Aspire Healthcare Limited

Parkvale

Inspection report

124 Park Avenue
Whitley Bay
Tyne & Wear
NE26 1AY
Tel: 0191 2527163
www.aspirehealthcare.co.uk

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Ratings

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

Overall summary

This inspection took place on 30 and 31 October 2014. A previous inspection undertaken on 9 November 2013 found there were no breaches of legal requirements.

Parkvale is registered to provide accommodation for up to seven men who have a learning disability or mental health issues. People come to the service from a hospital environment where they have been cared for under the Mental Health Act 2003. At the time of the inspection there were seven people using the service.

The home had a registered manager in place. 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 saw there were procedures in place to keep people safe and staff understood what action to take if abuse was suspected. Staff had a good knowledge of how to identify and report abuse and they demonstrated a good knowledge of whistleblowing procedures. There were sufficient staff on duty to meet people's needs and staff

Summary of findings

were suitably trained and experienced for their role. They told us the quality of their training was good. There were recruitment procedures in place and suitable checks were completed before staff started working at the service. The service had a system in place that managed people's medicines safely.

People were happy with the food provided by the service. We saw people had a choice of what they wanted to eat. People could be involved in the preparation and cooking of their food if they wished. We saw that parts of the home had been renovated including, the kitchen and dining room. However, other parts of the home, such as the communal lounge, were still in need of decoration. The provider told us there was an on-going plan to decorate and update the home in 2015.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. The registered manager was aware of the Supreme Court judgement which had redefined the definition regarding what constituted a deprivation of liberty. We saw that mental capacity assessments were in place for each person and best interests meetings were held to ensure that all actions taken were in line with legislation.

Staff knew people well and had a good understanding of their needs. They were respectful to people and were patient when supporting them. We saw staff enabled people to make decisions for themselves whenever possible. People's wellbeing was monitored and people were supported to access support from healthcare professionals. For example, general practitioners.

People who used the service had an individual activities plan based on their goals. They chose what activities they wished to engage in and when they liked to do them. People were supported to access the local community. There was a complaints procedure in place and people were provided with a copy in case they had any concerns about the service.

The registered manager monitored the quality of care. Surveys were carried out annually for people who lived at the service. Audits were also carried out for areas such as health and safety, infection control and fire safety. We saw staff views were obtained during individual one to one supervisions and staff meetings.

We found the registered provider did not always respond to requests for repairs at the service or the purchase of equipment in a timely manner.

Meetings were held with people who used the service however they were not a regular occurrence. Records were well maintained and secure. However, care plans were hand written which meant whenever they were updated sections of the care plans had to be changed which was time consuming for staff and less efficient.

Summary of findings

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

Not all parts of the service were safe.

People who lived at the service told us they felt safe there. Staff had received training in safeguarding vulnerable adults and knew how to recognise and report abuse.

We saw there was enough staff on duty to meet people's needs. There was a system in place to manage medicines safely. There was a recruitment procedure in place to ensure people were appropriately skilled and qualified to work at the service.

We found there were issues with the decoration of the service and that some areas were in need of refurbishment.

Is the service effective?

Good

The service was effective.

Staff received suitable training for their role.

There was evidence that assessments had been undertaken in line with the Mental Capacity Act (2005) to ensure care or treatment was being provided in people's best interests.

People told us they were happy with the food and drink provided at the service. Staff were aware of people's dietary needs.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care provided for them. They said they were well supported at the service and that their needs were met. We observed that staff cared for people appropriately.

People had and access to a wide range of healthcare professionals and they were supported to attend appointments and health checks.

People were treated with respect and dignity by staff who were able to maintain their privacy.

Is the service responsive?

Good

The service was responsive.

People who used the service had individual care plans in place which recorded their needs. Detailed assessments were completed before people began to use the service and the service liaised closely with other agencies to provide support to people.

Summary of findings

Activities were centred on the needs of the individual and there was a wide variety available.

There was a complaints system in place and people were provided with details of how to complain.

Is the service well-led?

Requires Improvement 

Not all aspects of the service were well-led.

The registered manager undertook a range of audits to ensure the service was safe. He monitored the environment and records were kept of his findings. Staff and people who used the service were positive about the manager and how approachable he was.

We saw meetings were held with people who used the service and staff but that these meetings were not frequent.

We saw the provider did not always respond to a request for repairs promptly when they had been identified. Records were good and were secure. However, they were handwritten which led to duplication on occasion.

Parkvale

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.

