

Aspects Care Homes Ltd

Aspect House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 3 August 2016. The inspection was unannounced.

Aspect House is registered to provide accommodation and personal care for up to 13 people with mental health care needs. There were 11 people living at the home when we visited. The aim of the service is to support people whose goal is to live independently in the community.

The service had a registered manager. This is a requirement of the provider's registration. 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.

All the people we spoke with told us they felt supported and safe living at Aspect House and this view was shared by relatives. The atmosphere in the home was relaxed and friendly. Staff were able to talk confidently about how they safeguarded people from abuse. The provider's recruitment procedures reduced the risk of staff who worked at the home being unsuitable to work with people who lived there.

The registered manager and staff knew the people at the home well and were committed to providing a service that met people's individual needs. Care plans contained relevant information for staff to help them provide the individual support people required in the way people preferred.

People were involved in making decisions about how they spent their days and were supported to take part in a wide range of activities at home and in the local community. People went on holidays of their choice. Staff supported people to be involved in daily tasks which helped increase and maintain people's independence.

There were sufficient numbers of staff at Aspect House who had the right skills and knowledge to meet people's needs. Staff were available to support people when needed, inside and outside the home.

Risk management plans informed staff how identified risks should be managed to keep people safe. People and their family members were involved in planning, and reviewing how they were cared for and supported.

The manager and staff mostly supported people in line with the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff gained people's consent before they provided care and support. Care workers respected people's choices and decisions. However, where people did not have capacity to make some decisions information was not always clearly recorded.

People who lived at the home were supported to maintain links with family and friends. People and relatives thought staff were responsive to people's needs and had the right skills and knowledge to provide care and

support. Staff had completed the training the provider considered necessary to effectively meet people's needs.

Staff supported people to attend health care appointments and to maintain their health and wellbeing. People had enough to eat and drink. People were supported to make food choices and offered alternatives if they did not like the food on offer. Staff followed guidelines to ensure people's meals were prepared and served to manage any nutritional risks.

The provider had processes in place to monitor the quality of the service provided and drive continuous improvement. These were mostly followed, however medicines were not managed in line with the provider's medication policy.

Staff were motivated and provided care and support in a caring and meaningful way. They treated people with kindness and compassion and made positive comments to people that gave them a sense of self-worth. Staff respected people's privacy and worked with people to ensure their dignity was maintained.

Staff, people, relatives and social care professionals felt the registered manager was approachable. The provider and registered manager encouraged people, relatives and staff to share their views about the home. The provider acted on feedback to make improvements to the service provided.

People and relative's told us they knew how to make a complaint if they needed to. Complaints were managed in line with the provider's procedure. Everyone we talked with spoke very positively about the quality and effectiveness of the service provided, the staff and registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

The management of people's medicines required improvement. People told us they felt safe living at Aspect House. Staff were recruited safely and there were sufficient numbers of suitable staff available to support people at the times people needed. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People's needs had been assessed and where risks had been identified, staff knew how to support people to keep them safe.

Is the service effective?

Good 

The service was effective.

The manager had some understanding of the principles of Mental Capacity Act 2015 (MCA) and Deprivation of Liberty Safeguards (DoLS). Information was not always clearly recorded where people did not have capacity to make decisions. However, staff knew which decisions each person could make for themselves. Staff completed induction and training so they had the skills they needed to effectively meet the needs of people at the home. People were supported to maintain good health and a nutritious diet which met their preferences. People were supported to access healthcare services to maintain their physical and mental health.

Is the service caring?

Good 

The service was caring.

People told us staff had a caring attitude. Care and support was provided by staff who knew people well and understood how people wanted their support to be provided. Staff frequently made positive, affirming comments to people, giving them confidence and a sense of self-worth. People's privacy and dignity was respected and promoted. People were encouraged to maintain their independence and make choices which were respected by staff.

Is the service responsive?

Good 

The service was responsive.

People were supported and encouraged to take part in a wide range of activities that met their individual needs and wishes. Care records reflected people's preferences and gave staff the information needed to respond to people's individual needs. People and their relatives had not made any complaints but had the information they needed should they wish to do so.

Is the service well-led?

Good ●

The service was well-led.

