# Aspire Healthcare Limited

# 30 Southview

## Inspection report

30 Southview
Annfield Plain
Stanley
County Durham
DH9 7UB

Tel: 01207233649

Date of inspection visit:
01 March 2017
06 March 2017

Date of publication:
18 April 2017

## 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 inspection took place on 1 and 6 March 2017 and was unannounced. This meant the staff and registered provider did not know we would be visiting.

30 Southview provides care and accommodation for up to three people. The home specialises in the care of people who have a learning disability. On the day of our inspection there were a total of three people using the service.

We last inspected the service in December 2014 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 who used the service made complimentary statements about the standard of care provided. They told us they liked living at the home, liked the people they lived with and they got along with staff who were friendly and helped them. We saw staff treated people with dignity, compassion and respect and people were encouraged to be as independent as possible.

There were sufficient numbers of staff on duty in order to meet the present needs of people using the service. The provider had an effective recruitment and selection procedure in place at this location and carried out background checks when they employed staff to make sure they were suitable to work with vulnerable people.

Staff training records were up to date and staff received regular supervisions, appraisals and training / development plans were also completed, which meant that staff were properly supported to provide care to people who used the service.

We saw that people were supported to take part in interesting and meaningful activities. They took part in education, leisure and social events and staff were constantly looking for more opportunities for people to enjoy.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were always accompanied by staff to hospital appointments and emergencies.

People at the home were regularly asked for their views about the service and if there was anything they would like to improve. People we spoke with told us that they knew how to make a complaint and found the

registered manager approachable with no concerns about the service.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

We saw medicines audits were carried out regularly by the management team to make sure people received the treatment they needed.

There were robust procedures in place to make sure people were protected from abuse and staff had received training about the actions they must take if they saw or suspected that abuse was taking place.

People told us they were offered a selection of meals and there were always alternatives available. We saw that each individual's preference was catered for and people were supported to make their own meals and ensure their nutritional needs and tastes were met.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards (DoLS).

The registered provider had an effective complaints procedure in place and people who used the service were made aware of how to make a complaint.

Staff felt supported by the registered manager and were comfortable raising any concerns. People who used the service and their relatives were consulted about the quality of the service.

We found the service adhered to the principles of the Mental Capacity Act 2005 and where people were unable to make decisions for themselves, best interests' decisions had been put in place. These had involved social workers, family members, advocates and other professionals.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains Safe. | **Good** |
| **Is the service effective?**<br>The service remains Effective. | **Good** |
| **Is the service caring?**<br>The service remains Caring. | **Good** |
| **Is the service responsive?**<br>The service remains Responsive. | **Good** |
| **Is the service well-led?**<br>The service remains Well-Led. | **Good** |

# 30 Southview

**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 registered 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 1 and 6 March 2017 and was unannounced. This meant the registered provider and staff did not know we would be visiting.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits. We reviewed notifications that we had received from the service and information from people who had contacted us about the service since the last inspection, for example, people who wished to compliment or had information that they thought would be useful about the service.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law.

We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided was used to inform the inspection.
Before the inspection we obtained information from a Strategic Commissioning Manager and Commissioning Services Manager from Durham County Council, a Commissioning Manager and an Adult Safeguarding Lead Officer from Durham and Darlington Clinical Commissioning Group, a Safeguarding Practice Officer and Safeguarding Lead Officer of Durham County Council, and a Lead Infection Control Nurse. None of the stakeholders we spoke with raised any recent concerns with us about 30 Southview.

Before the inspection, the registered provider completed a Provider Information Return [PIR]. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection.

One Adult Social Care inspector carried out this inspection. We spoke with three people who lived at 30 Southview and spent some time with them to gain their views of the service provided. We also spoke with two care staff, three maintenance staff and the registered manager. We carried out observations of care practices in communal areas of the home.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during the day. We also undertook general observations of practices within the home and we also reviewed relevant records. We looked at three people's care records, staff recruitment and training records, as well as records relating to the management of the service. We looked around the service and went into some people's bedrooms (with their permission), the bathrooms and the communal areas.

During the inspection we talked with people about what was good about the service and asked the registered manager what improvements they were making.

Good

# Is the service safe?

## Our findings

People who used the service told us they felt safe. One person told us, "I'm happy here, I'm confident that the staff will make sure everything's alright and nothing bad will happen to me." Another person told us, "The staff are my friends they treat me like friends."

