

Aspire Health and Care Limited

Chilwell House

Inspection report

24 Wilmot Street
Ilkeston
Derbyshire
DE7 8BD

Tel: 01158540373

Date of inspection visit:
02 July 2019

Date of publication:
01 August 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Chilwell House is residential care home and was registered to provide accommodation for up to 17 people. At the time of our inspection 12 people were using the service.

Chilwell House was compliant with the values underpinned in Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. These values include choice, promotion of independence and inclusion. People had access to local amenities, facilitates and services such as healthcare and were supported to access these regularly.

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

We have found evidence that the provider needs to make improvement. Please see the Well-led section of this full report.

Quality assurance systems were inconsistent. The acting manager had not completed regular audits and quality assurance monitoring.

There was a friendly, relaxed and comfortable atmosphere in the service. Staff were kind, caring and understanding towards the people they supported; they knew them well and we observed many examples of friendly, relaxed and good-natured interactions. People were placed at the centre of the service and were regularly consulted regarding their individual support needs.

Respect, dignity and understanding was at the heart of the provider's culture and values.

People were safe and protected from the risk of avoidable harm. There were detailed risk assessments in place and guidance for staff regarding how to keep people safe.

Systems and processes were in place to safeguard people from abuse. Staff understood the signs of potential abuse and how to respond appropriately.

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.

There was sufficient staff deployed to meet people's identified care and support needs, where it was necessary to use agency cover, the acting manager ensured they were regular workers who knew the people at Chilwell House and were aware of their routines.

Staff received training and had the necessary skills and knowledge to meet people's individual care and support needs effectively. Care planning was personalised, to reflect an individual's needs and preferences, and helped ensure people were supported effectively and safely, in accordance with their wishes.

Staff knew people's daily routines and what was important to them. People were encouraged and supported to access the local community and engage in activities of their choice.

Medicines were stored, administered and disposed of safely by staff who were trained to do this.

Where accidents or incidents had occurred, lessons were learned to prevent the same thing happening again.

Infection prevention and control measures were in place and the premises were visibly clean in all areas.

Guidelines for staff followed best practice guidance and was used by the acting manager to plan and deliver effective care to people.

There was an open and positive culture within the service where people, staff and relatives felt listened to and confident to raise any issues or concerns.

This service met the characteristics of Good. More information is in the 'Detailed Findings' below.

Rating at last inspection: Last rated Good. Inspection report published on 21 February 2017.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care services.

Follow up: We will review the service in line with our methodology for 'Good' services

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

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Chilwell House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by two inspectors, a specialist advisor nurse and an expert by experience. Experts by experience are people who have direct experience of using health and social care services.

Service and service type:

Chilwell House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the registered manager had left the service earlier in the year and the provider had recently appointed a new manager, who was due to start work in September. An acting manager was overseeing the day-to-day running of the service, supported by the Commissioning and Service Manager. Both were present on the day of the inspection.

Notice of inspection:

The inspection was unannounced and took place on 2 July 2019.

What we did:

Prior to the inspection we reviewed all the information we held about the service including notifications received by the Commission. A notification is information about important events which the service is required to tell us about by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection:

We spoke with four people who lived at the service and two visiting relatives. We also observed staff interactions with people. We also spoke with three members of staff, the activities co-ordinator, the office manager, the Commissioning and Service Manager and the acting manager.

We looked at documentation related to the running of the service, including three people's care and support plans, risk assessments and progress records. We also looked at records of accidents, incidents, complaints and compliments, medicine records and staff files, including training and recruitment.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and were supported by staff to keep well. One person told us, "I feel very safe here; the staff all know me and are very supportive."
- People were supported by staff who recognised the signs of potential abuse and understood how to protect them from harm.
- Staff had a good knowledge of how to recognise the signs that a person may be at risk of harm and knew how to raise these concerns.
- Where safeguarding referrals were made, the Commissioning and Service manager sent notifications to us as required. The Chilwell House Team liaised with the local safeguarding team where any investigation was needed.

Assessing risk, safety monitoring and management

- Risks to individuals were recognised and assessed and staff had access to information about how to manage the risks.
- Staff understood how to support people and knew how to keep people safe. For example, some people were at risk of self-harming and staff explained how people may show signs of anxiety which could lead to this behaviour.
- People were involved in making decisions about potential risks and the development of their support plan. People recorded their agreement with any intervention and one person told us, "We talk about the support plan with staff and I signed this when I'd read it; I know what's in there."

Staffing and recruitment

- People were supported by staff who knew them well. We saw that staff were available to respond to requests from people and support people with their interests.
- Due to people's complex needs, each person received individual support from a member of staff for agreed periods of time. We saw this individual support was recorded and people chose to use this time to engage with personal trips out or to discuss how they were feeling.
- Agency staff were used where shifts needed to be covered. The acting manager informed us that the agency staff who worked regularly in the home knew people and the support they wanted well. The provider was currently recruiting to fill the vacancies within the home.
- People received the care and support they needed in a timely way. There were support and therapeutic staff available in the home to enable people to be involved with activities they enjoyed and to speak with.
- We saw staff were available to support people when they needed or requested it and staff were also available when people wanted to go out. One person told us, "If we want to go anywhere we just let the staff know and they are around if we want them. Some of us go out alone or with friends, so we don't always

need them but we tell them where we are going."