The provider's quality assurance systems to ensure the effectiveness and safety of the service provided were mostly effective. The manager and staff team shared a commitment to provide a good service. Staff felt valued and listened to and spoke highly of the support from the registered manager. There was a positive culture in the home. People, relatives, health care professionals and staff were encouraged to share their views about the home and where improvements could be made.

Aspect 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 3 August 2016. The inspection was unannounced and carried out by one inspector.

Before the inspection we reviewed information we held about the service, for example, information from previous inspection reports, and a notification the provider sent, to inform us of events which affected the service. This is information the provider is required by law to tell us about. We looked at information received from commissioners of the service who supported people at the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. They had no further information to tell us that we were not already aware of.

As part of our inspection process we asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

People living at the home were able to tell us from their own experiences, what it was like living at Aspect House. We spoke with five people and two social care professionals. Social care professional's work with individuals and families to improve their quality of life and enhance their wellbeing. We also spoke with a senior support worker, a team leader, a support worker (In the report we refer to these as staff) and the registered manager. We spoke with two relatives and the provider by telephone.

We reviewed three people's care records to see how their care and support was planned and delivered. We checked three staff files to see whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated, including the service's quality assurance checks.

Is the service safe?

Our findings

People told us they felt safe living at Aspect House because they trusted the registered manager and staff who supported them. One person told us, "Everyone here makes me feel safe." Another person said, "Since I came here I feel safe. The staff go out of their way to make sure we are safe in here, and outside." These views were shared by relatives. One relative told us, "It makes me feel good and it's nice to be able to go to work without having to worry about [Person] because I know they are ok." Another relative said, "[Person] has lived at many different places. I thank God [Person] was placed at Aspect House because now I have no concerns."

We looked at the home's medicines management and administration processes. People told us they were supported by staff to take their prescribed medicine. One person told us, "They [Staff] come and remind me to take my tablets. They never forget." A relative told us, "[Registered manager] has worked really hard with [Person] to reduce their medication. [Person] was over medicated before, but not now." Medicines were securely stored in lockable cabinets in people's bedrooms.

People received their medicines from staff who had completed medication training. Staff told us, and records confirmed regular checks of staff competencies were completed by the registered manager. This ensured staff had the skills they needed to continue to administer medicines to people safely.

We looked at four people's medicine administration records (MAR). These showed people had received their medicines as prescribed. However, when we checked medicines we found discrepancies between the medicines in stock and those recorded on MAR, for all four people. For example, one MAR showed 28 tablets had been received and 18 had been administered. We found only three medicines in stock instead of the ten there should have been according to the record. This meant seven tablets could not be accounted for. Another MAR did not show any tablets had been received into the home. 18 tablets had been recorded as administered on the MAR and there was a stock of three tablets. Some of these medicines were prescribed for the treatment of mental health conditions which were needed to keep people safe and well. When we asked staff why medicine stock balances were incorrect they were unable to give an explanation.

We saw the provider's 'Medication policy and procedure' required a signed and dated record to be kept of all medicines received in the home and those returned to the pharmacy for disposal. The policy required the manager to ensure medicines processes were regularly audited, and corrective actions taken where errors were identified. We asked to see these records and medicine audits. The registered manager told us they were not available because audits were not being undertaken. This meant that the provider's policy was not being followed and we could not be assured the home safely managed people's medicine. We discussed our concerns with the registered manager. They acknowledged our concerns and explained they had been having problems with the pharmacy, and were in the process of changing their pharmacy contract. They also acknowledged they needed to take responsibility for the medication errors and told us they would take immediate action to audit all medicines in the home and ensure the requirements of the provider's policy and procedure were followed.

Staff had received training to safeguard people and this helped them understand their responsibilities to keep people safe. All staff had a clear understanding of the different kinds of abuse, and what action they would take if they suspected abuse had happened within, or outside the home. One staff member told us "It's our responsibility to keep people safe. We look out for them." Another staff member said, "I would definitely report anything I saw or heard to the manager. I know [Registered manager] would deal with it, but if they didn't I would go to [Provider]." This member of staff informed us the provider had a whistleblowing policy and knew their responsibilities in relation to this. Whistleblowing is when an employee raises a concern about a wrong doing in their workplace which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public. The staff member added, "I wouldn't think twice about escalating a concern."