We found people were protected from the risks associated with their care because staff followed appropriate guidance and procedures. We looked at two people's care plans. Each had an assessment of their care needs which included risk assessments. Risk assessments included areas such as accessing community facilities and traveling. Risk assessments were used to identify what action staff needed to take to reduce the risk whilst supporting and promoting people to be independent and still take part in their daily routines and activities around the home and in their community.

The provider had guidance on each individual care plan on how to respond to emergencies such as a fire or flood damage. This ensured that staff understood how people who used the service would respond to an emergency and what support each person required. We saw records that confirmed staff had received training in fire safety and in first aid.

There were sufficient numbers of staff on duty to keep people safe. We discussed staffing levels with the registered manager and looked at staff rotas. The registered manager told us staff absences were always covered by the permanent staff and the service never used agency staff. Staff did not raise any concerns regarding staffing levels at the home and people who used the service told us there were enough staff to support them when needed.

At the time of inspection the provider was carrying out maintenance to the building which included redecorating bedrooms communal areas and bathrooms as well as replacement of carpets and furnishings in some areas. Other maintenance was being planned including replacement of the kitchen floor laminate and consideration of equipment to hold open fire doors on the communal areas so that people could get around more easily during the day.

The registered provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed staff to ensure staff were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

Staff said the service was safe because they had, "risk assessments in place to minimise risks or harm to people." Staff told us they had received safeguarding training. When we spoke with staff about people's safety and how to recognise possible signs of abuse; these were clearly understood by staff. The staff

described what they would look for, such as a change in a person's behaviour, mood or any unexplained injuries. They were able to describe what action they would take to raise an alert to make sure people were kept safe. Training in the protection of people had been completed by all staff including the role of the local authority. Staff had easy access to information on the home's safeguarding procedures and a list of contact numbers were available. The registered manager was aware of their responsibilities to report any concerns to the local authority and ensure the immediate safety of people living at the home.

Staff told us they had confidence in that any concerns they raised would be listened to and action taken by the registered manager or others within the organisation. We saw there were arrangements in place for staff to contact management out of hours should they require support. We saw there was a whistleblowing policy in place. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice or the organisation. Staff knew and understood what was expected of their roles and responsibilities and they said they would feel confident in raising any concerns with the registered or senior managers.

Medicines were stored safely and procedures were in place to ensure people received medicines as prescribed. We saw there were regular medicine audits undertaken to ensure staff administered medicines correctly and at the right time. We saw the provider had protocols for medicines prescribed 'as and when required', for example pain relief. These protocols gave staff clear guidance on what the medicine was prescribed for and when it should be given.

Good

# Is the service effective?

## Our findings

People living at the home said things like, "The staff are very good, they know what they're doing and I can't think of anything they couldn't do."

Staff said they felt the home was effective because they encouraged people to be independent and made sure their preferences and choices were promoted.

Staff were supported in their role and received regular supervisions. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Staff received annual appraisals and they had been carried out on time and future meetings planned. This showed that the registered manager made sure that people were supported and any issues or concerns were discussed.

The staff we spoke with knew peoples' preferences and habits very well. Staff described how they supported people in line with their assessed needs and their preferences and they understood that these were important aspects of people's lives without which they would be unhappy. Some staff had worked with people at 30 Southview for over 10 years. We saw that staff took time to listen to what people told them, and explored ways to support them in the way that people wanted.

People were supported by staff who had the opportunity to undertake training to develop their skills and knowledge. Staff told us the training was relevant and covered what they needed to know. One staff member told us they had completed 'lots of training' and this had helped them to develop the skills they needed to support people and gave them confidence when working with people at the home. The registered manager showed us that the training planned and accomplished by staff which ensured they were appropriately trained for their role.

People had access to nutritious food at the home. Staff told us menus were based on people's preferences and their likes and dislikes. If people didn't want what was on the menu then an alternative was always available. Some people told us they monitored their own weight and we saw that staff also helped people to weigh themselves so they could look for any significant weight loss or gain. We saw staff encouraged people to eat healthily when planning and preparing meals. Some people had favourite meals which they preferred and the staff were aware of how they liked these to be cooked and presented. Staff told us, "People choose their own meals then we go shopping for the ingredients together. We also like to do some baking and (person's name) has been teaching me how to make cakes like he did with his mother." People could access the kitchen area at the home at any time and were generous in making cups of tea for visitors.

