Aspire Healthcare Limited

Parkvale

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

This unannounced inspection took place on 5 and 11 January 2017. The inspection activity on 11 January involved speaking to relatives and healthcare professionals by telephone. At the previous inspection in October 2015 we found the provider was not meeting regulations 12,15 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These shortfalls related to the safe management of medicines, infection control procedures, having safe, maintained and suitable premises and quality assurance processes.

At this inspection we found that the provider had made improvements and the service was now meeting the regulations.

Parkvale provides residential care for up to seven gentlemen with learning disabilities and/or mental health issues. It is situated in a residential area within easy access of local amenities. At the time of our inspection there were five people living at the service, with a further two people due to move in within a few weeks.

The service had 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 told us they felt safe living at the home. Relatives told us they were confident their family member lived in a safe environment.

People lived in a clean and homely environment, with their bedrooms tailored to meet their own likes and dislikes.

People received their medicines appropriately. Staff at the service were trained to administer medicines to people safely and securely.

Staff had a good understanding of safeguarding procedures. They also knew how to report any concerns they had and confirmed they would do this if they suspected any harm or abuse had occurred.

Care Quality Commission (CQC) is required by law to monitor the operations of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests'. It also ensures unlawful restrictions are not placed on people in care homes and hospitals. In England, the local authority authorises applications to deprive people of their liberty. We found the provider was complying with their legal requirements in respect of this act.

Relatives and staff all told us they felt there were enough staff to meet people's needs. The registered

manager monitored staffing levels to ensure enough trained staff were available at all times. The provider had systems in place for the safe recruitment of staff, including Disclosure and Barring Service (DBS) checks. The registered manager had a programme of staff training, supervision and appraisal in place and monitored this to ensure all staff were kept up to date with any training needs and support.

Maintenance work was completed as required and the provider had emergency procedures in place for staff to follow.

People told us they enjoyed the food prepared at the service. We found people received a range of nutritious meals and refreshments throughout the day and were able to make their own if they were able of doing so.

People were respected and treated with dignity and kindness. People and their relatives we spoke with highlighted the quality of care provided by staff at the home. One person told us, "Staff are canny [nice], they look after me."

People were treated as individuals and their care needs were monitored so any changes were identified and procedures put in place to address that change. People's records were regularly reviewed and discussed with the person, and their relatives where possible. Best interest decisions had been made where necessary.

People were involved in a range of activities outside of the service and chose what they wanted to participate in, including holidays.

Information on how to make a complaint was available, although there had been no complaints since the last inspection.

People were regularly asked to contribute their views on the service and about the care they had received.

The staff, registered manager and the quality assurance team monitored the quality of the service through a variety of audits and checks within the service. When an issue had been identified the registered manager had put measures in place to deal with the issue.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Suitable recruitment processes were in place. The registered manager ensured staffing levels were maintained at a level that effectively met people's care needs.

Staff knew about safeguarding procedures and would be able to respond if required. They also knew how to report any concerns they had.

Staff knew how to deal with emergencies and how to protect people in their care, which meant they were well prepared.

Medicines were stored, administered and recorded in a safe manner.

Is the service effective?

Good

The service was effective.

Staff were experienced and had suitable induction, training and support processes in place.

People and their relatives told us food and drink at the service was of good quality and people had choice.

Staff followed best practice in connection with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

Staff recognised people as individuals and this was acknowledged by people and their relatives we spoke with. People were treated with dignity and respect.

Staff were able to communicate with the people they cared for because they knew them well and had tailored plans to support this.

Is the service responsive?

Good

The service was responsive.

Person centred care plans were in place that reflected people's individual needs. Plans were reviewed and updated as people's needs changed and people told us they were included.

Activities were in place for people based on what they liked to do.

There were procedures in place to allow people to speak up and share their feelings and complain if they wanted to. Relatives were confident any complaints would be addressed.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post.

Everyone we spoke with was positive about the service and the staff.

