

Aspire Healthcare Limited

16 Tynedale Terrace

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 

Overall summary

We inspected this service on 30 December 2014. We announced this inspection on 29 December 2014 because we wanted to make sure people would be at 16 Tynedale to speak with about their experiences.

16 Tynedale provides care and accommodation for up to three people. The home specialises in the care of people who have a learning disability. On the day of our inspection there were two 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.

On the day of the inspection there was a calm and relaxed atmosphere in the home and we saw staff interacted with people in a very friendly and respectful manner. One person told us, "I like it here. I visit my grandma every day. I do my own washing and I have a key to my room and can keep it locked. I look after my own medicines and go on trips to Whitby with my friend. The staff have been helping me to keep my room tidy".

Summary of findings

We spoke with two care staff who told us they felt supported and that the registered manager was very approachable. Throughout the day we saw that people and staff appeared very comfortable and relaxed with the registered manager and staff on duty.

People had their physical and mental health needs monitored. There were regular reviews of people's health and the home responded to people's changing needs. People were assisted to attend appointments with various health and social care professionals to ensure they received care, treatment and support for their specific conditions.

We saw people's care plans were very person centred and written in a way to describe their care, treatment and support needs. These were regularly evaluated, reviewed and updated. The care plan format was easy for service users to understand by using of lots of pictures and symbols. We saw lots of evidence to demonstrate that people were involved in all aspects of their care plans.

The care staff we spoke with said they received appropriate training, good support and regular supervision. We saw records to support this.

The care staff understood the procedures they needed to follow to ensure that people were safe. They were able to describe the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place.

Our observations during the inspection showed us that people were supported by sufficient numbers of staff. We saw staff were responsive to people's needs and wishes and we viewed records that showed us staff were enabled to maintain and develop their skills through training and development activities. The staff we spoke with confirmed they attended training and development activities to maintain their skills. We also viewed records that showed us there were safe recruitment processes in place.

Procedures for dealing with emergencies were in place and staff were able to describe these to us.

For example, there was a lone working policy and on call procedures for people to follow if staff needed support or guidance.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made appropriately.

Throughout the day we saw staff interacting with people in a very caring and professional way. We saw a member of staff offering to assist a person to prepare their evening meal. The staff were gentle and encouraging and the person happily agreed to their support. We saw when staff offered support to people they always respected their wishes. For example, one person chose to have a bath that afternoon and this was supported by staff who made sure their privacy was maintained. We saw people being offered the choice of what to have to eat for their evening meal.

People we spoke with said they liked the food and staff said there was always plenty of food held in stock so people could choose what they wanted to eat each day.

We saw activities were personalised for each person. People also made suggestions about activities and outings during regular house meetings. Where necessary additional staff were provided to enable people to enjoy a range of community facilities and also to support people to attend health care appointments.

People received a balanced diet. We saw people could choose what they wanted to eat each day and this was supported by the staff.

We saw the provider had policies and procedures for dealing with medicines and these were followed by staff.

The provider had a pictorial complaints procedure which people felt they were able to use. Both people we spoke with told us they had a keyworker and if they were not happy they would talk to their keyworker, staff or the registered manager about their concerns.

We discussed the quality assurance systems in place with the registered manager. We were told audits of accidents and incidents were carried out and these were investigated by the registered manager to ensure risks were identified and improvements made. We saw records that showed us this took place. We also saw the views of the people using the service were regularly sought and used to make changes.

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?

The service was safe.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

Records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with people who lived at the home.

Staffing was also arranged to ensure people's needs and wishes were met promptly.

There were arrangements in place to ensure people received medication in a safe way. There were also procedures in place to respond to emergencies.

Good



Is the service effective?

The service was effective.

Staff received training and development, formal and informal supervision and support from the registered manager. This helped to ensure people were cared for by knowledgeable and competent staff.

People were supported to make choices in relation to their food and drink and were supported to eat and drink sufficient amounts to meet their needs.

People's needs were regularly assessed and referrals made to other health professionals to ensure people received care and support that met their needs.

Good



Is the service caring?

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home and care and support was individualised to meet people's needs.

Staff encouraged people to maintain their independence and offered support when people needed help to do so.

Good



Is the service responsive?

The service was responsive.

People, who lived at the home, or their representatives, were involved in decisions about their care, treatment and support needs.

There was a personalised activity programme to support people with their hobbies and interests. People also had opportunities to take part in activities of their choice inside and outside the home.

There was a complaints procedure that was written in a clear format which made it easily understandable to everyone who lived at the home.

Good



Summary of findings

Is the service well-led?

The service was well led.

The home had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

Service users were regularly asked for their views and their suggestions were acted upon. Quality assurance systems were in place to ensure the quality of care was maintained.

Good



16 Tynedale Terrace

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.

