Aspire Community Benefit Society Limited

Farfield Drive

Inspection report

3A Farfield Drive
Farsley
Leeds
West Yorkshire
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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

We inspected Farfield Drive on the 13 April 2016 and the visit was unannounced.

Farfield Drive is part of Aspire Community Benefit Society. It is a respite service which supports people with learning disabilities 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 service provides respite care for up to five people at a time. At the time of our inspection there were four people using the service.

At the time of the inspection, the service had a manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

Not everyone who stayed at the service was able to communicate verbally therefore; we observed how staff interacted with people over short periods of time throughout the day to ensure we caused only minimal disruption to their daily life. Three people, who were able, told us they enjoyed staying at the service and staff were friendly and supportive.

People we spoke with told us they felt safe at the home.

The provider had policies and procedures relating to the safe administration of medication. This gave guidance to staff on their roles and responsibilities. However, this was not always followed.

There were enough skilled and experienced staff. The staff had access to a range of training courses relevant to their roles and responsibilities and they were supported to carry out their roles effectively through a planned programme of training and supervision. Procedures in relation to recruitment of staff were followed and all required information was obtained to help the employer make safe recruitment decisions.

People's care plans and risk assessments were person centred and the staff we spoke with were able to tell us how individuals preferred their care and support to be delivered. Care plans and risk assessments were reviewed on a regular basis to make sure they provided accurate and up to date information.

People were provided with a choice of healthy food and drinks ensuring their nutritional needs were met.

Staff received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards and were able to demonstrate a good understanding of when best interest decisions needed to be made to safeguard people.

People were encouraged to participate in a range of appropriate social, educational and leisure activities both within the service and the wider community and staff actively encouraged them to maintain and develop their daily living skills.

There was quality assurance monitoring system in place, however it did not identify the medication shortfalls and there were systems in place for staff to learn from any accident, incidents or complaints received.

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.

The provider had policies and procedures relating to the safe administration of medication. However, this was not always followed by staff members.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

There were enough staff to keep people safe and meet people's individual needs.

Is the service effective?

Good

The service was effective.

There was a programme of training for all staff to be able to understand the care and support required for people who used the service.

All staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

People were supported at mealtimes to ensure their nutritional needs were met.

Is the service caring?

Good

The service was caring.

People told us they were very happy with the care and support they received. Staff we spoke with had a good understanding of people's care and support.

We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

Is the service responsive?

Good

The service was responsive.

People who used the service had their care plans updated before they began their respite period. Any changes in their care and support these had been addressed and recorded.

People were able to be involved in activities in accordance with their needs and preferences.

The service had systems in place to deal with complaints, which included providing people with information about the complaints process.

Is the service well-led?

Good

The service was well-led.

Staff spoke positively about the registered manager and said they were happy working at the service.

The provider had systems in place to monitor the quality of the service.

Regular meetings were held so people had opportunities to share their views.

Farfield Drive

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 the 13 April 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection, we reviewed the information we held about the service. This included any statutory notifications that had been sent to us and we contacted Healthwatch Leeds. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of the inspection there were four people using the service. We spoke with three people who used the service. We spoke with three support staff and the assistant service manager. The registered manager was not at the service on the day of our inspection. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's care and support records, including the plans regarding their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We looked at the quality assurance systems to check if they were robust and identified areas for improvement.

We spent some time observing care in the lounge and dining room/kitchen areas to help us understand the experience of people who used the service. We looked at other areas of the service including some people's bedrooms and the communal bathroom and toilet.

Requires Improvement

Is the service safe?

Our findings

The service had procedures for the safe handling of medicines. We looked at the storage of medications. Boxed and bottled medications were seen to be in date, clean and dry with all names and dosages clear and legible. With regard to Controlled Drugs (CD) (medicines liable to misuse) we looked at the process for storing and administrating CD's if required. A CD record book was available however; information had not been entered correctly. There were not always two signatures recorded in the book and some CD's had not been recorded. We discussed this with the assistant service manager who told us this was an error mistake by a staff member and would be addressed with them. It was also noticed the service had some medication errors which had been reported to the local safeguard team and CQC within the past 12 months.

We saw the individual medication administration records (MARs) were printed and were fully signed by the staff member at the time of each individual administration, which indicated people received their medicines as prescribed.