Quality assurance systems were in place and completed by staff, the registered manager and the quality assurance team. These helped to maintain standards across the service.

Parkvale

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 5 and 11 January 2017 and was unannounced. The inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed information we held about the service, including any notifications we had received from the provider. For example, notifications about safeguarding incidents or deaths. We contacted the local authority commissioners and safeguarding teams and the local Healthwatch organisation. We also spoke with a care manager and another healthcare professional involved with people who lived at the service. We used any comments to support our planning of the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with all five people who lived at the service and four family members/partners. We spoke with the registered manager, one senior support worker and four other members of care staff.

We observed how staff interacted with people and looked at three people's care and medicines records.

We checked accidents and incidents, complaint records, three staff personnel records, health and safety information and records in relation to monitoring of the quality of the service.

After the inspection we spoke with the Tyne and Wear Fire and Rescue Service in connection with fire safety at the service and liaised with the local authority contracts team.

Good

Is the service safe?

Our findings

At the last inspection we found infection control procedures were not as robust as they should have been and people's bedrooms were unclean. Some areas were in need of repairs and refurbishment. We visited all areas of the service, including every person's bedroom, with either the person or a staff member. We found all but one bedroom had been recently decorated. Bedrooms had been provided with additional storage facilities and the provider had helped people de-clutter to maximise their private spaces. We spoke with the registered manager about the bedroom that had not been decorated and he told us that this room was next in line for a refresh. Prior to this report being finalised the registered manager told us that this bedroom had been decorated with new storage facilities put in place.

The service was kept clean and tidy. There were cleaning rotas in place for staff to follow and people were encouraged to keep their own bedrooms clean and tidy; however, staff regularly monitored this to ensure that infection control procedures were followed.

The provider had implemented a programme of refurbishment and redecoration throughout the service which included for example, new window installations that had restrictors in place, replacement of carpeting, new lighting, paintwork and bathroom fitments. We asked people what they thought of the changes to the service. One person said, "I helped do my own bedroom. Love it now." We visited their bedroom and they showed us the recently decorated walls and soft furnishings that had been purchased. One person's bedroom had a blocked sink and we saw that this had been reported to the provider and was in their work schedule to be unblocked. The person whose room this was told us, "It overflowed....I've told them to get it sorted." We asked the registered manager to check one person's use of electrical extensions in one bedroom which they said they would do. Prior to this report being finalised the registered manager told us that this issue had been rectified.

We found the kitchen area to be extremely clean and tidy and noted that the provider had recently received a five star food hygiene rating from the environmental health team. Five stars is the highest rating available and meant that the service was meeting all the regulatory standards.

At our last inspection, medicines were not always being safely managed. They had not always been accurately recorded. At this visit, all of the records we checked were completed correctly and in line with best practice.

We observed medicines being administered and saw this was in line with best practice. People received their medicines on time and in line with instructions from the pharmacy. All medicines were available to the people who lived at the service and at the time of the inspection, no person was prescribed a controlled drug. Controlled drugs are prescribed medicines used, for example, to treat severe pain and are liable to misuse. For these reasons, there are legislative controls for some drugs and these are set out in the Misuse of Drugs Act 1971 and related regulations. We found that medicines were stored, administered, recorded and disposed of appropriately and staff had been trained to follow procedures correctly.

At the last inspection not all risk assessments were in place. At this inspection we found that the registered manager had reviewed people's records and the environment. Where risks were identified, updated risk assessments were now in place or had been reviewed. We saw for example one person had a risk assessment in place for going out into the community which helped them to remain safe. Risk assessments also included those in connection with pets in the building and the general environment.

Records confirmed that people had taken part in fire drills and regular checks of fire equipment and fire monitoring had taken place. People knew how to leave the building in the event of an emergency and alarms were in place to alert people and staff that an evacuation of the building was required.

