feel safe. All the staff are nice and people leave you alone." One person's relative said, "Yes, my relative is safe here. I could not ask for a better place."

All of the staff we spoke with told us they felt the service had enough staff on duty to keep people safe and meet their needs. We spoke with four staff who all told us they enjoyed working at the service; they told us they felt staff worked as a team and always in the best interests of people using the service. They felt that the service was staffed appropriately for the amount of people using the service.

The care plans we looked at showed the people had their risks assessed appropriately and these were updated regularly and where necessary revised. We saw risk assessments had been carried out to cover daily activities such as travel, money management, medication and health and safety issues. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. The assessments were detailed and had been signed by people who used the service or their relatives.

Information provided in the provider information return stated the service had one person with Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) documents in place. We reviewed their care records. We found the person had a recently completed DNAR form in place in the front of their care record. This had been completed and signed by the person's GP who indicated (tick box) that the person lacked capacity, and that this issue had been discussed with the service manager.

The provider had a policy in place for safeguarding people from abuse. This policy provided guidance for staff on how to detect different types of abuse and how to report abuse. There was also a whistle blowing policy in place for staff to report matters of concerns. Safeguarding training was given during induction. We spoke with members of staff and the registered manager about safeguarding and found they had a strong understanding of types of abuse people may be at risk from and how to report any concerns.

Medicines were administered to people by trained care staff. We saw that most medication was administered via a monitored dosage system supplied directly from a pharmacy. Individual named boxes contained medication which had not been dispensed in the monitored dosage system.

We inspected medication storage and administration procedures in the service. We found that medicine storage cupboards were secure, clean and well organised. We examined records of medicines no longer required and found the procedures to be robust and well managed. We carried out a random sample of supplied medicines dispensed in individual boxes. We found one person's stock levels of the medicines did not concur with amounts recorded on the MAR sheet.

The registered manager told us this was a mistake which happened on the day of the inspection and they had systems in place which would pick up the error later that day. Since the error made was regard to quantities of medication and not due to incorrect administration of prescribed medication and in addition to this the service had systems in place to detect errors it was concluded people were protected against the risks associated with medicines.

We saw there was a staff disciplinary procedure in place to ensure where poor practice was identified it was dealt with appropriately.

Any accidents and incidents were monitored by the registered manager and the provider to ensure any trends were identified and acted upon. There were systems in place to make sure any accidents or incidents were reported. Support workers we spoke with were aware of their responsibility to report any accidents or incidents to the registered manager.

We looked around the home including bathrooms, communal areas, toilets and some people's bedrooms. We found the home was cleaned to a high standard and well maintained, with paperwork in place to evidence regular and in date servicing of equipment such as fire systems, hoists and gas fittings. Personal protective equipment was available and we saw staff making use of these. We looked at records relating to the testing and maintenance of equipment and fixtures in the home. This meant that people were protected from risks associated with equipment and the prevention and control of infection.

Is the service effective?

Our findings

We asked people whether they were supported by members of staff with the right skills and experience. They told us, "They all know exactly what they are doing." One person said, "Yes, they do know how to look after me."

We saw the provider had identified training that staff needed in order to provide care and support effectively. Staff we spoke with told us they had completed training in 2015, which included training in food hygiene, moving and handling health and safety, medication and safe practices. One staff member told us, "I feel I get enough training to do my job." We looked at staff training records which showed staff had completed a range of training sessions in 2015 as described by staff. Another member of staff told us, "There is lots of training; we are well supported in this respect." We saw the provider had systems in place to ensure training was in line with current good practice.

Staff we spoke with said their induction had been thorough and equipped them with skills and competencies to provide effective care and support to people. One member of staff said, "The induction was very good. You're not asked to do things by yourself until you are comfortable with what you are doing." We looked at records of induction training and the provider's induction policy and saw staff completed a comprehensive programme including training in duty of care, equality and inclusion, privacy and dignity, fluid and nutrition and infection prevention and control. The provider information return we received before our inspection stated; 'Staff undertake a wide range of core, refresher and specialist work-related training.'