Due to the nature of the service and the needs of the people who used that service this was an announced inspection which was carried out by one inspector. We visited the service on 30 and 31 October 2014.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths.

We contacted the local Healthwatch group, the local authority contracts team and the local authority safeguarding adults team. They had no comments to make on the running of the service.

We spoke with six people who used the service. People at the service were able to communicate with us well and expressed their views freely. We spoke with two relatives to obtain their views on how care and support was delivered and a social worker from the community learning disabilities team who had responsibility for most people who used the service and knew the service well. We talked to the registered manager, the provider and four support workers at the service.

We observed how care and support was delivered by the staff team in the communal areas of the service. We examined four care records for people who used the service and four records of staff who worked there. We reviewed medicine administration records for the people who used the service and reviewed the quality assurance records in use by the registered provider to measure the quality of the service.

Requires Improvement

Is the service safe?

Our findings

People we spoke with who used the service told us they felt safe at the home. Comments included, "I feel safe here. The staff look after me" and "It's okay. I feel safe. The staff are absolutely great. Since day one I can't fault the staff." A visiting relative said, "I come here twice a week and I think the people living here are safe."

We spoke with a number of health and social care professionals who did not raise any concerns about people's safety in the home. We spoke with staff who told us they were aware of the registered provider's safeguarding policy and that they had received training in safeguarding vulnerable adults. Staff described to us what constituted an abuse and knew the correct procedure to follow if they suspected someone was at risk of harm. Staff described to us how they should report any incidents and who to report them to. For example, to their management, the local authority safeguarding adults team, the Care Quality Commission (CQC) or the police.

We saw the registered provider had policy documents for safeguarding vulnerable adults and whistle blowing. The staff we spoke with told us they were aware of the company's whistle blowing policy, which explained how they could raise any concerns they had relating to poor practice within the home. Staff felt that any concerns raised through the whistle blowing process would be taken seriously. We checked records and saw the home had a log of safeguarding incidents which detailed where people may have been at risk of abuse. Any incidents recorded had been correctly reported to the local authority safeguarding adults team and the CQC.

We saw each person's care plan contained risk assessments which identified any risks to their health and well-being. For example, where one person was at risk of displaying behaviour that may be seen as challenging we saw the care plan contained clear instructions for staff on how to manage that behaviour including the warning signs that may indicate a change in a person and methods of distraction and how to calm them. The risk assessments also provided staff with guidance about the measures they should take to protect people from unnecessary risks.

The registered manager told us the staff team consisted of ten support workers and him. He told us that on a day shift the team consisted of himself, one senior support worker and four support workers. He told us there was enough staff on duty to deliver people's care needs. We spoke with staff who told us, "There is enough staff on duty" and "We are always busy and there is always something to do but there are enough of us for the job." We saw evidence that staffing levels were based on people's needs. These needs were assessed in detail together with their dependency levels. These assessments also included their support requirements. For example, we saw three people required one to one support and that the staff were in place to meet the needs of these people.

We saw there were effective recruitment and selection processes in place including appropriate checks undertaken before staff began work. We checked staff records and saw an application form had been completed by all applicants. This included an employment work history. The registered manager told us all work history was checked with every applicant and any gaps were explored.

We looked at four staff records. We saw two references were requested for prospective new staff including one from a previous employer. These were held on file and follow up checks had been completed with people who provided the references. Enhanced checks with the Disclosure and Barring Service had been completed and reference numbers were kept on each file. We were told no person would start work before all checks had been completed. Applicants provided proof of personal identification and proof of residence which were also kept on file.

The service had a security system which was fully operational together with a fire alarm. We checked fire equipment including extinguishers and found they were checked regularly. Fire doors were appropriate for the service and were operational. Regular tests of the fire system were completed and recorded. Staff had received training in fire safety and there were emergency procedures in place for the evacuation of the home. There was signage in place to identify the location of fire exits. An emergency plan was available and displayed in the main entrance of the service. The service held regular practice fire drills and these were recorded.

We saw safety checks had been completed for the fixed electrical system and for portable appliances such as

Requires Improvement

Is the service safe?

kettles. A gas safety check had also been completed for the service. These checks had been completed by qualified professionals and safety certificates had been issued for the service.

The registered provider had an effective system in place to manage people's medicines. We saw people who used the service had them delivered by a local pharmacy. They were counted and recorded on medication administration records (MARs). We saw staff signed these records for all administration. Medicines were stored correctly. We examined these storage areas and found medicines were kept safely in locked cabinets. There was a procedure in place to deal with medicine described as, "as required" medicine. These medicines are those given only to people when needed. For example, One person was prescribed Lorazepam and that there were instructions for staff which included the correct dosage required and what the side effects were.

