Aspire Healthcare Limited

Meadowfield

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

Summary of findings

Overall summary

Meadowfield is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home provides accommodation for up to five people with mental health needs or a learning disability. On the day of our inspection there were five people using the service.

The home is a house that has been adapted to meet the needs of the people living there. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities using the service can live as ordinary a life as any citizen.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (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.

Meadowfield was last inspected by CQC in April 2017 when the service was rated as Requires Improvement. We had found that systems relating to service user finances had been improved and there was now a registered manager in post. At this visit we saw improvements had been made and the service was meeting all regulations at this time.

People told us they felt safe and there were sufficient staff to meet people's needs. We found that this was a consistent staff team who knew people well.

People received safe support with their medicines. Where people wished to manage their own medicines independently this was encouraged and there were checks in place to ensure it was carried out safely.

People had risk assessments that described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary, for example: their GP and social worker.

The premises were homely, maintained in good order and suitable for people's needs.

Staff told us they felt well supported in their role; they received induction and training. Staff received regular supervision sessions and an annual appraisal.

People had choice and control of their lives and staff supported them in the least restrictive way; the policies and systems in the service supported this practice. People told us their privacy and dignity was very well

respected and that people's religious and cultural needs were also valued by the staff team.

Staff were aware of the importance of supporting people with good nutrition and hydration. We saw that people were encouraged to shop for and prepare their own meals.

People had access to healthcare services to promote their physical and mental health. We saw that people were supported to have annual health checks and to attend health screening appointments.

There were detailed, person-centred care plans in place, so that staff had information on how to support people. 'Person-centred' is about ensuring the person is at the centre of everything and their individual wishes, needs, and choices are taken into account.

People were able to take part in a range of activities of their choosing and which were meaningful to them. People were supported to look for paid employment, volunteering roles and training to support them to develop the skills for employment. People were supported to play an active role in their local community, which supported and empowered their independence.

There was a complaints procedure in place, should anyone wish to raise a complaint. People told us that any issues would be addressed but no one raised any concerns with us. Staff knew how to access advocacy services if people needed them.

There was a quality assurance system, which enabled the provider to monitor the quality of the service provided.

We received positive feedback about the registered manager, staff and the service as a whole. Comments from people, staff and visiting healthcare professionals indicated there was a positive, person centred culture within the service.

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 improved to Good.

Staffing levels were appropriate to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people and staff to maximise their safety.

The staff team were aware of their responsibilities with regards to safeguarding. Staff had been trained in how to protect vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines. People were supported to manage their finances effectively.

Is the service effective?

Good

The service remains Good.

Staff were well supported via training and supervision.

People's healthcare needs were well monitored.

Assessments were carried out in partnership with statutory agencies to promote successful transitions.

Is the service caring?

Good

The service remains Good.

People told us staff were very caring.

People gave us examples how staff promoted dignity and respect.

People were enabled to make choices and their decisions were respected by the service.

Is the service responsive?

Good

The service remains Good.

Care plans were person centred and reviewed with the person.

People were supported to undertake leisure, employment and voluntary opportunities in their community.

Is the service well-led?

Good

The service improved to Good.

The service had a robust quality assurance programme in place that was used to monitor the safety and quality of the service.

Staff and people told us the registered manager was supportive and accessible.

The service encouraged people to be an active part of their local community.

Meadowfield

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.

This was a comprehensive inspection and was carried out by one adult social care inspector.

This inspection took place on 24 May2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in when we visited.

Before the inspection we reviewed other information we held about the service and the provider. This included statutory notifications we had received from the provider. Notifications are reports about changes, events or incidents the provider is legally obliged to send to CQC within required timescales. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also contacted the local Healthwatch, the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG) and healthcare professionals. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Their feedback is included within the body of this report.

During our inspection we spoke with all five people who lived at Meadowfield. We spoke with the registered manager and two support workers.

We looked around the home and viewed a range of records about people's care and how the home was managed. These included the care records of two people, including their medicine administration records (MAR). We reviewed two staff recruitment files, training records, and records in relation to the management of the service. We observed how staff interacted with people who lived in the home.

Good

Is the service safe?

Our findings

Since our last inspection the service had made improvements to the financial procedures to ensure peoples finances was subject to robust checks and legionella testing had been undertaken by an external contractor.

There were sufficient numbers of staff on duty to keep people safe and to support people to access the local community. We discussed staffing levels with the registered manager and looked at staff rotas. The provider did not use agency staff and any absences were covered by the service's permanent staff. Staff and people who used the service did not raise any concerns regarding the staffing at the home. One person told us, "There is always someone around when you need them, all the time."

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed staff to ensure staff were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions, and also prevents unsuitable people from working with children and vulnerable adults.