Staff had regular contact with visiting health professionals to ensure people were able to access specialist advice and treatment as required. The service contacted relevant health professionals doctors, specialist epilepsy trained nurses and occupational therapists if they had concerns over people's health care needs. Records showed that people had regular access to healthcare professionals and attended regular appointments about their health needs.

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). All necessary DoLS applications had been considered, or were in the process. We found in care plans that necessary records of assessments of capacity and best interest decisions were in place for people who lacked capacity to decide on the care or treatment provided to them by the provider. The registered manager explained how they had arranged best interest meetings with other health and social care professionals and independent advocates to discuss people's on-going care, treatment and support to decide the best way forward. This showed the service was working within the principles of the MCA

Care records contained evidence of visits to and from external specialists including GP, hospital appointments, district nurses, healthcare reviews and hearing appointments. Peoples health care needs were supported for example, annual health checks at the person's GP, eye tests every two years and an annual dentist appointment. This meant people who used the service had access to healthcare services and received on-going healthcare support.

Good

# Is the service caring?

## Our findings

During our inspection, we saw staff respected people's wishes by listening and acting upon what they said. We observed people being treated with dignity, compassion and respect. We saw people were relaxed in the company of the staff on duty; there were lots of friendly interactions between staff and people who used the service. People told us, "The staff and (the registered manager) are very nice, very good to me and very kind people" and "I love the staff, I love all the staff."

When asked about how they saw 'caring' staff said things like, "We know people very well having worked with them for years" and "I care for the people here like I would for my family."

We saw staff interacting with people in a caring and professional way. The registered manager and staff that we spoke with showed genuine concern for peoples' well-being. It was evident from discussion that all staff knew people at the home very well, including their personal preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We saw all of these details were recorded in people's care plans.

We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. For example we saw that staff gave explanations in a way that people understood sometimes using the same language and phrases which gave people reassurance.

Throughout our visit we observed staff and people who used the service engaged in general conversation and enjoyed humorous interactions and friendly banter. Every member of staff that we observed showed a caring and compassionate approach to the people who used the service. This caring manner underpinned every interaction with people and every aspect of care given. Staff spoke about their desire to deliver good quality support for people and were understanding of their needs. We found the staff were warm, friendly and dedicated to delivering good, supportive care.

We found people were involved in the running of the home and were supported to take up opportunities to make decisions and choices during the day. For example people chose what to eat, or where to sit in the lounge and what activities to take part in. We also saw people were comfortable to assert their views and preferences and were empowered and encouraged to be in control of their lives.

We found the home spent time supporting people with their lives outside of the home for example using the local and wider community facilities such as shops and restaurants. Staff also regularly supported people to develop relationships by taking part in activities and social functions with friends, acquaintances and family members.

We spoke with the registered manager who gave examples of how they respected people's choices, privacy and dignity. We saw this being put into practice, for example, we saw staff treating people with respect, actively listening to them and responding to their gestures and requests appropriately. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for and told us

that this was a fundamental part of their role. For example staff ensured people's personal care was conducted in private and helped people to maintain their personal appearance.

The registered manager told us the people who lived at 30 Southview had capacity to make decisions in some areas of their lives. For more complex issues, they also consulted care managers, family members, staff and advocates to make sure decisions made were in the person's best interests.

We found the service spoke up for people in their care. We looked at records and found people were involved in making decisions at the home. For example, meetings were held so people could decide and agree about decisions affecting their home such as activities redecoration, meal choices and holidays.

The staff showed excellent skills in communicating verbally and through signs, gestures and body language. Observation of the staff showed that they knew the people very well and could anticipate their needs very quickly. For example, staff acted promptly when they saw the signs of anxiety and were skilled at supporting people to deal with their concerns.

Good

# Is the service responsive?

## Our findings

People received consistent, personalised care, treatment and support.

People themselves and where possible family members, advocates and social workers were involved in identifying their needs, choices and preferences and how they would be met. One person told us, "I have lived here for a few years now, I talk to the staff and (other people at the home) and we do things and go out: I see my family and ring them up."

Staff said that they were responsive because they 'knew everyone's needs and preferences' and 'helped support them to do the things they liked.'

People's care, treatment and support was set out in a written plan that described what staff needed to do to make sure personalised care was provided. Person centred planning is a way of enabling people to think about what they want now and in the future. It is about supporting people to plan their lives, work towards their goals and get the right support.