We saw staff had received training in the administration of medicines. Regular checks were made where staff were observed handling and administering medicines. These checks were recorded and formed part of the staff supervision record. This meant staff understood the implications and risks involved with the administration of medicines. We saw medicines were disposed of appropriately and those that were no longer required were returned to the pharmacy for safe disposal. A return record was kept and signed to confirm receipt of these medicines.

The home was situated over three floors with three bedrooms on the first floor and four bedrooms on the second floor. The people living at the service had individual bedrooms and shared bathrooms and kitchen facilities. We saw that the standard of decoration in parts of the home was poor and in need of re-painting. In addition the lounge flooring, which was laminate wood flooring, and although safe was old and in need of replacement. Some of the communal carpets, for example, hallways were safe but were also in need of replacement as they appeared old and worn.

We saw the kitchen and dining room had been recently renovated but the lighting in the dining room did not provide sufficient light. We spoke to the registered manager about who reported this to the registered provider.

There was a separate smoking area at the rear of the premises and people liked to use this area to congregate in. One person told us, "I like to have a cigarette and we have a sit outside." We saw that this area was ventilated but on one occasion when the rear door had been opened cigarette smoke entered the dining area. We spoke with the registered manager who provided evidence that these issues had been identified to the registered provider.

We spoke with people about the environment. Comments included, "The dining room is dark. I liked it the way it was" and "It needs re-decorating in places and the downstairs toilet is not very good." We looked at this communal toilet facility which was clean but unheated and there was an offensive odour coming from the toilet. We saw this had been reported and a plumber had examined the toilet but as yet the issue had not been resolved.

We considered that the condition of parts of the premises was not of a suitable standard and renovation and decoration was required. This meant the environment required improving. We spoke to the registered provider about the issues and he told us that further development and re-decoration for the home was planned and would follow on from the recent renovation of the kitchen and dining room. We have requested that the registered provider supply us with a planned schedule of future works for the service as evidence of work to be completed.

Good

Is the service effective?

Our findings

People who used the service told us they felt the staff at the service were suitably trained and experienced to support them. Comments included, "I have everything I need and I am well looked after" and "The staff here meet my needs. All I have to do is ask and they sort it out." We spoke with staff and asked them if they had received sufficient, good quality training to help them in their role. Comments included, "The training is good and I have everything I need to do the job" and "There is plenty of training available to us."

People told us staff asked for their consent before providing support. Comments included, "They (staff) always ask my permission" and "the staff ask me if I will take my tablets." We observed a member of staff asking for the consent of someone who used the service to enter their bedroom.

The registered manager told us he monitored training at the home using a training matrix and was able to demonstrate that the staff who's files we reviewed had received the correct training. We saw staff were able to develop professionally and received more specialized training aimed at their role. For example, equality and inclusion, conflict resolution and mental health awareness.

New staff who had recently been employed to work at the service had completed three days of initial training followed by a 12 week induction which was a probationary period. This meant the member of staff and the registered manager had time to decide if the role was right for them. During this period we noted staff were supported and performed shadowing tasks with more senior and experienced staff. If this period was completed successfully the member of staff would be offered a permanent contract.

Staff received supervision sessions every two months and an annual appraisal. Supervision sessions are used to check staff progress and provide guidance. We saw copies of supervision documents where staff discussed matters relevant to them such as further training and competency. We checked records and saw evidence that staff had been supported to make professional progress. One person had been supported to senior level and had expressed an interest in a future management role. Documents indicated they would be supported to complete a nationally recognised management qualification should they want to advance.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards exist to ensure people are only deprived of their rights if it is within their best interests. We saw policies and procedures were in place for these safeguards. There were no (DoLS) in place at the service. Where people did not have the capacity to understand the choices available to them we saw the registered provider acted in accordance with legal requirements. If people lacked capacity we saw this had been assessed to see if a restriction of their liberty was required. We saw the registered manager and senior staff had received training in the Mental Capacity Act 2005 (MCA) and (DoLS). The staff demonstrated good knowledge of these areas and were able to describe how important it was to enable people to make decisions for themselves. This meant people's rights were respected and people were protected from abuse.