Accidents and incidents were appropriately recorded and investigated. We saw the service linked action points from these investigations to staff meetings and discussions to ensure any learning was taken forward. General risk assessments were in place for the home and specific risk assessments were in place for people who used the service. We saw one person had a specific risk assessment regarding a fire door that was held open when they were in the property to help their mobility but was closed when they were in bed and out of the home. These described the potential risks and the control measures to be taken to reduce the risk.

All staff had been trained in infection control procedures and we saw all areas of the home were clean and tidy.

Hot water temperature checks had been carried out in all rooms and bathrooms and were within safe limits. Portable Appliance Testing, gas servicing and electrical installation servicing records were all up to date. Risks to people's safety in the event of a fire had been identified and managed, for example, fire risk assessments were in place, fire drills took place regularly, fire doors were closed and not propped open and fire extinguisher checks were up to date.

The service had an emergency and a contingency plan, and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. This meant that staff had set guidance in place about how to respond in case of an emergency to promote and support people safely.

We found the registered manager understood safeguarding procedures and had followed them. The provider had policies in place for 'Safeguarding adults and preventing abuse' and 'Dealing with allegations of abuse'. The safeguarding file included a copy of the local authority safeguarding risk threshold tool, and copies of statutory notifications and safeguarding alert forms. Staff had been trained in how to protect

vulnerable people and this training was up to date. On person told us, "I feel protected here."

We looked at how medicines were stored. Appropriate checks had taken place on the storage, disposal and receipt of medication. Staff knew the required procedures for managing controlled drugs and we saw controlled drugs were managed safely. Controlled drugs are substances liable to misuse. The provider had a range of medicines policies in place. Audits were carried out monthly and checks were carried out by staff twice per day.

Appropriate risk assessments were in place for the people who administered their own medicines. The remainder of the medicines were stored in a locked cabinet in the office.

Care records provided clear explanations as to why medicines were required and described how people wished to be supported with their medicines.

Medication administration records (MAR) were in place for each person who used the service. A MAR is a document showing the medicines a person has been prescribed and records whether they have been administered or not, and if not, the reasons for non-administration. These included details of any allergies, and GP contact information.

Good

Is the service effective?

Our findings

People who used the service told us they received care and support from well trained and well supported staff. People who used the service told us, "The staff are competent and very professional", and, "The staff are very professional but caring too."

Professionals we spoke with said, "They are trained in handling difficult and stressful situations to keep everyone safe from risk and harm", and, "All staff are aware of their strengths but also ask questions and are keen to develop themselves and the lives of the people they support."

Assessment information was robust and healthcare professionals we spoke with told us the service worked well with statutory partners to ensure effective transitions. One professional told us, "They are not afraid to contact the team if they have any queries."

Staff told us they received regular and meaningful supervision. Everyone had regular supervisions sessions and we saw that the views of people using the service were also incorporated into the feedback given to staff members by the registered manager. One staff member said, "There is always opportunity to talk with someone about anything."

People were supported to lead healthy active lifestyles from supporting people to receive the right nutrition to monitoring people's health needs. Everyone we spoke with said they enjoyed the food and they had choices. Menus were planned every week with the people who used the service at the house meeting and included people informing staff of any likes, dislikes or preferences. One person told us the service supported their wish to adhere to their culturally appropriate diet which meant they sourced all their food from outside the home within their local community.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager was aware of their responsibilities. They had a DoLS authorisation matrix in place so they could monitor when DoLS were due, when they had been authorised and the date CQC had been notified of the authorisation. One healthcare professional we spoke with told us, "They are aware of safeguarding and MCA/DoLS processes and follow clinical support plans to ensure service users take managed risks to develop their quality of life."

Written consent was obtained from people for their care and support.

Mandatory training is training that the provider deems necessary to support people safely and included medicines, health and safety, fire safety, moving and handling, first aid, food hygiene, infection control, and safeguarding. Each member of staff had a continuous professional development record and additional training was provided as required to effectively support the people who used the service. For example, training in breakaway techniques, mental health and recognising signs of distress.

New staff completed an in-depth induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

People received effective care and support from health and social care professionals, and care records contained evidence of visits to and from external specialists. These included GPs, dentists, opticians, psychologists, social workers and community psychiatric nurses.

Good

Is the service caring?

Our findings

People told us the staff were very caring. Comments included, "The staff are all great," "The staff give me great support, I love it here," and "I can be my own person here."

We observed staff and people who used the service interacting and saw that staff treated people with dignity and respect, for example knocking before entering a person's bedroom. One person told us, "The staff always knock and they never look at my stuff or move it." One healthcare professional told us, "As a team they run a highly effective service by treating their clients with dignity, respect by giving them daily informed choices which gives them a balanced lifestyle."