The inspection took place on 30 December 2014. We announced this inspection on 29 December 2014 because we wanted to make sure people would be at 16 Tynedale to speak with about their experiences. The inspection was carried out by one Adult Social Care inspector.

Before this inspection we reviewed notifications that we had received from the service. We also met with the local authority safeguarding team and commissioners on 18 November 2014 where no issues of concern were raised about this service.

We spoke with two people who lived at 16 Tynedale, the registered manager and two staff. After the inspection we spoke with a care co-ordinator (or social worker). We did this to gain their views of the service provided.

We looked at two care records and two staff training and recruitment files. We also carried out observations in the communal areas.

For this inspection, the provider was not asked to complete 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. During the inspection we talked with people about what was good about the service and asked the registered manager what improvements they were making.

Is the service safe?

Our findings

The service had a proactive approach to respecting people's human rights and diversity and this prevented discrimination that may have led to psychological harm. For example, when people behaved in a way that may challenge others, staff managed situations in a positive way and protected people's dignity and rights. The care co-ordinator we spoke with described to us how the registered manager and staff had supported one of her clients, who no longer used the service, where other services had failed, because of this person's behaviour. She told us how the registered manager and staff had sought to understand and reduce the causes of behaviour that distressed this person or put them at risk of harm. We saw there were policies and procedures for managing risk and staff understood and consistently followed them to protect people.

The registered manager told us there was a safeguarding policy in place and that staff received training in this area. This was to make sure they were knowledgeable about the action to take if they had any concerns. The staff we spoke with were able to describe signs and symptoms of abuse, and the action they would take to ensure people remained safe. They told us they would raise concerns with the registered manager, or the provider 'depending upon what it was.' They also confirmed that they had the telephone number for the local safeguarding authority. We saw there was a whistleblowing policy available to staff as well as a policy on the use of restraint. The procedures in place helped ensure service users were kept safe from harm and people knew which agencies to report concerns to, to enable investigations to be carried out as required.

We saw records that showed us a process was in place to ensure safe recruitment checks were carried out before a person started to work at the home. We asked the registered manager to describe the recruitment process. She told us that prior to being employed by the service potential employees were required to attend an interview and satisfactory references and disclosure and barring checks obtained. We saw documentation that showed us this took place. This helped to make sure only suitable people, with the right experience and knowledge, were employed to provide care and support to people who lived at the home.

We saw in each person's care records a 'personal evacuation plan' which provided staff with guidance on the support people required in the event of a fire. We saw policies and procedures were in place guiding staff on what to do in an emergency, such as a 'lone working policy' and contact numbers were available on all appliances in the home so staff knew who to contact straight away if they needed to. In these ways the provider could demonstrate how they responded to emergencies keeping people safe from harm.

The registered manager reviewed any incidents and accidents. We were told by the registered manager they would complete an investigation of every accident and incident and the outcome of this would be recorded.

The registered manager told us there was always at least one member of staff on duty during the day and through the night. She said she did not use a formal assessment tool to assess the number of staff required, however, she told us additional staff were always provided to support people with community activities as well as to accompany people to pre-arranged health care appointments or to respond to emergencies. We spoke with staff about staffing levels who confirmed this took place. During the inspection we saw staff responded promptly to people if they required support or assistance. Staff had time to sit and chat with people. None of the staff we spoke with expressed concerns regarding the number of staff available to support people. And we saw records that showed us staffing was arranged in advance to ensure sufficient numbers of staff were available to meet people's needs. This included arranging staff cover in the case of planned leave.

The home had a medication policy in place, which staff understood and followed. We checked one person's Medication and Administration Record (MAR). We found this was fully completed, contained required entries and was signed. Staff were aware of when people needed to take their medicines at specific times, for example, before or after food, and we saw this take place during our inspection. We saw that, where people required prescribed creams or ointments, and where they needed support with this, staff used a body map diagram to show where they should be applied. We saw there were regular management audits to monitor safe practices. Staff had received medication training. This showed us there were systems in place to ensure medicines were managed safely.

Is the service effective?

Our findings

People also told us they had regular access to other healthcare professionals. We heard a member of staff remind one person of their healthcare appointment that had been arranged for them.

We viewed two care records and saw documentation that showed us people's needs were assessed before they moved into the home. The registered manager told us, before any new person was admitted to the care home, she always obtained a copy of a full assessment of the person's needs from their care co-ordinator. Staff told us they found the information contained in the assessments provided by people's care-coordinators extremely useful and followed them closely as they were getting to know any new person admitted to the care home. We saw people's care was reviewed on a monthly basis and if people's physical or mental health needs changed, referrals were made to other health professionals to ensure people's needs were met. We saw people had regular access to dentists, chiropodists and other primary health care professionals.