People at the home often came from a hospital environment where they had received care and support under the Mental Health Act 2003. Some people were subject to a community treatment order. This is an order made by a clinician such as a psychiatrist who allows a person to continue to receive treatment within a community setting rather than in a hospital. We spoke to the registered manager about these orders and he demonstrated a good knowledge of the legal requirements of the MHA in this area. We saw the service had close links with the mental health team and the community learning disability team (CLDT). We spoke to a social worker from the CLDT. They were very positive about the way the service communicated with them. They told us, "They communicate very well with us" and "I visit the service a lot and I have no issues with it."

We saw there was a newly refurbished kitchen at the service and people were encouraged to prepare their own food. People told us they liked the food they had at the service. Comments included, "The food is good and you get good portions" and "I like the food here. You get what you want." We saw people's likes and dislikes had been recorded in their care plans. This meant people's dietary needs were provided for.

Good

Is the service caring?

Our findings

People and their relatives said they were well cared for at the service. Comments included, “The staff are caring and look after me”, I get what I need. They (staff) look after everything for me” and “The staff treat me with respect. If I have any problems, like understanding a letter, they help me to understand it. A visiting relative said, “They care for people well. I have never seen anything wrong here. It is a nice atmosphere and it is relaxed.”

We spent time at the service observing how people were cared for. We sat with people during meal times and saw they were cared for and treated well. Staff were patient and understanding. We saw one person was confused about their routine for that day. The member of staff understood how important this was to the person and took time to explain in detail what they had planned. This put the person’s mind at rest and they became more relaxed. People came in and out of the service freely throughout the inspection and seemed relaxed and engaged well with staff. We saw they regularly made decisions for themselves such as, where to go or what to eat. We noted there was a pleasant atmosphere at the service and there was no confrontation or aggression displayed.

We looked at people’s care plans and saw action plans recorded how to deal with any hospital admissions. These included instructions on what action staff needed to take if a person attended hospital. We spoke with staff and discussed how they got to know people and how they understood what their individual needs were. Staff described people’s needs in detail and said they learned them from care plans and from the people themselves. One person said, “I sit down and talk to people about their life and what they like and don’t like.”

The people who used the service were independently mobile and able to complete many tasks for themselves. We saw that people had easy access to health professionals like general practitioners and dentists as they needed them. We noted people were supported to attend appointments with these health professionals.

We saw that where people required support in the form of an advocate this was provided. For example, where one person was subject to a community treatment order, they had an independent advocate in place who supported them and helped them to understand their rights. Another person had been provided with support to understand a benefit claim and to submit that claim. People were provided with a service user guide that explained what the service provided and what people’s rights were. Contact details for agencies such as, the local authority safeguarding team and the Care Quality Commission were also provided.

Staff respected people’s privacy and dignity. We observed staff knock on people’s bedroom doors and wait for an answer before entering. Staff spoke with people as equals and communicated well with them. They involved people in their care and explained the choices available to them. They regularly asked people what they liked or what they wanted to do. Their conversations together were based around the needs and wishes of people.

Good

Is the service responsive?

Our findings

People told us they felt they were involved in making decisions about their care or the care of their relative. Comments included, “They talk to me about my care all the time” and “I have a keyworker and they listen to me if I have any problems.” We spoke to a social worker from the community learning disability team (CLDT) who told us, “There are regular reviews of care and we are involved in them.”

We looked at people’s care records. We saw these records included assessments of what support and care people needed including areas such as, mobility, nutrition, personal care, behaviour and communication. We saw the registered manager completed a pre-admission assessment for people who were new to the service. Staff from the service also attended the hospital, where people were and worked alongside hospital staff and learned how to provide care and support for people before they came to the service. This meant people were familiar with some staff before they moved to the service and this provided good continuity of care.

We saw a member of hospital staff attended the service and provided familiarisation training sessions to care workers for each person who moved to the service from hospital. Care plans were then developed together with those from a social worker and the person who used the service and their representative. We saw that mental capacity assessments were in place for each person and best interests meetings were held to ensure that all actions taken were in line with legislation. We saw that care plans were individual to the person and highlighted their individual needs. Care plans included information about people’s life history. We spoke to staff about people who used the service and they were able to demonstrate a good knowledge of the people they cared for and their needs. We saw evidence that care staff identified changes in people's needs and acted to make sure they received the care they needed. For example, where one person's physical health had deteriorated an immediate referral was made to the correct medical professional for advice and support.

Care plans were reviewed monthly and any changes were recorded. Six monthly reviews were also completed which involved people who used the service, a social work professional, a community psychiatric nurse and a representative of the person where available. We saw a social worker from CLDT had been appointed for each person that they visited the service regularly and was available to provide advice and support where needed. For example, to provide advice for staff on how to manage behaviour that may be seen as challenging.