People and staff had access to the information they needed to help them report safeguarding concerns. Safeguarding information was displayed in the communal hall which provided local authority contact numbers for people, staff and visitors, should they be required. The registered manager was aware of the local authority safeguarding procedures and described to us the actions they would take in the event of any allegations received. They said, "I would raise a safeguarding and inform CQC [Care Quality Commission]."

There were enough staff to meet people's needs safely. People told us there were enough staff to meet their needs because staff were always available. One person said, "You're never on your own here. I like that. The staff are always about if you need them." Another person told us, "Even at night, if you just want a chat staff are here." A relative said, "Yes, there are definitely enough staff and, importantly whenever you visit the staff are spending their time with them [People]."

Staff told us they had enough time to provide the support people required and at the times they preferred. One staff member said, "There is no problem with staffing levels here. That's one of the things I really enjoy, because we have time to spend with them [People]." On the day of our visit there were three staff who supported 11 people who lived at the home. The registered manager was also available, if needed. We observed staff spent time with people, for example, they sat and chatted with people and supported people to go outside of the home.

The registered manager told us the home did not use agency staff because continuity of staff was important to people who lived there. They told us the staff team were flexible and there were enough staff to provide cover when needed. This was confirmed by staff. One staff member told us, "We work as a team and cover each other. This is really important. It can be unsettling for the service users if they don't know the staff." We saw staff rotas were prepared in advance to ensure planned and unexpected absences were covered. This ensured people were supported by staff whom they felt safe with and who understood their needs.

The provider's recruitment policy and procedures minimised risks to people's safety. The provider ensured, as far as possible, only staff of suitable character were employed. Prior to staff working at the service, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Staff confirmed they were not able to start working at the service until all pre-employment checks had been received by the manager.

Risk assessments identified where people were potentially at risk and actions were identified to manage or reduce those risks. Staff understood the risks associated with people's individual support needs. For example, staff knew how to support people who were at risk of weight loss, or were at risk when going out on their own. One staff member told us, "I did a risk assessment because [Person] wasn't eating. Now we [Staff] all know to encourage [Person] to eat to make sure they stay well." We observed staff following the

instructions detailed in the risk assessment when checking with the person if they had eaten their lunch.

The provider had systems in place to minimise risks in the environment and to ensure people were kept safe in the event of an emergency or unforeseen situation. For example, fire emergency equipment was checked regularly and staff knew what action to take in emergency situations. The manager told us they had a continuity plan so that people were kept safe, should they be unable to return to the home after evacuation.

Maintenance schedules were regularly completed to make sure the environment was safe and equipment was kept in good working order. This included a system of internal inspections and maintenance by external contractors where required, such as water quality checks.

Is the service effective?

Our findings

People told us staff had the knowledge they needed to support people effectively. One person said, "They [Staff] know when to help me. We do things together like making breakfast and my laundry." Another person told us, "I think the training staff do helps them to help me." The person explained this was because staff encouraged and supported them to do things for themselves. A relative told us, "You can see from the way staff work with [Person] they are well trained. They [Staff] are amazing. They understand how to motivate [Person] and how to work with [Person]. I fear for the day when [Person] has to leave the home." A social care professional told us, "Staff are good."

Staff told us they completed an induction when they started work at the service. This included working alongside an experienced staff member, and completing training the provider considered essential to meet the needs of people living at the home. One staff member told us, "I found my induction really informative. It gave me the opportunity to get to know the service users and the staff."

The registered manager told us the induction for new staff was linked to the 'Care Certificate'. The Care Certificate assesses care workers against a specific set of standards. As a result of this, care workers had to demonstrate they had the skills, knowledge, values and behaviours enabling them to provide people with safe, effective, compassionate, and high-quality care and support. Staff told us that in addition to completing the induction programme, they had a probationary period to check they had the right skills and attitudes to work with the people.

Staff told us training was also tailored to enable them to meet the individual needs of people they supported. For example, one staff member said they were undertaking a course in nutritional awareness which helped them to support a person with weight management. Staff told us they enjoyed the training provided because it helped them improve their knowledge and understanding of people they supported. One staff member said, "I hadn't worked in care before so the training was really important. I have learnt so much. Now I feel confident I know how to effectively support the service users."