People we spoke with told us they felt safe at the home. One person said, "I feel very safe here, I like coming, I don't want to go anywhere else. I have been out today with [name of care worker] and I bought some cars."

Records showed there was a good skill mix within the staff team and there was always experienced and skilled staff on duty throughout the day and night to ensure less experienced staff received the supervision and support they required to carry out their roles safely. People who were able told us they felt safe living at the service and the staff helped them to lead a full and active life. One person said, "I love going out and they always listen to me if I ask to go somewhere."

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 concern. Staff spoken with said if they suspected anything they would report it immediately. Staff were also aware they could contact the local authority safeguarding team to raise safeguarding concerns if required. These safety measures meant the likelihood of abuse occurring or going unnoticed were reduced.

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work to ensure only staff suitable to work in the caring profession was employed. This included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

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

Risk management to protect individual people and maintain a safe environment was a key feature of care planning. Risk assessments had been completed to ensure safety within the home such as kitchen access

and the ability to prepare hot drinks. Community based risk assessments were also in place for such things as road safety and the participation in social and leisure activities. This showed people were encouraged to maintain their independence.

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. Care 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.

When we looked at the health and safety checks, we saw these included regular fire checks; alarm system, firefighting equipment and fire drills.

Good

Is the service effective?

Our findings

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 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS)).

Staff we spoke with were able to talk in general terms about DoLS, and understood it was a safeguard put in place to protect vulnerable people. Staff understood people could make some day to day decisions for themselves, even if they lacked mental capacity for more complex decision making.

We asked staff what they did to make sure people were in agreement with any care and treatment they provided on a day to day basis. The staff told us they always asked people's consent before providing any care or treatment and continued to talk to people while delivering care so people understood what was happening. Throughout our visit we saw staff treated people with respect by addressing them by their preferred name and always asked people their preferences and consent when they offered support. This demonstrated that before people received any care or treatment they were asked for their consent and staff acted in accordance with their wishes.

We saw people had the ability to influence the food served at the service. For example, people were involved in menu planning and wherever possible went with their care worker to the local shop or supermarket to purchase food. We saw each person had a food record sheet which recorded all food eaten. We found people's dietary needs were being met and staff encouraged people to eat a varied and balanced diet.

People told us they enjoyed the food. One person said, "The food here is good. I can choose what I want to eat." We observed tea time in the home and saw people who required support with eating their meal were assisted by staff in a discreet and unhurried manner. We observed staff were patient with people.

The assistant service manager told us all staff completed a comprehensive induction programme which took into account recognised standards within the care sector and was relevant to their workplace and their roles. We were also told following induction training new members of staff always shadowed a more experienced member of staff until they felt confident and competent to carry out their roles effectively and unsupervised. This was confirmed by the staff we spoke with.

We looked at a sample of staff training records and found staff had access to a programme of training. Mandatory training was provided on a number of topics such as safeguarding vulnerable adults, manual handling, first aid and fire safety.

The assistant service manager told us individual staff training and personal development needs were identified during their formal one to one supervision meetings which were held on a two monthly basis. The provider had carried out formal yearly appraisals for all the staff. This was confirmed by a member of staff we spoke with and documents we looked at in staff files.

Good

Is the service caring?

Our findings

We used a number of different methods to help us understand the experiences of people who used the service, including talking with people and observing the support being given.

People who used the service told us they were happy receiving respite care and they were well looked after. One person told us, "I like coming here." Another person told us, "I am happy here, I like it. I have friends and staff are good."

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. They said, "I feel I make all my own decisions. I went shopping to buy things I like, cars and a fire engine."

The service had a very friendly and welcoming atmosphere. People appeared happy and well cared for and they were complimentary of the care received. We observed a good rapport between staff and people who used the service. People were smiling and there was a cheerful banter between people as they chatted with one another and staff.

We looked in people's bedrooms with their permission and saw they had been personalised with photographs and ornaments they brought with them. We spoke with two staff about people's preferences and needs. Staff were able to tell us about the people they were caring for, any recent incidents involving them and what they liked and disliked. This showed care staff knew what was important to the people they cared for and helped them take account of this information when delivering their care.