We asked staff to describe the training and development activities they had completed at 16 Tynedale. The staff we spoke with told us they had received an induction when they started to work at the home and they completed training in areas such as safeguarding adults, infection control, Mental Capacity Act and moving and handling, on an annual basis. We found care staff were supported to complete National Vocational Qualification (NVQ) and Health and Social Care awards. The staff we spoke with also told us they received supervision and appraisals to enable them to identify their training needs. In addition we saw they had received specialist training in epilepsy and diabetes so they could effectively meet the needs of the people they supported. The staff were positive regarding the training and development activities they completed. This meant staff were being supported to complete training and development activities that would assist them in delivering effective care to people who lived at 16 Tynedale.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. At the time of this inspection we were informed by the registered manager that one DoLS application had been made and that she was waiting for the outcome of this from the local authority. The registered manager demonstrated a detailed understanding of the recent Supreme Court judgment about people who lived in care homes or supported living arrangements who received 24 hour support and did not go out unsupervised.

We saw staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals. Where people did not have the capacity to make decisions, their friends and family were also involved. This process helped and supported people to make informed decisions where they were unable to do this by themselves. We saw the registered manager had information about accessing external advocates who could be appointed to act in people's best interests if required.

People we spoke with said they liked the food and staff said there was always plenty of food held in stock so people could choose what they wanted to eat each day. We saw people were supported to eat sufficient amounts to meet their needs. The registered manager and staff told us that staff asked people about their choices of food on a daily basis and that they received the meals that they had chosen. We observed staff ask people what they wanted for their evening meal that day and their choices were respected. Both people we spoke with and the staff told us that people often went shopping with the staff to choose the food which would be cooked that day. We observed people helping themselves to drinks and snacks throughout our visit.

Is the service caring?

Our findings

One person using the service said “I like it here. I do my own washing and I have a key to my room and can keep it locked. I look after my own medicines. The staff have been helping me to keep my room tidy”.

During our inspection we watched staff practices as they supported people. We heard staff address people respectfully and explain to people the support they were providing. Staff were friendly and very polite and understood the support and communication needs of people in their care. We heard staff knock on people’s doors and wait for a response before entering and if staff needed to discuss a person and their care, this was done in a quiet environment to ensure information remained confidential. Staff waited for people to make decisions about how they wanted their care to be organised and closely followed people’s choices.

On the day of the inspection there was a calm and relaxed atmosphere in the home. Throughout the day we saw staff interacting with people in a very caring and professional way. We saw a member of staff offering to assist a person to prepare their evening meal. The staff were gentle and encouraging and the person happily agreed to their support. We saw when staff offered support to people they always respected their wishes. For example, one person chose to have a bath that afternoon and this was supported by staff who made sure their privacy was maintained. We saw people being offered the choice of what to have to eat for their evening meal.

We found the service was caring and people were treated with dignity and respect and were listened to. We spent time observing people in the lounge throughout the

afternoon. We saw that people were respected by staff and treated with kindness. We observed staff treating people affectionately. Staff knew the people they were supporting very well. They were able to tell us about people’s life histories, their interests and their preferences. We saw all of these details were recorded in people’s care plans.

People were encouraged to build and retain their independent living skills and care plans set out how people should be supported with this. We observed staff following these. For example, we saw how goal setting was used to support people to develop independent living skills like keeping their bedroom tidy. We also saw how people had been supported to travel independently. One person told us they travelled all over on the bus on their own or with friends but always made sure they had their mobile phone with them so they could contact the staff if they needed to. We saw people being supported to contribute to the menu planning and shopping list. One person told us they looked after their own medication and the staff supported them with this.

The care plans were centred on the person as an individual. We saw that people’s choices and preferences were written down so that a consistent approach to care was always provided by staff. We saw pictures and symbols had been used to help people understand the information. We sat with one person who showed us their care plan. They told us they had been fully involved with writing this. They told us how a goal of theirs was to travel to London to see a show. They told us how staff were supporting them to save up so they could achieve this. The staff we spoke with clearly understood the concept of person centred care and it was evident they saw and treated each person as an individual, respecting their views and wishes.

Is the service responsive?

Our findings

People said that they would talk to the registered manager or staff if they were unhappy or had any concerns. They told us how they had a keyworker. They described how they were involved in meetings about their care and that their keyworker supported them with this. One person said, “Yes I attend my meetings”. People also confirmed there were many activities they could be involved with. One person said “I go on trips to Whitby with my friend. I visit my grandma every day.”

We looked at the care records of people who used the service. We saw people’s needs had been individually assessed, and where necessary plans of care drawn up. We saw detailed information had been supplied by other agencies and professionals, such as the person’s care co-ordinator. This was used to complement the care plans and to guide staff about how to meet people’s needs. We saw personalised risk assessments were in place to support people with activities. These included travelling independently. This demonstrated how the provider ensured every effort was made to meet people’s individual needs and promote their independence.