The local fire authority had recently visited the service to complete checks of the premises and found it to be in satisfactory order. When we spoke with a fire safety officer by phone, they confirmed this had not included a full review of the fire risk assessment.

Prior to the inspection we had been contacted by the local authority contracts team who were concerned that the fire risk assessment was not completed fully. The local fire officer agreed to provide the registered manager with some additional advice to ensure that the assessment was fully completed in line with best practice. We liaised with the local authority to inform them of the actions taken.

Safety of people and staff at the service was important to the provider. We saw a new security entry systems had been installed. Due to the nature of the service, only staff were able to operate it and let people or visitors in or out. This meant that security was tight and ensured no unauthorised access to and from the building without permission.

People told us they felt safe living at the service and got on generally well with the other people who lived there. One person told us, "I am on a 1:1[staff support ratio] but I go out and they [staff] make sure I don't get into trouble." They told us they would not hesitate in telling either a staff member or a healthcare professional who was involved in their care, of any issues that caused them to feel unsafe.

Staff were aware of what constituted a safeguarding concern and told us they would report any issues to the provider or the relevant authorities, including the Care Quality Commission. Staff had received training in safeguarding vulnerable adults; and policies and procedures were in place to further support them. We noted that after a recent safeguarding concern which had been fully investigated and partly substantiated by the local authority, procedures had been reviewed and lessons learnt.

Checks of equipment used within the building had taken place to ensure they remained safe for use. Checks on the utility supplies had also been carried out, including gas safety and electrical mains checks.

There had been no accidents,, but a number of incidents had been recorded. We found that they had been dealt with effectively and suitable measures put in place, which on occasions had meant risk assessments were updated. Accidents and any incident had been reported and were recorded either in an accident book for staff or in people's separate records. We saw that these were monitored at the service by the registered manager and checked during provider quality monitoring visits, as well as being entered onto the providers IT system. This helped the provider monitor all of the organisations accident data centrally.

People thought that there were enough staff to meet their needs. One person said, "Yes, there is always plenty of staff about." During the inspection we saw that staffing levels were adequate and matched the staffing rotas which were available. Some people received one to one support and one person was out with a staff member for the majority of the day. One relative we spoke with said, "Always enough staff….has to

be."

The provider continued to recruit staff safely and followed safe recruitment processes. References had been requested from previous employers or other suitable referees for newly appointed staff members. Vetting checks had been carried out via the Disclosure and Barring Service (DBS). The DBS ensures that prospective new staff are suitable to work with vulnerable people and do this by checking to see if they have a criminal background registered.

Good

Is the service effective?

Our findings

People were positive about Parkvale and the staff who worked there. They confirmed that their needs were being met and staff had the skills to provide the care and support they required. One person said, "They [staff] help me when I need help and let me get on when I don't. I am glad it's like that." One relative commented, "They [staff] look after him [family member] well; he's better than he was a few months ago. Another relative told us, "He has improved since being at Parkvale and he gets looked after properly."

At the last inspection the provider had a suitable induction which was in line with the Care Certificate. The training programme was also appropriate at the last inspection and this continued. Staff told us they received a range of training and two staff members told us they were enrolled to take a level five diploma in management within a health and social care setting, with training providers visiting the service in the coming days. The staff told us they felt supported by the registered manager and the provider.

We observed part of breakfast and lunch time at the service. People were able to have a choice of food and drink which they preferred. One person told us, "The food is good, I have things I like. I have meals out too." Another person said, "The food is alright, I don't eat much but what I do is alright." The relatives we spoke with had no concerns about the food and refreshments available. One relative told us, "[Person's name] has never complained about the food, the staff do a good job." Another relative said, "[Person's name] eats well and looks well, I've got no concerns about him." We talked with one member of staff about nutrition and meal times. They said, "We have a menu, but to be honest, the lads have whatever they like. We normally plan ahead and have things they like to eat on the menu." They also said, "We know exactly what they like and don't like, we have known them a long time."