We saw people were engaged in a number of activities. We saw care plans were goal specific and were designed to allow people to develop their own personal skills. For example, one person expressed an interest in working with animals and they had been supported to volunteer at a local animal care centre. We saw people accessed a horticultural facility which they attended daily.

People were involved in a number of other activities such as, walking, visiting local pubs, attending football matches, swimming, trips to Beamish and holidays to Blackpool. Staff knew what people liked to do when they returned to the service such as, playing cards, playing chess and watching television. We talked with people about the support they received to do the activities they liked. Comments included, “I am supported to see my girlfriend and I like to see her and she comes here”, “I go for walks with my family and visit friends” and “I went on a two day break to see Emmerdale and Last of The Summer Wine.”

The service had a complaints system in place to record and monitor complaints. People or their representative were provided with copies of the complaints policy on entering the service. We reviewed the homes complaint records and found there had been no complaints recorded in the last twelve months. We spoke with people who used the service. One person said, “I have no complaints. I know how to complain and I would speak to (staff) or the manager.” The registered manager told us that he would act immediately if there were any issues and this meant there were fewer complaints as people were satisfied with the quick response. Another person said, “The manager is great. If I need anything he does it for me.” This meant people were aware of how to complain and who to complain to.

Requires Improvement

Is the service well-led?

Our findings

People told us they were happy with the management of the service and how it was run. Comments included, "I can't fault the manager here. He is excellent at his job" and "You can go to the manager with anything."

A registered manager was in post and was registered with the Care Quality Commission in line with legal requirements. He had worked for the company in other locations for eight years and had recently registered with the Commission for this service.

An annual survey was given to people to fill in. We reviewed responses to the surveys, which were completed in May 2014. The responses were positive and included, "Everything is fine. I like living at Parkvale", "Good grub and good staff" and "This is the longest place I have lived." We saw that meetings were held with people who used the service but noted the last one had been held in March 2014. We saw it was the provider's policy to have meetings with people who used the service every six months.

We spoke to the registered manager about this who told us people were so active through the day they were reluctant to have a meeting together and that there was little support for these meetings. He told us that feedback was gathered as part of people's monthly care review and that staff feedback was gathered in individual staff supervision sessions. We asked people if they gave their opinion on the service. One person said, "I don't like meetings. If I want anything I just ask." We checked people's care plans and saw their opinions and views were recorded as part of their care reviews.

We saw that there had been staff meetings held although the last one had been held six months before our inspection. The registered manager told us as there was such a small staff team at the service he obtained feedback from people at individual supervisions. We felt the service would benefit from more regular meetings for people who used the service and staff to allow regular group feedback on the quality of the service.

An audit of the service was completed by the registered manager and included areas such as health and safety, infection control, fire safety and the safe handling of medication. We saw he was developing more detailed audits for infection control and health and safety. These audits were completed and recorded on an electronic system which was shared with the registered provider's head office.

Accidents and incidents at the service were recorded and monitored. We saw the provider had a disciplinary procedure in place for the investigation into poor practice or misconduct. The manager kept monthly records of accidents and injuries for the service. The service reviewed these to monitor for trends, patterns or possible causes of the incidents. This meant the provider had a system in place to help identify risks to people who used the service.

We found the registered provider did not always respond to requests for repairs to be made or for the purchase of equipment promptly. We checked records and saw that the registered manager had identified issues where the provider had responded but not in a reasonable time frame. For example, the registered manager had reported an unpleasant smell in a ground floor toilet. We saw this had been reported first to the registered provider's office on 3 September 2014 but, despite repeated attempts the issue had not been resolved by the time of our inspection. We considered this requires improvement.

We spoke to the registered manager about this who told us the reporting system was slower due to the electronic system the provider used and there was a delay between reporting issues and the maintenance team picking the job up.

Staff told us they were happy at the home and that they enjoyed working there. Comments included, "I like it here and I am supported" and "I can go to the manager with anything even if it's not about work."

We reviewed records such as, care plans, risk assessments, medicine administration records and safety records at the service and found they were regularly reviewed and up to date. Records were well maintained and kept in a secure office. However, care plans we looked at were mainly handwritten which meant that whenever information was added or changed new sections had to be written out again. This meant when records were amended or added to it was time consuming for staff and less efficient. In addition we found on occasions some handwriting was more difficult to read than others which may lead to confusion.

Requires Improvement

Is the service well-led?

We spoke to the registered manager about this who told us the provider was considering changing the care records to a computerised system which would make them easier to maintain and adapt.