

Community Care Solutions Limited

Aspen House

Inspection report

277 Wellingborough Road
Rushden
Northamptonshire
NN10 9XN
Tel: 01933 419345
www.communitycaresolutions.com

Date of inspection visit: 10 November 2015
Date of publication: 02/12/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Aspen House is registered to provide accommodation and support for up to ten people with learning disabilities and complex needs. On the day of our visit, there were ten people living in the service.

Our inspection took place on 10 November 2015. At the last inspection in June 2014, the provider was meeting the regulations we looked at.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe. There were systems in place to protect people from the risk of harm and to ensure staff were able to report suspected abuse. Staff were familiar with these and knew how to use them to keep people safe.

Risks to people were assessed and control measures were put in place to reduce the chances that harm may be caused.

Summary of findings

There were sufficient numbers of staff to meet people's needs. Robust recruitment processes had been followed to ensure that staff were suitable to work with people.

Systems were in place for the safe administration, storage and recording of medicines.

Staff received training which helped them to deliver safe and effective care to people which met their assessed needs. They received regular support from the registered manager, including frequent formal supervisions.

Some people who used the service did not have the ability to make decisions about aspects of their care and support. Staff understood the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People had sufficient food and drink to maintain a healthy, balanced diet and had choices about what they wanted to eat and drink.

Staff supported people to attend health appointments and made referrals to appropriate health professionals to ensure people's general health and well-being.

Staff were knowledgeable about how to meet people's needs and how people preferred to be supported. People were able to make choices about what they did on a daily basis and about how their care was provided.

Staff had access to specific information on people's ability to communicate, which allowed them to understand what people's expressions and gestures meant and how they should respond to provide good quality care.

Dignity and privacy were promoted by the service and people's rights were protected.

People received person-centred care, based on their individual strengths, interests and needs.

Feedback was sought from people and those important to them, such as family members. This was used to help identify areas for development at the service.

There were effective systems in place for responding to complaints.

The service had an open, positive and forward thinking culture. There were internal and external quality control systems in place to monitor quality and safety and to drive improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from harm and abuse. Staff were knowledgeable about the principles of safeguarding and how to report concerns.

Risks to people and the service had been assessed and were managed appropriately.

Staffing levels were sufficient to meet people's needs. Staff had been recruited safely.

People received their medicines as prescribed and the service had systems to ensure they were managed safely.

Good



Is the service effective?

The service was effective.

Staff had received appropriate training to perform their roles and also received regular supervision from senior staff.

People's consent was sought where possible. Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where people did not have capacity.

People were supported to maintain a healthy and balanced diet.

People were supported to access healthcare professionals as and when they needed to.

Good



Is the service caring?

The service was caring.

There were positive relationships between people and staff. Staff treated people with kindness and compassion.

People were supported to express their views and opinions as much as possible.

People's privacy and dignity were respected and promoted by the service.

Good



Is the service responsive?

The service was responsive.

People received care which was personalised and responsive to their individual needs.

People were supported to be independent and were enabled to attend activities of their choice, based upon their preferences.

Complaints and concerns were welcomed by the service and taken seriously.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The service had a good and stable management team in place. There was a positive open culture at the service. People and staff were empowered by the provider.

The service had a number of quality assurance processes in place to ensure high levels of service delivery were maintained.

There were systems in place to make sure the staff learnt from events such as accidents and incidents, whistleblowing and investigations. This helped to reduce risks to and helped the service to continually improve and develop

Aspen House

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 inspection took place on 10 November 2015, and was unannounced. The inspection was undertaken by one inspector, so that the inspection process would not impact upon people's normal daily routines and activities.

Prior to the inspection we looked at the information we had for this service and found that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made

to the local authority to investigate and for incidents of serious injuries or events that stop the service. We also spoke with the local authority and clinical commissioning group to gain their feedback as to the care that people received.

During our inspection, we observed how staff interacted and engaged with people who used the service during individual tasks and activities. We spoke with three people who used the service. We spoke with the registered manager, four care staff, the operational manager and one healthcare professional.

We looked at five people's care records to see if they were accurate and reflected their needs. We reviewed two staff recruitment files, five weeks of staff duty rotas, training records and further records relating to the management of the service, including quality audits and health and safety checks.

Is the service safe?

Our findings

People felt safe. One person said, “Staff help to keep me safe.” Another told us, “Yes, I feel safe.” It was clear in people’s behaviour and manner, that they were relaxed and comfortable in the company of staff and other people who lived in the service. Staff felt people were safe because of the robust support mechanisms in place for them. People were protected from harm and abuse by staff who understood the principles of safeguarding.