The registered manager maintained a training record which showed staff received training at regular intervals which helped keep their skills and knowledge updated. They told us, "I am very strict about training which I encourage and support staff to do. It's important because it gives them the knowledge needed to support service users and improves the service for them. Plus, progression and development for my staff is important." Staff told us the provider also invested in their development. One staff member explained they needed to use the computer to complete some care records. They said, "I asked [Provider] if I could have computer lessons because I didn't feel confident and they said 'Yes'." We saw the provider supported all staff to achieve nationally recognised qualifications in health and social care to further develop their practice as social care workers.

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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The MCA and DoLS require providers to submit applications to a supervisory body for authority to deprive a person of their liberty. The registered manager understood their responsibility to comply with the requirements of the Act but had not ensured this was always put into practice. The registered manager told us one person who lived at the home had a DoLS which had been approved by the supervisory body. We spoke to the person who told us they knew the DoLS was in place. The person said, "I would like to go to town on my own but I know I can't."

We spoke with staff who demonstrated they understood the conditions of the person's DoLS. However, when we asked to see a copy of the DoLS authorisation this was not available. We spoke with the local authority who confirmed a standard DoLS application had been authorised which had expired in November 2015. The local authority were unable to confirm if a further application had been made. This meant the person was being deprived of their liberty without the required legal authorisation. We raised our concerns with the registered manager who immediately made an application for an urgent and a standard DoLS authorisation. An urgent DoLS application is a legal requirement if a person may need to be deprived of their liberty whilst a standard application is considered. Since our visit the registered manager confirmed the applications had been authorised and the DoLS remained in place, no changes to the person's plan of care had been required.

People who had capacity told us they were able to make decisions for themselves. One person said, "I am free to come and go as I please. I decide." Another person told us, "I go to visit my family or go for a walk when I want to." A relative told us, "They [Staff] actively encourage [Person] to make decisions. Nothing is decided without [Person]."

The registered manager had some understanding of the principles of the MCA and DoLS. They told us if there was a concern a person lacked capacity to make a decision, they requested a mental capacity assessment from the community psychiatric nursing team and other healthcare professionals to make decisions in the person's best interest.

Information about people's capacity to make decisions was recorded in care records. However, where people had capacity to make some decisions but not others, the instructions were not clear and made no reference to decisions which needed to be taken in the person's best interest. Despite care records having limited information, staff demonstrated they knew what decisions each person could make for themselves so they remained as independent as possible.

Staff received training in the Mental Capacity Act 2005 (MCA) and understood the importance of seeking people's consent before they provided any care and support. Staff told us people made day to day decisions about their care and support. One staff member told us, "They [People] have the right to make decisions themselves." Another staff member said, "We always ask if they [People] need or want our help. We don't assume. If someone says 'no' we respect that."

Food and drink was available to people throughout the day. People chose what they wanted to eat. One

person told us, "The food is good." Another person said, "They [Staff] ask what we want. There is a food planner in the kitchen for us to look at. If we don't like it then we have something else." People told us they could make hot and cold drinks in their bedrooms or in the kitchen with staff support.

Staff understood and supported people's nutritional needs. For example, one staff member told us how they sought advice from a dietician because one person was reluctant to eat. The staff member explained the dietician had provided lots of information which they had shared with the person. They said, "We sit and talk and I can explain why it is important to eat to maintain their physical and mental health. We follow the advice of the dietician by agreeing goals and work towards them." Another staff member explained how people were supported to manage other health conditions, for example diabetes, through the provision of 'health eating' choices and information. We saw information about 'Smart eating choices' was displayed in communal areas.

When necessary, people were supported by staff to attend appointments with health care professionals such as, community psychiatric nurses, dentists and GP's. One person told us, "I don't like going to the hospital on my own so they [Staff] come with me." A relative told us, "We work as a team. If I can't go to an appointment then staff go with [Person]. I know staff would never expect [Person] to go on their own. Afterwards, they [Staff] always ring me to update me." A staff member told us, "We go to all appointments, planned or unplanned. We are there to support the service user. It's important because we can make notes to make sure we have the correct information. They [People] can worry if they have to remember everything."