We observed staff supporting people throughout the inspection and they were respectful and treated people in a friendly way. We saw people being offered choice with regard to where and how they wanted to spend their time. For example, some people wanted to watch television; others helped/watched a meal being prepared. Some people had been to their day centre earlier that day.

The staff we spoke with were able to explain how they maintained people's dignity, privacy and independence. They told us about the importance of knocking on doors before entering people's bedrooms and making sure curtains were closed when supporting people with personal care. This demonstrated staff had a clear knowledge of the importance of dignity and respect when supporting people and people were provided with the opportunity to make decisions about their daily life.

Good

Is the service responsive?

Our findings

The staff we spoke with told us the daily routines of the service were flexible and based around people's individual needs.

Records showed people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to admit to the service. Care plans showed pre and post-admission assessments had been completed prior to individual care plan development.

Staff showed an in-depth knowledge and understanding of people's care, support needs and routines. Staff described care needs provided for each person. For example, one person liked to go to their bedroom and have a rest after meals. Staff said they found the care plans useful and they gave them enough information and guidance on how to provide the support people wanted and needed.

Care plans were developed individually following appropriate risk assessments with involvement of both the person who used the service and their families in collaboration with external health professionals, when required. We saw care plans were reviewed each time someone used the service. The care plans had comprehensive information about people's needs. Where needs had been identified, care plans were in place with specific information detailed about how best to support the person. For example, one person's care plan stated 'what provoked their anxieties.' The management of these were recorded in the care plan. This meant care could be provided in a sensitive way.

We looked at four people's care and support plans. Care and support plans detailed people's needs, priorities, goals, lifestyle, what was important to them and how care and support will be managed. Each plan we looked at had an assessment of care needs and plan of care. The assessments we looked at were clear and outlined what people could do on their own and when they needed assistance. This helped ensure people were supported appropriately as part of their daily lifestyle to support their independence as much as possible.

Each person's care plan included a daily record of care given. The record showed personal care; activities participated in, independent living tasks such as cleaning their room, observed mood and behaviour, appointments with other health care providers and incidents. The record was signed by all staff participating in that person's care.

The people who used the service told us there were a range of social activities. One person told us, "I go out regularly with staff." One person said, "I sometimes suggest something and staff help me." The service had a mini bus they used to take people out on activities and outings.

We looked at the complaints records. There had been two complaints and we were able to see a clear procedure had been followed when complaints had been investigated. There was information recorded about the outcome and 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.

The people we were able to communicate with told us they had no complaints about the service but knew who they should complain to. We saw the complaints procedure was on display within the home.

We observed staff gave time for people to make decisions and respond to questions. Staff told us residents' meetings were held weekly and gave people the opportunity to contribute to the running of the service. We saw minutes of meetings and these showed involvement of people who used the service.

Good

Is the service well-led?

Our findings

At the time of our inspection the manager was registered with the CQC. The registered manager engaged with people living at the home and was clearly known to them.

The staff we spoke with told us the registered manager operated an open door policy and they were confident any issues they raised would be dealt with promptly. We asked staff if the registered manager was open to change and they told us they felt they could make positive suggestions and people could speak up if they had concerns or ideas.

We saw both staff and resident meetings were held on a regular basis so people were kept informed of any changes to work practices or anything which might affect the day to day management of the service.

The registered manager had a system of continuous audit in place. This included audits on support plans, medication, health and safety and the premises. Although the audit did not identify the missing signatures and incorrect information in the CD record book. We saw documentary evidence these took place at regular intervals and any actions identified were addressed.

We saw a senior member of the management team met with all the managers within the organisation on a monthly basis to discuss matters of common interest. This included learning points from incidents, training needs and performance. This demonstrated the provider had good communication across all services.

Records showed the registered manager had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence. Staff we spoke with said they knew what to do in the event of an accident or an incident and the procedure for reporting and recording any such occurrences.

We looked at the results from the latest resident surveys undertaken throughout 2015 by the provider. These showed a very high degree of satisfaction with the service. One person's comment said; 'very satisfied with service received, cannot fault it'.

Our examination of care records indicated the registered manager submitted timely notifications to the CQC indicating they understood their legal responsibility for submitting statutory notifications. People's care plans and staff personal records were stored securely which meant people could be assured their personal information remained confidential.