Staff had gathered the views and needs of people's food likes, dislikes and requirements on their records to ensure people's dietary needs were met. Although from the records we checked, no one had any particular dietary needs at the time of the inspection.

Where referrals or advice from healthcare professionals was required, prompt contact was made, including with challenging behaviour specialists, GP's or consultants. Relatives told us if any issues arose with their family member's health, the staff ensured it was appropriately dealt with and they would be fully involved and kept up to date. One relative told us, "Staff identify any changes and act quickly." We saw evidence of this on the day of our inspection. One person had a decline in their mental health and the registered manager and staff dealt with this effectively. They explained the procedures they would follow if the decline persisted. We spoke with the person at the end of the inspection to check that procedures had been followed, which they had.

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 is 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 were being met.

No one at the service had a DoLS authorisation in place, although people did have their liberties restricted by conditions placed on them under the Mental Health Act 2007 and by community treatment orders (CTO's) CTO's are orders made by a clinician such as a psychiatrist, which allows a person to continue to receive treatment within a community setting rather than in a hospital. We spoke with the registered manager about these orders and he demonstrated a good knowledge of the legal requirements. The service had close links community health and learning disability teams.

The provider had a dedicated smoking area for people to use at the back of the building and had provided additional lighting to provide people with better facilities. The area had tables, a toilet and was well ventilated.

Good

Is the service caring?

Our findings

We asked people who lived at the service if the staff were caring and they all agreed. One person told us, "Staff are canny [nice], they look after all of us." Another person said, "Aye [yes] they are ok." Relatives told us they had no problems with the care provided by staff. One relative said, "You cannot fault them." Another relative told us, "He [person] gets looked after properly, if he wants this or that he gets it. The only concern at the moment is [personal matter], but we're trying to get them sorted out." A third relative said, "I come every week and I'm always made to feel welcome. He seems happy at the moment."

Staff knew the family background of people well and were able to better support them because of this knowledge. One staff member explained how they worked with one person to promote this. We spent time observing how staff interacted with and treated people who used the service. We saw people were treated appropriately, patiently and individually.

We heard caring conversations taking place between staff and the people who lived at the service and we could see a good rapport had been established. A staff member was asking if one person was going to be warm enough with the coat he had chosen to go out in. He said, "It's cold outside; you sure you're going to be warm enough?" Staff had developed ways of communicating with people and explained how they recognised the way people were feeling by their mood. The registered manager recognised one person was in the midst of a decline in their mental health and from their records we saw there were strategies in place to support the person and staff to deal with this.

People were supported to be fully involved in their care. Monthly key worker meetings took place which involved the person and the allocated staff member who had been appointed their key worker. We saw evidence of conversations that had taken place recorded in people's records, which also included discussions about the goals people had set and the progression made towards them.

People's privacy and dignity was maintained. We noticed one person go into his bedroom and close the door. A member of staff wanted to speak with them. We heard the staff member say, "He's listening to his music, he likes that." We noted the staff member did not disturb the person but went back later.

We were not made aware of any person being involved with an advocate, but from conversations with staff they knew how to access the services of an advocate on behalf of people, should they be required. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

Good

Is the service responsive?

Our findings

People were treated as individuals and staff were responsive to their needs. Comments from people included, "I am out most of the time"; "I come and go as I please"; "Staff will help me whenever I need it" and "If something changes, staff let me know and help me." Relatives told us the service was responsive to the needs of the people that lived there. One relative told us, "The staff are very good at responding and suitable care is always provided." Another relative said, "I haven't had much contact with him recently but I've been happy with the support he's had in the past."

One person told us before they came to live at the service, they had a visit to confirm they would like living there. They said, "I visited to check I would like it and seen the room that was going to be mine." The registered manager confirmed that this was normal for people who were in the process of moving to the service. They explained two people were coming to visit as the hope was they would be moving in, in the next few weeks.