Records showed each person spent time with a staff member to complete a weekly 'Well Being Check'. This included discussing the person's health care needs, any concerns the person may have had, and any support the person needed to maintain their well-being. One person told us, "I talk to [Staff member] every week and we talk about my hospital visits and about my tablets. It helps me so I don't have to worry."

Is the service caring?

Our findings

All of the people we spoke with, and their relatives, told us staff treated them with kindness and had a caring attitude. One person told us, "The staff here are the best I've had. I like it because we chat and have a coffee." Another person said, "They [Staff] are nice." A relative told us, "The staff are definitely caring." They explained how staff had constantly reassured and comforted their family member during a recent illness. They said, "As always they went that extra mile. Doing little things. It's the little things that mean a lot." A social care professional described Aspect House as having "A family environment."

Throughout our visit, we saw staff and people interacted well with each other. Staff frequently made positive comments to people, giving them confidence and a sense of self-worth. Comments included, "You've done a good job with your laundry, today. Well done. I knew you could do it." "Thank you for doing that. It was really helpful." People were relaxed and felt at ease with staff. For example, one person approached a staff member to ask for assistance with setting up a new television they had purchased. The staff member responded, "No problem. Give me five and we can do it together." We saw people chatted with staff about how they planned to spend their day.

Staff told us what being 'caring' meant for them. One staff member told us, "Being caring reminds me of my mum, putting everyone else first. Just asking someone if they are alright goes a long way. You need to be their buddy. It's like a second family." Another staff member said, "Looking after each other is what's important. Listening, talking, and giving people time."

People told us they received support from staff who knew and understood their personal history, likes, dislikes and how they preferred to spend their time. One person told us the registered manager had taken them on holiday to visit their family member's birth place. The person told us this had been important to them. Staff said personal information was recorded in people's care records which provided them with information about people's lives. Staff demonstrated a good knowledge about the people they cared for. For example, staff understood which relationships were important to people.

People who lived at Aspect House were supported and encouraged to maintain links with friends and family. People made choices about who visited them at the home. One person said, "[Relative] comes to see me and I go to my [Relative]." A relative told us, "I can ring up or go over and visit. I know I'm always welcome." Another relative told us, "I work different shifts but visiting [Person] or picking them up at different times is always accommodated."

People told us staff supported them to build and maintain their independence. One person told us, "They help me with my washing, but I can do most of it myself now." Staff told us promoting independence was an important part of their work. A staff member said, "My mission is to get them [People] out living in the community and not to be defined by mental illness so independence is really important. We work with them [People] to help them to regain lost skills." The registered manager told us, "Supporting people to be independent has been key to the success of helping people move on to independent living."

We saw staff completed 'Positive Outcome Monitoring Forms'. A staff member explained these were filled in to show and share the progress people were making. For example, staff had recorded a person was learning to swim. Staff had recorded the progress the person had made with their swimming and with their confidence in being in the water. The staff member told us, "We show service users what we've recorded. It gives them [People] a sense of satisfaction and achievement. This helps them feel good and encourages them to want to achieve more. It's all about working towards independence."

People told us, staff respected their privacy and dignity. One person said, "My bedroom is my space. Staff knock my door if they want to come in." Staff told us they understood the importance of respecting people's privacy and dignity. One staff member said, "Everyone has rights which need to be respected. This is the service users home not ours." We observed staff knocked on people's bedroom doors before announcing themselves and were discreet when supporting people. For example, we saw a staff member invite one person into another area of the home so they could have discussion in private.

People told us they liked their bedrooms. One person said, "I've got a nice room and I've just had a new bed." People were able to choose how their bedrooms were decorated and furnished. Each room had an ensuite, fridge and drink making facilities. One person invited us into their bedroom which was personalised, homely and comfortable. The bedroom was furnished with photographs, pictures and personal items. The person told us, "Everyone loves my room. Including me." The registered manager told us, "I always ask myself, would I like to sleep in this room? If a service user comes to me and says my bed's uncomfortable or my quilt cover is worn. I buy a new one. I like to give them [People] what they want, including any little luxuries."

