

Aspire Health and Care Limited

Dovecote

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Dovecote is a residential care home providing the regulated activity of personal care to up to 15 people. The service provides support to young adults with mental health conditions. At the time of our inspection there were 12 people using the service.

People's experience of using this service and what we found

Risks were assessed, managed and monitored to keep people safe from harm. Medicines were managed safely. Systems and processes in place protected people from the risk of abuse and neglect. The provider ensured enough suitably trained staff were always deployed to safely meet people's needs. We were assured that the provider's infection prevention and control policy was up to date. Lessons were learnt when things went wrong.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The manager had effective oversight of the service and was praised by staff, people and health and social care professionals for the changes they had made at the service. Staff referred to health and social care professionals and implemented their advice into care plans in order to improve outcomes for people. The manager understood their responsibility to be open and honest with people and acted when things went wrong. People and staff were involved in shaping the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 27 January 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dovecote on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Dovecote

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Dovecote is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Dovecote is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 5 months and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the service on 4 and 9 May 2023. We spoke with 6 staff members including the manager, deputy manager, support workers and maintenance lead. We spoke with 2 professionals who worked with the service. We spoke with 5 people who used the service. Not everyone living at the service wanted to speak with us, therefore we spent time observing interactions between staff and people. We reviewed a range of records. This included 5 people's care records and their medicine records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including incident management, improvement plans, and maintenance records were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider failed to ensure risks were assessed and managed. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Risks were assessed, managed and monitored to keep people safe from harm.
- Risk associated with people's healthcare needs had been fully assessed and were managed well. Staff documented, monitored and reported any periods of distress and anxiety people experienced. Risk assessments detailed what risk reduction measures were implemented, these were then reviewed and analysed to ensure risks to people were reduced.
- Safety checks were in place to ensure people were kept safe from risks associated from their environment. Regular checks of water temperatures and emergency lighting were undertaken to ensure people were kept safe from harm.
- Personal emergency evacuation plans (PEEPS) were in place for all people. PEEPS were updated monthly or when people moved in and out of the service. This meant staff had accurate information to safely evacuate people in an emergency.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Using medicines safely

At our last inspection the provider had failed to manage risks associated with medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Medicines were managed safely.
- Medicines systems and processes in place were fully embedded and staff told us confidently how they supported people with their prescribed medicines. For example, staff told us, "We have a really good system in place, if we have any errors, we investigate and change things if needed to make sure they don't happen again."
- People were supported to manage their prescribed medicines independently. A robust assessment process was in place to ensure people were fully assessed and supported to take their medicines independently. A person told us, "Staff are helping me to take my medicines by myself, so I know what I am taking and when I should take them."
- Medicine records detailed how people liked to take their medicines and all essential safety information such as allergies were clearly documented. Records were in place relating to medicines which were required 'as needed'. This meant staff had instructions in how to safely give these types of medicines and when to give them. This protected people from risk of harm.
- Medicines were stored, checked and disposed of in line with current best practice and manufacturers guidance. For example, all prescribed creams were dated upon opening. This meant prescribed creams would only be used in line manufacturers guidance.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes in place protected people from the risk of abuse and neglect.
- People told us they felt safe living at the service. For example, a person told us, "There's been loads of changes since the new manager came, they've made a big difference and I feel safe living here."
- Staff we spoke with had no concerns around safety and told us all safeguarding concerns were acted upon immediately by the manager. The manager reported all safeguarding concerns to the Local Authority and CQC.
- Staff received training in safeguarding and had knowledge in how to protect people from the risk of abuse and neglect.

Staffing and recruitment

- The provider ensured enough suitably trained staff were always deployed to safely meet people's needs.
- People told us they were supported by kind and compassionate staff who knew them well. For example, a person told us, "I would not be here without the staff, they have done so much for me and know exactly what I need."
- Staff were recruited safely. This included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider supported visits for people living in the home in line with current guidance

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Learning was shared with the staff team through staff meetings. Where appropriate learning was also shared with people using the service at weekly resident meetings.
- People told us they felt staff had learnt from previous errors and the service had improved as a result. For example, a person told us, "There have been problems, but the manger has come in and really improved things, so the same things don't happen again and again."
- Incidents were recorded and investigated appropriately to reduce the risk of reoccurrence.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider failed to ensure systems and processes were established, and operated effectively, to monitor and improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The manager had effective oversight of the service and was praised by staff, people and health and social care professionals for the changes they had made at the service.
- Quality assurances systems and processes had been implemented, and improvements made since our last inspection. For example, the manager ensured all safeguarding concerns were logged, tracked and analysed to ensure improvements were made.
- Care and support plans were audited and reviewed regularly to ensure staff had accurate information to support people safely.
- A range of audits were in place and highlighted areas for improvements. Action was taken where needed and issues resolved in a timely manner. For example, a fire safety audit was carried out monthly and issues were resolved immediately.

Working in partnership with others; Continuous learning and improving care

- The manager worked in partnership with others to ensure people received care and support in line with their assessed need. For example, staff worked closely with people's named mental health professionals to ensure risk reduction measures were in place to manage any periods of distress and anxiety.
- Feedback from a professional we spoke with was positive, they told us, "I commend the manager and staff support team for their hard work and continuing work in managing people's complex needs. This is a credit to all the staff."
- Staff referred to health and social care professionals and implemented their advice into care plans in order to improve outcomes for people.
- Lessons were learnt, and action taken in order to improve care. For example, care plans were updated and communicated to all staff following any incidents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The culture at the service was person centred, inclusive and empowering.
- People and staff were involved in shaping the service. Meetings were held weekly with staff and residents. We attended one of these meetings and found the manager to be open and honest with all people and staff when providing answers to any questions or feedback they had.
- People and staff told us they felt supported by the manager and felt the service had improved significantly since the manager had been in post. For example, staff told us, "The feel of the home has changed, it's much better now" and a person told us, "The manager is really nice and they've changed things, I tell them if I'm not happy and they get thing's sorted."
- People's diverse needs and beliefs were celebrated within the service. For example, staff supported people to celebrate and participate in important events such as religious holidays and 'Pride' events. 'Pride' events promote and celebrate acceptance, equality and the work of LGBTQ+ communities. Staff received training in equality and diversity. Policies in place detailed all protected characteristics had been embedded into the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibility to be open and honest with people and acted when things went wrong.
- Records we reviewed evidenced incidents were communicated to people both verbally and in writing.