We found that staff supported people emotionally. During the inspection we saw staff interacting with people in a very caring, affectionate and professional way. We spent time observing care practices in the communal areas of the home. We saw that people and staff were routinely engaged in conversation and appeared to have a good rapport with each other. We also observed that people spoke to staff about how they were feeling and staff responded in a compassionate way. One person told us, "My physical and emotional safety is respected."

The registered manager and staff we spoke with showed genuine concern for people's wellbeing. One professional we spoke with said, "I have met with the staff team who have all demonstrated very high levels of compassion and care."

People told us they felt they were supported to be as independent as possible. One healthcare professional told us, "They encourage independence whenever possible and support individuals who require more care whenever they need it." One person told us, "I can go out whenever I want but we all make sure staff know where we are, in case there is a fire or something like that and plus they care about where we are and what we are doing."

We saw that people were supported to have friendships and relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. We saw that care planning and risk assessments gave guidance about supporting people's relationships and showed that people had been given advice about emotional and physical aspect of relationships, such as safe sexual health and safe dating.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the registered manager who told us some of the people using the service at the time of our inspection had independent advocates. The service used a local independent advocacy service that helped people make decisions and there was lots of information in the home about advocacy and other support services.

Good

Is the service responsive?

Our findings

We found that people received care tailored to their needs and preferences. People told us how they were supported to do the things they liked to do, and to develop the skills they needed to do these things. One person told us, "I can be my own person here."

We saw there was a range of support plans in place for each person. We saw evidence that support plans were regularly reviewed to ensure people's changing needs were identified and met. Detailed pre-admission assessments had been carried out to ensure people were able to receive the support they needed when they came to the home. These had been completed with the input of each person and health care professionals where appropriate. Following these assessments, care and support planning documentation were put in place to provide staff with the information they needed to support people effectively.

People's daily routines such as the time they liked to get up and go to bed, the times they liked to eat and the support needed with personal care were recorded and all respected by staff. There were very detailed plans in place relating to positive behaviour support for people that gave very clear strategies for supporting people when they became anxious or distressed.

People told us, and we observed, that they took part in a range of social activities, employment and volunteering. During our inspection visits, we saw people getting ready to go out on public transport and go out to do leisure activities with staff, such as clothes shopping and work. People told us they could choose what they wanted to do. One person told us, "I enjoy going out to work."

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. The complaints policy also provided information about the external agencies which people could use if they preferred. There was easy read information around the home on how to make a complaint and there were regular house meetings where people talked about a variety of issues and activities within the service. People were always asked if they felt safe and if they had any concerns. We saw that where people had raised an issue, that it was noted for action and then fed back at the next meeting so people were kept informed. We also saw that where people had raised an issue or concern then the registered manager had responded to them individually in writing thanking them for their feedback and detailing what they had done to take any corrective action. This showed the service listened and acted upon the views of people.

We saw that end of life wishes were recorded in people's files and the registered manager could explain why some people had not wanted to talk about planning for the end of their lives. We saw people had been supported to talk about their wishes and people had been enabled to record requests such as songs they wanted playing at any funeral service. This showed the provider had given care and consideration to supporting people with end of life planning.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager had been in post for two years and had worked at the home for over six years. The registered manager told us about their values which were communicated to staff. They were focussed on people having choices and as much independence as possible and the feedback from staff confirmed this was the case.

Staff we spoke with felt supported by the management team. One staff member told us, "I feel very happy working here and I can just ring the manager about anything." A person who used the service told us, "[Name] the registered manager is so dedicated. She is amazing. She came in at 11 o'clock the other night as I had some distressing news and so she was here for me." A visiting professional told us, "[Name] is a very experienced manager who has worked with the multi-disciplinary team in a positive, level headed, supportive and coordinated approach – she is dependable, well respected and encouraging of her staff and makes my job much easier.

People who used the service told us they were empowered and listened to. For example, people were asked to provide questions for prospective staff who were applying for posts at the service. House forums were held regularly and questionnaires were used to gather people's feedback and views on the service. One person said, "Staff create a happy atmosphere here." Everyone we spoke with told us they were enabled and supported to access the local community.

The provider used an electronic system called C360 to schedule quality assurance checks and audits, for this we could see that checks such as, health and safety, care plans and medicines audits took place. We saw that where anomalies occurred, such as a high water temperature measurement, these were checked and actions recorded. Policies and procedures covering all aspects of the service were available to all staff and were kept up to date. These were tailored to reflect and support the working practices in the home. This demonstrated that the provider gathered information about the quality of their service from a variety of sources.

Feedback from community healthcare professionals showed the service worked well with external partners with one community nurse commenting, "I have worked into this provision for many years and I nothing but praise and admiration for all the staff, especially the manager [Name]."

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.