Staff had a good understanding of the different types of abuse and could demonstrate how they would report it. One staff member said, “I would go straight to the senior or the registered manager, I would never leave it.” Another staff member told us, “It’s important that we report any concerns, if the manager was not here then I know there are other people I could go to.” Staff told us about the safeguarding training they had received and how they put it into practice. They were aware of the company’s policies and procedures and felt they would be supported to follow them. Training records showed that staff had attended safeguarding training. Safeguarding referrals had been made to the local authority when required. There were notices displayed regarding abuse and how to report it, along with the local authority safeguarding contact numbers.

Risks to people’s safety had been assessed. Staff told us that it was important to have detailed risk assessments in place for people because it helped to keep them safe, both within the home and in the wider community. One staff member said, “We risk assess people to help keep them safe and to make sure they can do what they want to.” Where actions were needed to keep people safe, we saw that these had been taken, for example, in respect of nutrition. Within people’s records we found risk assessments to promote and protect people’s safety in a positive way. These included; accessing the community, finances and life skills. These had been developed with input from the individual, family and professionals where required, and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed.

Staff told us that where incidents regarding behaviour which challenged others occurred, these were clearly documented. They were checked by the registered manager who assessed if any investigation was required.

When people exhibited behaviour which might challenge there were risk assessments and plans in place which detailed what might trigger the person’s behaviour, how the person may display their anxiety and how staff should respond to this. Staff had received training in safe restraint techniques and specific behavioural management plans were in place for each person to minimise the use of restraint.

The registered manager told us that all accidents and incidents were recorded and monitored. We saw records of these which had been completed correctly, in line with the provider’s policies. Any learning was discussed at team meetings and shared with staff through the communication book and staff supervisions. This meant incidents were responded to appropriately and that the registered manager supported people with behaviour that challenged to keep themselves, staff and others safe.

People told us there was enough staff on duty. One person said, “I get to do what I want to.” We found that this person meant that the amount of staff on duty enabled them to access a variety of activities and do what they enjoyed. Staff told us they thought the staffing ratio was appropriate to keep people safe. One staff member told us, “Yes, there are enough of us. We have the time to do what we need to.” During our visit we saw that there was enough staff to promptly respond to people’s needs. People were supported by enough staff to ensure each person had ‘one to one’ or ‘two to one’ support in line with their care plans. The numbers of staff on duty ensured that people received safe and effective care.

The number of staff on duty for each shift were clearly detailed on the rota. One staff member told us that rotas were done in advance so they could identify whether they required any bank or agency staff. The registered manager told us that if agency staff were used, that they would be staff that had worked within the service before, to ensure consistency for people. The registered manager also confirmed that additional staff would be provided when necessary, for example if a person’s needs changed. Our observations confirmed that there was sufficient numbers of staff on duty, with appropriate skills to meet the needs of people, based upon their dependency levels.

We found safe recruitment practices had been followed. One staff member said, “I was not allowed to step through the door until they had got my references and DBS back.” We established that the provider obtained all relevant

Is the service safe?

information and carried out all appropriate checks before a staff member started work. We looked at staff recruitment files and found that people had been recruited safely. The provider had carried out background checks, including obtaining two employment references and criminal record checks before people commenced their employment.

People received their medication on time. One person told us that staff helped them with their medication. Another person said, “Yes, I get my tablets.” Staff told us they had been trained in the safe handling, administration and disposal of medicines. They were only allowed to administer medicines if they had completed training and competency checks to do so. We found that medicines

were stored safely and securely, and records showed staff were administering medicines to people as prescribed. The service had taken action to address any issues they had identified, for example where a medication error had occurred and worked to ensure safe systems and processes were in place. Staff administering medication checked and completed the Medication Administration Record (MAR). We checked five people’s medication records. These contained information and a photograph of the person and of the medication they had been prescribed. MAR sheets we looked at had been completed correctly. Medicines were stored correctly and audited weekly.

Is the service effective?

Our findings

People received care from staff that had the necessary skills and knowledge to perform their roles and meet people's needs. Staff told us that they had received appropriate training to equip them with the skills they needed. One staff member told us, "We get a lot of training here; it is all really good and helps us a lot." Another staff member said, "We get all the core training we need but are supported to go on and do more training. They are good at helping us to develop."

Staff members told us they had completed a range of training that ensured they were able to carry out their roles and responsibilities. The registered manager explained to us that staff received regular training and refresher skills to keep their skills up-to-date. The provider used a variety of training methods, to help staff develop their skills. We looked at training records and saw that dates were recorded when staff had completed training on a range of topics, including; safeguarding, Mental Capacity Act (MCA) 2005, medication and health and safety. We saw that staff had completed most of the training courses within the past year and where there were gaps in people's records, there were plans in place to address these.

The provider had an induction programme which all new staff were required to complete. One staff member said, "It was a good induction, I had two weeks to read through people's records and get to know them. I also shadowed other staff." The registered manager told us new staff had an induction checklist which they needed to complete before being found competent. They also told us that plans were in place to integrate the new care certificate into induction training. Records showed that all new staff were expected to complete it.