The care plans we looked at included people’s personal preferences, likes and dislikes. We also found there was a section covering people’s life histories and personal statements about their hopes for the future. Regular reviews of people’s care plans had taken place. These reviews included a meeting which had been attended by relatives, care staff and people’s care co-ordinators. We saw each person had a key worker whose role it was to spend time with people to review their plans on a monthly basis. Key workers played an important role in people’s lives, they provided one to one support, kept care plans up to date and made sure that other staff always knew about the person’s current needs and wishes.

The care co-ordinator we spoke with said, “The staff are excellent at keeping joined up working. When I suggested anything they implemented it immediately.”

We saw staff write down the support provided to people each day in the ‘daily records.’ The daily records we looked at were very detailed and were used to monitor any changes in people’s care and welfare needs. This meant the service was able to identify changes and respond to those changes.

Activities were personalised for each individual. Each person had a weekly activities plan. We saw people also made suggestions about activities and outings during regular house meetings. Where necessary additional staff had been provided to enable people to enjoy a range of community facilities and also to support people to attend health care appointments. We also saw that if people participated in activities this was recorded within the care documentation. The staff we spoke with told us people who lived at the home were asked if they wanted to be involved in activities. One person showed us their pet rabbit which they looked after with staff support. Activities people were regularly involved with included shopping trips to Durham, the Metro Centre and the local ASDA store. This further demonstrated how the service provided personalised care.

We checked complaints records on the day of the inspection. This showed that procedures had been followed when complaints had been made.

The complaints policy was seen on file and the registered manager when asked, could explain the process in detail. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. We saw pictures had been used to help people understand the information. The staff we spoke with told us they knew how important it was to act upon people’s concerns and complaints and would report any issues raised to the registered manager or provider.

Is the service well-led?

Our findings

There were management systems in place to ensure the home was well-led. The home had a manager who was registered with the Care Quality Commission and they were supported by a service manager. We were told the provider had recently appointed a quality assurance manager, whose responsibility it was to carry out additional checks and audits of the service provided to ensure good standards of care were provided, providing additional support to the registered manager.

During the inspection we saw the registered manager was active in the day to day running of the home. We saw she interacted and supported people who lived at 16 Tynedale and spoke with staff. From our conversations with the registered manager it was clear they knew the needs of the people who lived at 16 Tynedale and the atmosphere was relaxed and positive. The care co-ordinator we spoke with said, "Tynedale is absolutely brilliant. The manager is fabulous."

We observed the interaction of staff and saw they worked as a team. We saw staff communicated well with each other and organised their time to meet people's needs. For example, a request had been made by a service user of the adjacent care home owned by the same provider that they would prefer to be supported by a member of staff at 16 Tynedale instead that day. A service user at 16 Tynedale had also indicated they would prefer to be supported by the staff at the adjacent care home. The manager directed the staff to swap to accommodate people's preferences that day.

The staff we spoke with were complimentary of the management team. They told us they would have no hesitation in approaching the registered manager if they had any concerns. They told us they felt supported and they had regular supervisions and team meetings where they had the opportunity to reflect upon their practice and discuss the needs of the service users they supported. We saw documentation to support this.

We saw the registered manager had in place arrangements to enable service users, their representatives, staff and other stakeholders to affect the way the service was delivered. For example, we saw service users were asked for their views in regular house meetings and also by completing service user surveys. Comments made by people using the service in the survey carried out in April 2014 included, "It's a nice home," "The staff are good," and "I like the staff." The registered manager confirmed that she used the outcome surveys to improve the service.

We saw there were a variety of quality assurance systems in place. We saw the registered manager sought improvements to the service to reduce the risks to people. We looked at a sample of accident reports and saw that actions and outcomes were recorded. We viewed a sample of other audits carried out by the registered manager, which included making sure service users were protected from the risk of cross infection by checking the environment was clean, checking that care plans were up-to-date and were person-centred and checking that staff recruitment files contained all of relevant information. We spoke to staff who told us if they were on duty during the night it was their responsibility to carry out a health and safety check, which included water temperature checks to make sure service users were not at risk of being harmed.

We saw a core aim of the service was 'To provide quality, person-centred care that meets the total needs of the service user, whether in a residential setting or in their own home, irrespective of race, sex, religion or age. We aim to create a safe, caring and supportive environment for the people we serve so that they are respected for their uniqueness, and we encourage individuals to treat themselves and others with dignity, kindness and respect'. During our inspection we saw there was a positive culture within 16 Tynedale that was person-centred. Staff were led by a registered manager who understood the importance of treating people as individuals where people's independence was supported and promoted. For example, our observations showed the registered manager put these principles of care into practice when supporting service users providing a strong role model for staff to follow.

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.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.