Is the service responsive?

Our findings

People and relatives told us they were very happy with the care and support provided by the home. One person told us, "This is the best place I have lived. They [Staff] talk to me about what I need and want to do. Then they help me." A relative told us their family member had lived in other care homes and spent a lot of time 'doing nothing and being on lots of medication.' They told us that staff at Aspect House had worked on a daily basis to build up the person's trust and to understand how to support them. They told us, "It takes a lot for a mum to be able to say their happy and I'm happy, because I know [Person] is happy." A social care professional told us, "Staff change the way they work, they adapt to the needs the person. They are always willing to try things and put new things in place."

People told us they were involved in making decisions about how their care and support was provided. One person said, "I have a meeting with [Staff member] we sit and talk about what I have done, what I want to do, where I want to go on holiday or what I would like to eat." All the relatives we spoke with said they were fully involved in their family member's care and praised the staff for keeping them updated. One relative told us, "I am fully involved in [Person's] care. I get a call to say there is a meeting which I am invited to, or if I can't get there I share my views over the phone. If anything, even something small, happens I am updated straightaway. They are very good."

We reviewed the care records for three people. Each person's care and support plan was stored in the office so people could be confident their personal information was kept private and secure. We found most care plans had been reviewed and updated. Care plans were comprehensive and contained information that enabled staff to meet people's needs. For example, plans showed how people wanted to be supported, their preferred routines, if people were at risk and how they wanted staff to work with them to regain skills and maintain their independence.

Staff had a good understanding of, and were responsive to, people's individual needs and personal preferences. For example, one staff member explained when a person dressed in a particular way it meant they may not be feeling well. We observed the staff member speaking with the person in a quiet area of the home. The staff member told us, "I was just checking [Person] was ok because I know what to look out for."

Staff told us, they were kept informed of any changes to people's health or support needs because they had a verbal handover at the start of each shift. One staff member told us these meetings were important, particularly if people's needs had changed since they were last on shift. They said, "The first thing we do is have a handover so we know exactly what has happened. I was off yesterday and learnt at handover [Person] had not been well. So my first job was to go and check how [Person] was feeling and if they needed anything." Another staff member said, "We also write everything from handover in the communication book so you can go back and check something if you're not sure." This ensured staff had the information they needed to support people and respond to any changes in people's physical and emotional needs.

People told us they could choose to take part in a wide range of activities which reflected their personal interests and hobbies. One person told us, "I do lots of things that I like, I go to the town, I play pool and I go

to the shops. My favourite is going on holiday." The person told us they were looking forward to going to west midlands safari park and on holiday to Barnmouth, with staff later in the month. Another person told us they enjoyed playing golf and watching television. A relative told us, "There is always something going on. Unlike other homes I've seen they [People] don't just sit around doing nothing. They do things they enjoy and are meaningful."

Staff told us all activities and outings were based on what people said they would like to do. One staff member said, "It's not only about having a good time. The activities can be physically and mentally stimulating. They help make the service users feel better." The staff member described how one person's well-being had improved following their involvement in a gardening project. The registered manager told us, "Boredom is a terrible thing. That's why if the service users tell me they would like to go somewhere, or do something I guarantee it's arranged within a month." The registered manager gave examples of people saying they would like to play golf and go fishing, both were now regular activities which people told us they enjoyed.

People told us they knew how to make a complaint. One person said, "I would go straight to [Registered manager]. You can be sure they would sort things out." Relatives told us they had never had cause to complain but understood who to contact should they wish to do so. One relative said, "I am more than confident that [Registered manager] would listen if I had a concern and would deal with it immediately." The provider's complaints procedure was on display in communal area which informed people, relatives and visitors how to raise a concern or complaint and how this would be managed.

Staff told us they would support people to share any concerns they had. One staff member told us, "I would always try to solve things. If I couldn't I would encourage the person to speak to the manager or I would ask if I could do it for them." The registered manager told us people, relatives and staff could discuss issues or concerns at any time because they had an 'open door' policy. The registered manager told us this enabled them to address concerns straightaway which assisted in preventing written complaints being made.

Information in the home's complaints folder showed the home had received two complaints which had been managed in line with the provider's complaints policy.

Is the service well-led?