- People were supported by staff who were fit and safe to support them. Before staff were employed the provider carried out checks to determine if staff were of good character and requested criminal records checks. These checks are to assist employers in making safer recruitment decisions.

Using medicines safely

- People were supported by staff to take their medicines at the right time. One person told us, "I know what medication I am taking. If I want to, I can discuss my medicines with any member of staff. My medication always comes on time."
- Medicines were stored securely, and staff were trained and monitored to ensure they followed safe practice.
- People knew the reason they had prescribed medicines and understood they could refuse to take these. Risk assessments were in place where staff felt this was an unwise decision, to enable people to receive additional support or guidance.
- There were clear guidelines when people needed 'as required medicines' and medicines were reviewed with health professionals to ensure they remained suitable for people to have.

Preventing and controlling infection

- People were protected by the prevention and control of infection. We saw that the home was clean and personal protective equipment was available for staff and people who live at the home to use when needed.
- People were supported by staff to maintain high standards of cleanliness and hygiene in the home. One person told us, "We all help out, there's a cleaning rota so we all know what needs to be done. I think this helps as if I get my own place I'll need to do everything."

Learning lessons when things go wrong

- There were systems in place to review the service when things go wrong to ensure that lessons were learnt, and that action was taken to minimise the re-occurrence.
- The staff reviewed accidents and incidents and where any safeguarding concerns had been identified and support plans were reviewed with people to make any changes to ensure people were safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- Pre-admission assessments were undertaken relating to a person's physical, mental and social care needs, to ensure the provider could meet their identified needs. People's needs, and preferences were regularly reviewed and updated to help ensure they could be supported in the most effective way.
- To ensure care delivered meets current legislation and standards, the provider kept up to date with changes occurring through the receipt of email update services, including health and safety, food standards agency and medicines alerts, as well as published documents.
- Evidence based guidance was used by the acting manager to plan and deliver effective care and support.

Staff support: induction, training, skills and experience

- People had their assessed needs met by staff with the necessary skills, knowledge and experience.
- Relatives told us they felt the staff were well trained and had the necessary skills and knowledge for their role. One relative said, "The staff here all seem to know what they are doing and are well trained to look after the residents." Another relative said, "We've got no concerns and can see no areas where staff require more training."
- Staff felt they received all the training required to do their jobs well. They were provided with mandatory training and extra training dependent on their roles. One member of staff spoke enthusiastically about the training they had received, in particular 'Non-abusive, physical and psychological intervention' (NAPPI) They told us, "The NAPPI training was really useful and has made me much more confident in dealing with people's different behaviour - and it means we are all consistent in our approach."
- New staff were provided with an induction which included mandatory training and shifts where they shadowed experienced staff. Staff who were new to care, completed the care certificate. The care certificate is an agreed set of standards that sets out the knowledge and skills expected of staff working in the health and social care sector.

Supporting people to eat and drink enough to maintain a balanced diet:

- People were supported to eat and drink the food they enjoyed and be involved in the menu planning, through weekly meetings. The acting manager told us, "Healthy eating is promoted here and people take part in meal preparation for the house." They went on to say, "People's individual care plans focus on their health and wellbeing." This was supported by support plans we looked at.
- One person told us, "We make our own food morning through to evening meal. The evening meal is provided by the staff. The food is pretty good."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

- People confirmed they were supported to access health care professionals as and when needed, such as GPs, district nurses, chiropodists, opticians and dentists. One person told us, "I see the doctor when I like because I make my own appointments."
- The provider worked closely with the local community mental health team (CMHT). Staff were aware of people's changing healthcare needs and ensured their needs were met. Documentation showed referrals and guidance had been provided by the local authority and clinical commissioning group (CCG).
- We saw evidence of weekly reports sent to the Consultant Psychiatrist, at the CMHT, who was the Responsible Clinician for the people, to ensure they were kept informed of how people's wellbeing.

Adapting service, design, decoration to meet people's needs:

- Communal spaces allowed people to enjoy time alone or with others. We observed people spending time in the garden, which provided space for group activities or a quiet place to relax. A comprehensive maintenance programme helped ensure the premises were regularly decorated and well maintained.
- Bedrooms were personalised to reflect the person's individual personality, interests and preferences.