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff we spoke with said they had regular supervision and appraisal which gave them an opportunity to discuss their roles and options for development. We looked at staff records which confirmed staff received appraisal yearly and supervision every two months.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

At the time of our visit one person who used the service had a DoLS in place, and we saw that this had been completed correctly. We saw staff had received training to support their understanding of the implications of people having a DoLS in place and those we spoke with demonstrated they were aware of how these affected individual people who used the service.

Staff we spoke with understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. The staff we spoke with told us they had completed MCA training and the records we looked at confirmed this. One staff member said, "It is important people can make their own decisions and find ways to communicate."

We saw people who used the service had given consent to record information during their assessment and to share this information with others involved in their health care. They told us their consent was sought by staff before any intervention or provision of care and/or support. One person said, "They always ask you." We saw staff gave people an explanation and waited for them to respond before they helped them to undertake care or support tasks.

We saw that people using the service had enough to eat and drink. Throughout the morning and afternoon of our inspection we saw that hot and cold drinks were offered to people as well as at lunch time. We observed the lunch time meal being served and spoke with two people who used the service who told us, "We all decide what we are going to eat." We saw people sitting at the tables chatted to each other and the atmosphere was relaxed. We observed one person receiving assistance from staff with their meal. The staff member sat with them throughout the course of the meal. People who used the service said they enjoyed the food and expressed that some staff were better cooks than others.

Records showed that arrangements were in place that made sure people's health needs were met. We saw evidence in care records and reviews that support workers supported the people who used the service to attend medical appointments and health checks when needed.

Is the service caring?

Our findings

There were no missed opportunities by staff to engage people in conversation. We saw when personal care was taking place explanations were given, and interventions were unhurried. Staff respected privacy by knocking on people's doors before entering rooms and closing doors on toilets and bathrooms when people were in.

We saw the interactions between staff and the people being supported were unhurried, friendly and sensitive. We saw that people's appearance was neat and tidy. One person spoken with told us what they thought about the attitude of the staff and comments included, "They are always polite and respectful, very kind". One staff member said, "We give quality care, support and meet people's needs."

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. One person said they could make their own choices about care and day to day events. "I feel I make all my own decisions."

Care plans contained detailed information as to people's likes and preferences they were all written in the person's voice, for example using phrases such as 'I like' and 'I prefer' rather than '[name of person] prefers.' Information emphasised people's individual character and was arranged under headings such as 'What people like and admire about me', 'What is important to me', and 'How best to support me.' Staff we spoke with told us they found this information useful in forming positive relationships with people who used the service and we saw evidence that it was reviewed and updated regularly.

We saw that where documents required signing by the people this had been done. People we spoke with told us they knew they had records which the home kept about their care and they had been involved in developing care plans. We spoke with people's relatives and asked if they felt they were involved in their relative's care. One relative told us, "I get involved a lot, I always have done. They are very responsive, they sort problems out. They are open and they listen to me." This meant that people, or where appropriate their relatives, had been involved in their care planning.

People who used the service looked well cared for. They were relaxed and comfortable in the presence of staff throughout the inspection, and we saw staff were patient and focused on the person they were assisting or socialising with. People were free to choose how and where they spent their day, for example some went to day centres and some spent time in the home and went out with staff.

People spoken with said staff protected their privacy and dignity and helped them maintain their independence. We saw staff were very discreet when addressing personal care issues with people. One person said, "I'm able to do what I want at the pace I want to."

Staff had a good understanding of equality and diversity and we saw support was tailored to meet people's individual needs. Staff gave examples of how they maintained people's dignity. One staff member told us, "I

treat people how I would like to be treated. I always knock on people's doors and ask it is ok to help them." People told us their carer was always mindful of their privacy.

Is the service responsive?

Our findings

The care records contained a clear assessment of the person's needs made before they started to receive care. This included the types of assistance needed, how the person liked to receive assistance and at what time. The provider information return we received before our inspection stated; 'All customers have full assessments of their needs, these are reviewed at every respite stay. Before every respite stay staff contact the customers/carer's on a pre-admission call, to request information on any changes or request they may have for their stay.' We saw evidence this had taken place. We saw that the care planning policy contained guidance for staff to enable them to make the person feel 'comfortable and secure' before starting the process. This included maintaining eye contact and engaging in conversation about the person's life.