Our findings

The service had a registered manager in post. Everyone we asked spoke positively about the service provided at Aspect House and the way the home was managed. One person told us, "[Registered Manager] is always there for me to talk to. I can talk to them about anything." A relative told us, "[Registered manager] is fabulous. I can ring up to talk at any time. If [Person] is bothered they particularly like to go to [Registered manager]." Another relative told us, "[Registered manager] is lovely, very supportive and approachable. I feel we work together with [Person]." The relative added they felt the home was well managed and the registered manager truly cared about the people who lived there. A social care professional told us they felt Aspect House provided good quality care. They added "We can work together with the team."

There was a clear management structure within Aspect House. The manager was part of a management team which included two senior support workers and a team leader. The registered manager told us their style of management was "Hands on". They said they actively worked with people and other professionals involved in people's care on a day to day basis to ensure people received the care and support they needed. The registered manager told us, "All the service users and staff know they can come to me. I always make time for them. I am very passionate about what we do." We observed people and staff approached the registered manager in a familiar and confident manner throughout our inspection. The registered manager provided support and guidance where needed.

Staff told us they felt supported by the registered manager who they described as approachable. One staff member told us, "[Registered manager] is always there if you need anything. They can be strict, but this is a good thing because we know they are putting the service user's first. Another staff member said, "[Registered manager] has a 'can do' attitude which has really helped me grow my confidence in the time I have been here." Staff told us the provider operated an on call rota. This ensured people and staff were supported outside normal office hours or in an emergency.

Staff had regular individual and team meetings with the registered manager. Staff said they valued these meetings and saw them as an opportunity to discuss any concerns and opportunities that led to their own and the home's development. Staff told us they felt their opinions were valued and listened to. One staff member told us they had suggested a different way of supporting people to make drinks in communal areas. Their idea had been discussed with people, piloted and was now the agreed practice. Another staff member told us, "I spoke to [Registered manager] about doing extra training because I wasn't sure how to manage some situations. I had the training I asked for and now I am confident, because I know what I need to do."

The provider conducted annual satisfaction surveys which asked people, relatives, staff and visiting professionals to share their opinions about the home and where improvements could be made. All respondents to the most recent survey in 2015 made positive comments about the home and the service provided. These included, "I would like to stay at Aspect House, it has helped me a lot." "Family friendly place – lovely atmosphere." "We are pleased with the service we get at Aspect house and will continue to use it as a service for our patients." We saw the provider had responded to comments made in the survey by

providing family and friends with more information about safeguarding procedures. This meant the provider was using people's feedback to make improvements to the service provided by Aspect House.

The provider directed the manager and staff to conduct regular quality checks, including health and safety, medicines management and checks on people's care records. However, we found some quality checks had not been completed. For example, audits of medicines. We raised this with the registered manager who acknowledged their responsibility for ensuring all future quality checks were completed.

The manager told us they were supported by the provider through weekly visits to the home and telephone contacts to discuss any area of concern or areas for improvement. The registered manager said, "[Provider] is very supportive and responsive. If I ask for something for the home I more or less get it." We saw the provider has recently approved the purchase of new beds and lounge furniture to enhance the living environment for people who lived at the home.

We asked the manager about their responsibilities for submitting notifications to us. This was because we had only received one notification since the last inspection. A notification informs us of events that affect the service which the provider is required by law to tell us about. The manager demonstrated they understood their legal responsibility for submitting statutory notifications.

We asked the registered manager what they were proud of about the service provided by Aspect House. They told us, "I am proud of how well the service users are doing when they move on and don't have to go back into hospital. We stop that revolving door. Four people have moved on who are doing really well. I am proud of the way my staff interact with service users. We give lots of positive feedback to service users and arrange lots of activities to keep people occupied. We focus on other things opposed to their mental health. There is a nice atmosphere in the home and we have very good relationship with the service users, their families and other professional involved in supporting people. I am very proud of what we do. We strive to be the best and to do the best we can for each service user."

The manager told us their vision for the future. They told us, "The local authority want to work with us to continue, and increase the work we do supporting people to move on to live in their own flats. And for those people who can't live independently we will continue to work with them to ensure they have the right support to give them the best possible life."