Staff felt well supported by the registered manager. One member of staff told us, "The manager is really approachable; we can ask questions about anything." Another member of staff told us, "I know that I can ask anything whenever I need to." We saw that staff received regular supervisions and an annual appraisal. Where appropriate, action was taken in supervisions to address performance issues either through disciplinary action or performance monitoring if required.

Consent was sought from people before they received care. Staff told us that, where possible, they asked people what

they wanted before carrying out a task. Staff were able to explain how they made decisions in line with the Mental Capacity Act (MCA) 2005. They had a good understanding of the MCA and described how they supported people to make decisions that were in their best interests and ensured their safety. We saw examples of where people's capacity to manage their own finances had been assessed and found that appropriate documentation was in place. Staff had completed training on the MCA and DoLS and were able to tell us the action they would take if a person's capacity to make decisions changed, or if they suspected this.

The registered manager told us that they were following the MCA for people who lacked capacity to make a decision. For example, we found that applications had been made under the MCA Deprivation of Liberty Safeguards (DoLS) for some people as staff considered that their liberty may have been restricted. These actions showed they understood their responsibilities under DoLS arrangements.

People told us they had enough to eat and drink. One person said, "My lunch was nice." Staff were aware of individual's tastes and preferences. They told us that if anyone had a problem with nutrition they would seek advice and support from professionals. We saw that people were supported to eat snacks if they wanted them, although staff told us they would always ensure that people were supported to maintain a healthy dietary intake. We were told and saw that menus were planned in advance over a four week period. The staff told us a different meal was available for people every day. People were supported to choose their choice of meal with staff and we were told by staff that if a person did not want what was on offer, a range of alternatives were available. People had nutritional assessments completed to identify what food and drink they needed to keep them well. We saw that staff monitored people's weight on a regular basis and that care plans were updated when their nutritional needs changed in order to maintain an oversight of people's individual weights.

People told us that staff supported them to access other services, such as the local hospital, optician or dentist. One person said, "They come with me to the doctor." Staff told us that they supported people to attend required appointments when needed and were swift to act when people's care needs changed. One healthcare professional

Is the service effective?

said, “They always make sure people see who they need to and maintain an accurate record of what treatment was advised.” We saw that people had access to healthcare services and that care plans and health action plans contained contact details for professionals such as the

dietician, chiropodist and GP. People received on-going support from healthcare professionals in line with their needs. Records confirmed that staff shared the information with each other and relevant professionals to ensure people’s needs were met.

Is the service caring?

Our findings

People told us they felt that staff were caring. One person said, “I have the best key worker ever.” This person went on to say that staff looked after them and were kind and caring. Another person told us, “They are nice.” Staff told us they valued people and worked hard to ensure they were happy and had a good quality of life. One staff member told us, “It’s rewarding being able to help people.”

There was a relaxed atmosphere and staff prompted and supported people’s social interactions. We observed that people engaged in friendly conversation with staff and saw that several people laughed and joked with staff throughout the day. We saw that support was provided in a kind, calm and relaxed way and people were at ease in the presence of staff. Our observations demonstrated that staff had positive relationships with the people they supported. The demeanour of the people, who were being supported, was seen to be open and trusting of the staff.

Staff were happy in their roles and worked hard to ensure that people received the care they needed. One said, “We work as a team, we all pull together.” Our observations throughout the day confirmed that staff provided people with kind and compassionate care. Many of the staff had worked at the home for several years which enabled people to build meaningful and caring relationships with the people.

People were involved in the planning of their care; one person told us that they met with their key worker to talk about their care. They told us this made them feel involved in their care and as though staff listened to them. We found that records were kept of discussions and saw that any changes were incorporated into support plans. People told us that staff responded swiftly to their needs when they changed and always made sure that care was person centred, according to their needs.

People were supported to express their views and opinions. Staff explained that people were involved in their care planning as much as possible. We looked at care records and saw that planning had involved family members and people who already knew each person well, such as their social workers and previous placements.

People and staff told us that they were supported to express their views of the service at regular meetings and told us they always felt listened to. We found that pictorial communication aids were available to help people express themselves. Easy-read versions of care plans and other pieces of documentation, such as guides to the services, were available. Staff went through these with people to try to help them understand what care they would receive and how they could express their views.

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. People were appropriately dressed. Staff offered choices when people got up or when to eat and what to have as well as going out. Support was provided in a kind and calm manner. People appeared relaxed and at ease with staff.

Staff had an understanding of the role they played to make sure dignity and privacy was respected. They knocked on people’s doors before entering their bedrooms and always administered medication in a private area. We found that the service had clear policies in place for staff to access, regarding respecting people and treating them with dignity.