We saw that people's views about the service were being sought when their care was reviewed. In one person's review the person had been asked what was working well for them, how they found the service overall and how satisfied they were with the service overall. We saw comments such as 'good' and 'brilliant' had been made.

The care plans we looked at were detailed and personalised to ensure that support was provided according to the person's preference. Staff and the registered provider had considerable knowledge of people's preferences and wider life and we observed a friendly and supportive relationship between people and staff in their home.

The people who used the service received care which was personalised and responsive to their needs. Staff demonstrated a knowledge and understanding of their care, support needs and routines and could describe care needs provided to people. Staff told us the care and support plans were reviewed on a regular basis. One person who used the service told us, "I couldn't be happier with the way I'm looked after."

People spoken with told us they had been involved in developing their care and support plans and in reviews of them. They felt they had been listened to and their needs were a priority. They said the care and support plans met their current needs and if any adjustments were made then they were involved in that. One person told us, "I'm fully involved."

From talking with people who used the service and looking at care plans we saw that people had been supported to take part in a range of education, hobbies and interests to meet their individual needs. This included day centre, pin bowling and going to football matches. One person told us, "I go out regularly with staff." Another person said, "I just suggested it and off we go." A third person told us how much they enjoyed the day centre they had been used to going to and were pleased they could still attend this whilst at Scothall Grove.

Over the last 12 months, the service has had six written compliments. The themes for compliments are around customer support, carers happy with service and thanks for support given

People we spoke with told us they had no complaints. They said they could approach any member of staff

with a concern and it would be taken seriously.

We looked at the complaints records. There had been four complaints and we were able to see a clear procedure that had been followed when complaints had been investigated. There was information recorded about the outcome or actions taken. We also saw the complaint information was reviewed on a monthly basis, which helped the service make improvements where necessary. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We noted the complaints policy and procedure was in the file of the people who used the service and gave step by step guidance on how to make a complaint and the procedure the service followed when managing complaints.

Is the service well-led?

Our findings

There was a registered manager in place. The registered manager had good knowledge of the support needs of the people who used the service and could describe the service well.

The registered manager ensured staff had an opportunity to attend meetings to discuss operational issues and contribute to the running of the service. We saw these meetings happened regularly and we looked at the minutes of the most recent meetings. There was a comprehensive standard agenda which covered items including infection control, training and shift cover. Meetings also evidenced discussion and open communication about incidents and other current issues within the service. Minutes were produced and circulated which ensured transparency and good communication within the service. We saw the registered manager asked staff to sign to confirm receipt of and agreement with the minutes. Staff told us they found the meetings useful and felt they could speak openly. One member of staff told us, "Everyone is very free to speak and we know we are listened to." This meant that staff were being kept up to date with changes to the service and were able to contribute to its development.

Staff we spoke with confirmed if any incidents occurred within the service this information was shared to ensure lessons were learnt. Staff we spoke with said important information was communicated to the team.

Staff we spoke with were positive about the registered provider and told us that they enjoyed working for the company. One told us "We have a very good manager that is always there for you." Another said "They understand what goes on and are always there to support."

The registered manager told us they met with family carers whenever requested plus held drop-in events providing opportunities for discussing the service plans. Relatives spoken with confirmed this and said the management always make themselves available to discuss their relatives care and support.

There was a range of audits in place to ensure service improvement. Audits included; medication, care records and reviews. The development manager undertook a monthly audit of the service to check on the quality of the service delivered. The audits reviewed any action that had been identified at the previous audit to ensure completion; they then identified any action that needed to be taken. We saw that were actions had been completed this had been recorded.

The registered manager told us they devised questionnaires to give to people who used the service and professionals to gain their views of the service. We saw several which had been returned showed overall satisfaction with the service. Comments included "Completely satisfied with the service and general helpfulness of friendly staff."

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>We were not able to check if appropriate recruitment and identification checks had been undertaken before staff began work. This was because the service did not hold staff application form or references at the location.</p> |