We looked at three care records of people who used the service to see how their needs were to be met by care staff. The care plans we looked at included people's personal preferences, likes and dislikes. We found every area of need had very clear descriptions of the actions staff were to take to support them. We saw information had been supplied by other agencies and professionals, such as a community psychiatric nurse or social worker. This was used to complement the care plans and to guide staff about how to meet people's needs. This meant staff had the information necessary to guide their practice and meet these needs safely.

We watched as staff and the registered manager supported people and engaged with them about familiar places, people or recent occasions and activities. Staff gave us examples of the different ways they worked with people depending on their preferences. We looked at peoples' care plans which confirmed these ways of working had been written so staff would be able to give consistent support. For example, people had goals they were working towards and staff had agreed ways of working with them to help these to be met.

Every month people's views about their care plan and whether the support of staff remained appropriate / needed to be changed was discussed. The results of people's views were drawn as a graph to make them easier to understand and compare with previous reviews. This showed that the provider and staff considered people's views about the ways in which their care and support took place. `

People were supported to take part in individual activities in the community and were encouraged to maintain hobbies and interests. Activities were personalised for each individual. Each person had a detailed weekly activities plan that had been designed around their needs and wishes. Sufficient staff had been provided to enable people to consistently access community facilities.

When people used or moved between different services this was properly planned. Where possible people or those that mattered to them were involved in these decisions and their preferences and choices were

respected. There was an awareness of the potential difficulties people faced in moving between services such as hospital admission and strategies were in place to maintain continuity of care and ensure people were not unduly stressed by this experience.

We checked complaints records on the day of the inspection. This showed that procedures were in place and could be followed if complaints were made but none had been. The complaints policy was seen on file and the registered manager when asked could explain the process in detail. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. People we spoke with said they would make a complaint to the registered manager if they were not happy with the home or their care. The staff we spoke with told us they knew how important it was to act upon people's concerns and complaints and would report any issues raised to the registered manager or provider.

Good

# Is the service well-led?

## Our findings

At the time of our inspection visit, the home had a manager who had been registered at the home for over two years. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

People who lived at the home said it was well led. They said things like, "(Registered managers name) makes sure everything is planned and the staff do the shopping" and "(The registered manager) sorts things out if there's any problems but we don't have many problems."

Staff told us that they 'could talk to the manager about anything' that was concerning or affecting them and the registered manager was 'one of the team working alongside them.' One member of staff told us, "Working here is like being in a family with everyone supporting the clients and each other."

During the inspection we saw the registered manager was active in the running of the home. We saw they interacted and supported people who lived at 30 Southview. From our conversations with the registered manager it was clear they knew the needs of the people who used the service very well. We observed the interaction of the manager with staff and saw they worked together as a team. For example, we saw staff communicated well with each other and organised their time to meet people's needs.

The registered manager told us how all staff from the home worked alongside social workers and healthcare staff to help ensure peoples changing needs were met. We saw the registered manager worked in partnership with a range of multi-disciplinary teams including the community nursing service, GP's, learning disability team, community psychiatric services, social workers and speech therapists in order to ensure people received appropriate care at the home.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service. We saw risk assessments were carried out before care was delivered to people and there was evidence these had been reviewed and changes made to the care plans where needed. In this way the provider could demonstrate they could continue to safely meet people's needs.

We saw there were procedures in place to measure the success in meeting the aims, objectives and the statement of purpose of the service. The registered manager showed us how they carried out regular checks to make sure people's needs were being effectively met and how they could be supported to achieve their lifestyle aspirations. We saw the checks identified areas of successful practice and areas where improvements could or needed to be made.

Audits were also carried out which looked at the general environment, health and safety issues such as fire risk assessments to make sure these were up-to-date, hot water temperatures to make sure they were not too hot or cold, equipment to make sure it was safe, and administration of medication. We saw records which showed where action was taken following any issues identified through this process. People at the home commented that the provider carried out repairs and maintenance of 'things that were broken' but

sometimes 'they take their time like when the drains get blocked.' However we saw the provider was carrying out repairs, maintenance and replacements in a more timely way while we were at the home.

The registered manager had in place arrangements to enable people who used the service, their representatives, staff and other stakeholders to affect the way the service was delivered. For example, we saw people's representatives were asked for their views by completing surveys. This meant that the provider gathered information about the quality of their service from a variety of sources and used the information to improve outcomes for people. We found that the registered manager understood the principles of good quality assurance and used these to critically review the service.

The registered provider was meeting the conditions of their registration and submitted Statutory Notifications in a timely manner. A Statutory Notification is information about important events which the service is required to send to CQC by law.