There were some areas within the home and garden where people could go for some quiet time without having to go to their rooms. This showed that people could be as private and independent as they were able.

Is the service responsive?

Our findings

People's care was personalised to meet their own specific needs and wishes. They told us that they were able to choose what they wanted to do, both in respect of activities and their long term goals. They were involved in planning their care, as well as regularly reviewing it, to ensure the care plan was still relevant. We found that people received care and support from staff which took account of their wishes and preferences.

People told us they had been asked about their individual preferences and interests and whether they were happy living in the home or whether any improvements could be made to the delivery of care. They said staff made sure they were content with the care they received and whether their needs were met appropriately, through regular meetings with them and general conversations which took place.

We spoke with staff and the registered manager about the needs and preferences of the people they provided care and support to. We found that people's needs were assessed with their interests at heart, and where appropriate involved relatives or advocates to ensure that care was really individualised. It was evident that support and care was planned and delivered in line with people's individual care plans and their specific requirements.

People told us they were supported by staff to have their needs assessed and their choices met. One person said that staff took time to talk with them about what they wanted and what their individual needs were. We spoke with staff and the registered manager about the people they were supporting during our inspection. It was evident that they understood people's needs well; they were all able to tell us about people's specific care needs' for example the registered manager was able to explain to us about the daily routine one person had and how important this was for them.

Staff told us that pre-admission assessments of people's needs had been carried out prior to people being admitted to the service. On admission we also found that people or their relatives were asked for their views about how they wanted their support to be provided. From the individual content of the care records we found that people and their relatives were involved in the assessments. This ensured that they were enabled to express their views about how they wanted their care to be provided.

Staff told us that people's needs were reviewed and changes were reflected in their care records. When staff had concerns about a person's condition, staff told us that they would monitor them. Records confirmed that people's needs were regularly reviewed by staff to identify if people were being supported in the best way and if their current care plans needed to be reviewed. People received care which met their individual needs because staff worked to ensure that accurate records were maintained.

People told us that staff supported them to raise concerns if they had any and we found information in people's rooms that explained how they could complain and who they could talk to.

People were aware of the formal complaints procedure in the home and told us they would tell a member of staff if they had anything to complain about. We saw there was an effective complaints system in place that enabled improvements to be made and that the registered manager responded appropriately to complaints. The complaints log showed complaints were responded to appropriately and in a timely manner. Action was taken to address issues raised and to learn lessons so that the level of service could be improved.

Is the service well-led?

Our findings

People were positive about the staff, the management and the way in which the home was run. One person said that all the staff helped them and they thought the service was well run. There was a positive open culture at the service. People and staff were empowered and had developed trusting and beneficial relationships. The registered manager had an open-door policy, both to people and staff which allowed everybody to feel part of the service and involved in ways to develop it.

We found that there was positive leadership in place at the service which meant that staff were aware of their roles and responsibilities. None of the staff we spoke with had any issues or concerns about how the service was being run and were very positive about the leadership in place, describing to us how the service had improved. We found staff to be motivated, caring and trained to an appropriate standard, to meet the needs of people using the service.

People who used the service, their representatives and health and social care professionals were asked for their views about the quality of the service provision. The registered manager told us that an annual questionnaire was sent out by the provider and staff told us they supported people to complete their questionnaire when required. We saw from a recent satisfaction questionnaire that relatives of people who used the service had expressed their satisfaction with the support provided and the quality of leadership at the home.

The registered manager told us there were regular meetings held between staff and people living in the home. These were used to discuss activities, raise concerns and any issues people may have. Staff told us that when appropriate, the results of safeguarding investigations and complaints were fed back to them at staff meetings. They felt this was a useful learning tool for them.

We saw that incidents were recorded, monitored and investigated appropriately and action was taken to reduce the risk of further incidents. It was clear that the care staff were aware of all accidents and incidents that occurred and had assured themselves that no further action needed

to be taken. We found that all possible action had been taken to ensure people had medical attention if needed and to protect people from recurrence of a similar nature.

Staff understood the management structure within the home and felt that this worked for the benefit of people. People and staff confirmed that the registered manager was approachable. Staff told us they were encouraged to express their views which included discussing additional support required to meet some people's specific needs.

We found the registered manager was proactive in monitoring people's needs and the quality of service provision and responded in a timely manner when these areas required additional input. Staff told us it was important they considered how the service needed to be developed in order to meet people's care needs and to continue improving.

The registered manager told us that frequent audits had been completed in areas such as infection prevention and control, medicines administration, health and safety, fire safety and environmental audits. These were important as part of making sure that the service given to people was of good quality. We saw that maintenance records confirmed that health and safety checks were carried out regularly to identify any areas for improvement. Where improvements were required, we saw that actions had been identified and completed.