Ensuring consent to care and treatment in line with law and guidance:

- 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- The provider was working in line with the MCA. The manager confirmed all people currently living at Chilwell House were assumed to have mental capacity. People were able to make their own decisions. Staff explained that where they were concerned people lacked capacity, they would carry out assessments to ensure decisions were made in their best interest.
- The acting manager confirmed there were currently no people subjected to DoLS authorisation and they understood how to make a referral where restrictions were identified.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- We observed that staff were kind and caring with people and responsive to their needs.
- Staff supported people in a friendly, warm and compassionate way. They knew people well and provided care and support that promoted their quality of life.
- People's individuality was promoted and they were supported to maintain their personal identity.
- People received care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010, that applied to people using the service which included age, disability, gender, marital status, race, religion and sexual orientation.
- The Commissioning and Service manager told us the acting manager and staff recognised the diverse and individual needs of the people they supported. Throughout the inspection we observed kind and caring interactions and saw people's diverse needs and preferences were explored and addressed in individual care plans. The acting manager and staff were also aware of and had recognised the issue of gender identity and diversity. They told us, "The staff team at Chilwell House is diverse and promote equality and diversity as part of their everyday interactions with each other and people."

Supporting people to express their views and be involved in making decisions about their care:

- Staff had a visible person-centred approach to supporting people to make decisions and maintain their independence.
- In accordance with their wishes, people were involved in the planning of their individual care and support. One person told us, "Yes I helped write my care plan with my keyworker and other members of staff."
- The acting manager told us people also had the opportunity to be directly involved in reviewing their support plans, to ensure they accurately reflected any changes to their care needs. We saw this involvement was recorded in plans we looked at.

Respecting and promoting people's privacy, dignity and independence:

- We saw staff treated people with dignity and respect. They knew people extremely well and were aware of their individual likes, dislikes, life history and what was important to them.
- Staff respected people's privacy and dignity. They were observed knocking on people's bedroom door before entering.
- Staff had developed close relationships with the people they supported and respected their independence and individuality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as Good. At this inspection this key question remained the same. People's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The pre-admission assessment included details of how the individual wished to be supported by staff.
- Staff spent time getting to know people and were able to recognise any signs that may indicate a decline in their mental health. They understood how best to respond when people were upset or anxious and guidance was in place to ensure consistency.
- Staff knew people well and were knowledgeable about their likes, dislikes and what was important to them. One member of staff described person-centred care as being, "Individual to that person - what makes their life theirs. Everyone is different." They went on to speak enthusiastically about how they saw their role and responsibility in relation to this. They told us, "It's about letting people know that the care they receive is all about them and it's giving them back control of their life, to make decisions for themselves."
- The acting manager told us community participation and reintegration formed part of the ethos of the service and people attended the local college and some people had volunteering positions locally. The service was located in the centre of the town, so people made use of the local facilities and amenities.

Meeting people's communication needs

- The service worked to the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw easy read guides and information were available and saw that one person's care plan had been developed in an easy-read format.
- We saw evidence of positive outcomes for people due to thorough care planning and delivery. Care and consideration was given to goal setting and supporting people to achieve their aspirations.
- Relatives spoke positively about the service and the support provided to their family member, to promote their living skills and level of independence.
- In line with 'registering the right support' people were part of their communities. People were engaged in activities that were meaningful to them, reflecting their interests and personal preferences. An activities co-ordinator and drama therapist provided a range of individual and group activities, which were clearly very popular.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. This included an accessible easy read format for people using appropriate symbols and pictures.
- People were encouraged and empowered to share any concerns with their key-worker and the registered manager. Relatives spoke confidently about raising concerns and felt assured any concerns raised would be listened to, taken seriously and acted upon.
- We reviewed complaints that had been received by the service since the last inspection. We found they

were handled in line with the complaints policy. All complaints were investigated, an outcome and lessons learned were recorded. There was a copy of the complaints policy readily available for people and visitors to the service. People told us they knew how to complain and would feel comfortable raising concerns with the manager.

End of life care and support:

- At the time of our inspection, no one was receiving end of life care at Chilwell House, therefore this was not assessed.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There had been an unsettled period of instability within the management team, earlier in the year, and the registered manager no longer worked at the service. A new manager has recently been appointed and is due to commence work in September. Although acting managers have been covering in the interim period, the commissioning and service manager acknowledged there had been a lack of managerial oversight at the service for some time, which they had only recently begun to address.
- There was no quality assurance policy or procedure in place. The commissioning and service manager acknowledged there were significant shortfalls and inconsistencies in the quality monitoring systems within the service. They told us they were aware of many audits, including care plans, health plans, infection control and staff training audits which were not in place and had not yet been implemented. However, they confirmed a full and comprehensive audit had recently been undertaken and an action plan subsequently developed, to address identified shortfalls and drive service improvement.
- Staff understood their roles and responsibilities and there were clear lines of delegation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The ethos of the service was fully embedded into practice and understood by staff.
- People and relatives told us they knew who the acting manager was and felt confident they could approach them to discuss anything.
- Staff told us there was an open and inclusive culture within the service and they felt supported and valued by the acting manager.
- Communication was effective and included comprehensive handovers and regular staff meetings.

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 acting manager ensured that notifications regarding important events were submitted to us, as required, so we could check suitable action had been taken. We saw that the rating from our previous inspection was on the provider's website and was also displayed in the entrance hall to the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Good working relationships had been developed with local health and social care professionals, including

the local CMHT, who were involved in the care and support of people who used the service.

- The service also employed local people from the community and had invited local councillors and the mayor to special fundraising events, for charities including MIND.