People's care plans were personalised and individual. Their needs had been assessed and plans written to reflect their individual needs and personal goals. People's preferences had been noted including their likes and dislikes. A relationship circle had been completed for each person, showing relatives and other people of importance to them.

Care plans with supporting risk assessments were developed when a need had been identified, for example, with medicines, personal hygiene and any challenging behaviour which may have arisen from time to time. Care plans were reviewed in light of people's changing needs. For example, one person had become interested in a particular activity and risk assessments had been updated to reflect this.

People met with their dedicated keyworker at regular intervals. People were working towards particular goals and action plans were agreed to support the person achieve this. For example, one person was planning for a holiday. Discussions were recorded between staff and the person and people had signed the plan to confirm agreement.

One person told us he had choice in whatever he did. He said, "I choose what I am eating, or going to do." It was clear from records, conversations and observations that people had choice in their day to day lives. People had a range of activities they could choose to be involved with if they wished. For example, people enjoyed shopping, visiting the theatre or cinema, fishing and attending a local centre with activities. One person returned from a day out with one of the staff after shopping and purchasing items of interest to them.

Complaints procedures were available. People told us they knew how to complain. One person said, "I would speak to [staff name] or my care manager." There had been no complaints recorded since we last inspected the service. A relative told us staff always responded to any issues they had to raise and were confident any complaints would be dealt with quickly and effectively.

Good

Is the service well-led?

Our findings

At our last inspection we found the provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good governance. They had not responded to requests for work to be completed, had no effective quality assurance checks in place and were not monitoring the service as required. We found at this inspection they had implemented a maintenance programme and rooms had been decorated and repairs put in place. A new infection control audit had been implemented and was carried out by the registered manager regularly. There was a new quality assurance team in place who visited the service and completed a range of checks and monitoring of the service. There had been two visits since the posts were appointed to and since our last inspection. Checks at these visits had included, speaking with people who lived at the service, reviewing procedures and checking records were in order.

Regular quality checks were completed by staff, the registered manager and the provider via their quality assurance team. These checks covered areas such as, medicines, health and safety, infection control and the environment. Where any issues were identified, actions were taken with the date recorded of completion. The provider had also updated and improved their IT system to include new tools to monitor individual services and the registered manager showed us how some of this worked.

At the time of our inspection there was a registered manager in place. Our records showed he had been registered with the Care Quality Commission since September 2014. The registered manager was available during the inspection and supported us throughout. There was a clear structure in place and staff knew who was in charge on a day to day basis, including when the registered manager was not available.

One person told us they thought the service was well led. They said, "They [registered manager] keep things sorted." All relatives confirmed they thought that Parkvale was well run and commented, "I've got no concerns.....what they are doing is brilliant" and "I'm happy with things but I've not been there for a while."

The staff told us the registered manager was supportive and they could discuss any concerns they had. Staff told us they worked together as a team and one staff member said, "We have known each other for a long time, we work well together." Staff told us they enjoyed working at the home. It was evident from our conversations with staff, that the quality of life for people who lived at the service was important to them.

Staff told us they had the opportunity to discuss any issues relating to people who lived at the service or other issues in general. They said they were able to discuss a range of topics, including health and safety issues, people's care and wellbeing and other general issues. We saw minutes and staff confirmed that meeting were a chance to discuss issues pertinent to the service, the people living at the service and the staff working there.

People living at the service had meetings of their own. We saw that most people attended when they had taken place. People told us it was a chance to talk about issues that were important to them. One person told us, "We can talk about anything we like. We usually cover food and if there is anything bothering

us….yeh ….they are good." One relative told us they were aware of meetings taking place but said, "I don't normally go…..no need to…..[person's name] goes to them and talks about what they need to."

Recent satisfaction surveys had been completed by the people living at the service and were generally positive about the care and support provided. People confirmed they thought the service was good and provided them with quality care and support.

The registered manager had reported events that affected people's welfare and health and safety to the Care Quality Commission in line with legal requirements.