

Aspire Healthcare Limited Camborne Lodge

Inspection report

1-2 Camborne Place
Gateshead
NE8 4EU

Tel: 0191 490 0901

Website: www.aspirehealthcare.co.uk

Date of inspection visit: 11 December 2015

Date of publication: 25/02/2016

Ratings

Overall rating for this service

Good



Is the service effective?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 20 and 22 April 2015. Two breaches of legal requirements were found. These related to breaches of regulations regarding restrictions imposed on a person which were not subject to appropriate authorisation and care planning arrangements which did not promote a positive approach to managing behaviour described as challenging. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to these requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Camborne Lodge on our website at www.cqc.org.uk.

Camborne Lodge provides accommodation and personal care for up to eight people. Accommodation is provided

over three floors in eight single bedrooms. Access between the floors is by stairs only. At the time of the inspection there were seven people accommodated in the home.

The service had a manager registered with CQC but they were no longer in post and had left the organisation. A 'service manager' was in day to day charge of the service and had commenced the process of 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.

We found the provider had met the assurances they had given in their action plan and were no longer in breach of the relevant regulations.

Summary of findings

Restrictions had been removed and the standard of care planning had improved. Care plans provided improved guidance that reflected positive behaviour support approaches.

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 effective?

We found action had been taken to improve the effectiveness of the service.

Restrictions imposed on a person living at the home had been removed. Improvements had been made to care planning and behaviour support arrangements.

We could not improve the rating for: 'Is the service effective?' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



Camborne Lodge

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Camborne Lodge on 11 December 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider had been made after our comprehensive inspection on 20 and 22 April 2015. We inspected the service against one of the five questions we ask about services: 'Is the service effective?' This was because the service was not meeting a legal requirement at the time of our initial 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.

This inspection was undertaken by one adult social care inspector. During the inspection we spoke with two people who used the service, two staff members, with permission looked in a person's bedroom and reviewed a sample of care records. These included one person's care plans, their progress notes, risk assessments and review records. We discussed our findings with the manager.

Is the service effective?

Our findings

At our last inspection in April 2015 two breaches of legal requirements were found. One breach related to restrictions imposed on a person's access to their bedroom at certain times of the day. The other breach related to how staff supported the person's behaviour and the related guidance in their care plan.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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

At the time of our last inspection we found in one person's care file information about daily restrictions which had been placed on them. Although deemed to be in the person's best interests, these restrictions were significant and cumulative and not in accordance with the person's stated preferences (as detailed in their care plan). Staff had imposed restrictions because they believed these were needed to promote the person's welfare. The registered person had not sought a DoLS authorisation regarding the restrictions imposed and restrictions were therefore potentially unlawful.

At that time we found staff had imposed additional restrictions and sanctions to deal with behaviours deemed as challenging to the service. Guidance in the person's care plan lacked clarity and consistency and failed to identify agreed limits to the degree of sanctions imposed. This meant there was a risk of inconsistent approaches being

applied by staff. Staff had not considered or implemented a positive behavioural support approach. This meant alternative, less restrictive approaches had not been developed.

We reviewed the action plan the provider sent to us following our comprehensive inspection in April 2015. This gave assurances that action was being taken to improve record keeping arrangements.

The provider told us they had consulted with the DoLS team at the local council regarding the need for a DoLS authorisation. This team consider applications to deprive a person of their liberty. In addition they said a new comprehensive care plan was in place reflecting a more positive behavioural approach. They assured us there would be clear instructions for staff to follow.

During this inspection we found improvements had been made. Restrictions had been removed and a clear care plan focussing on positive behavioural support was in place.

We spoke to the person against whom restrictions had been imposed. They told us they were free to use and access their room as they wished. They said, "I can come and go to my room when I want." The two staff on duty confirmed this was the case. Later in the day we saw the person was using their room without restriction. We saw this person's capacity to make decisions had been formally assessed using documentation provided by the authorising authority (Gateshead Council) and they were found to have capacity to make decisions for themselves. Therefore no DoLS authorisations were applied for nor restrictions imposed.

Since our last inspection staff had reviewed and updated the person's care plan in relation to behavioural support. They had incorporated a more positively focussed approach to behaviour described as challenging. A positive behaviour support approach is accepted as good practice by professional bodies such as the British Institute of Learning Disabilities and the British Psychological Society. It is fundamentally rooted in person centred values, aiming to enhance community presence, increasing personal skills and competence and placing emphasis on respect for the individual being supported. Staff had highlighted positive behaviour to be praised and linked this to a risk assessment outlining how to identify, divert from, respond to and de-escalate incidents of verbal or physical aggression. During the six months since the introduction of

Is the service effective?

this revised approach there had been no further adverse incidents recorded. This was confirmed as the situation by staff we spoke with. The care plan had been reviewed regularly and was person centred. This meant it highlighted approaches to care suitable for and individually tailored to the person concerned.

We found the assurances the provider had given in the action plan with regard to removing restrictions and supporting positive behaviour management had been met. This had resulted in positive outcomes for the person concerned.