

Aspire Healthcare

30 Southview

Inspection report

Annfield Plain
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County Durham
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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	

Overall summary

We inspected this service on 30 December 2014.

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.

The home had a registered manager in place. '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.'

On the day of the inspection there was a calm and relaxed atmosphere in the home and we saw staff interacted with people in a very friendly and respectful manner. One person told us, "It's lush. I like it here. We have meetings. I'm choosing the wallpaper for my wall. I can choose what to wear and what to do. I recently went shopping with staff to Newcastle".

Summary of findings

We spoke with two care staff who told us they felt supported and that the registered manager was very approachable. Throughout the day we saw that people and staff appeared very comfortable and relaxed with the registered manager and staff on duty.

People had their physical and mental health needs monitored. There were regular reviews of people's health and the home responded to people's changing needs. People were assisted to attend appointments with various health and social care professionals to ensure they received care, treatment and support for their specific conditions.

We saw people's care plans were very person centred and written in a way to describe their care, treatment and support needs. These were regularly evaluated, reviewed and updated. The care plan format was easy for service users to understand by using of lots of pictures and symbols. We saw lots of evidence to demonstrate that people were involved in all aspects of their care plans.

The care staff we spoke with said they received appropriate training, good support and regular supervision. We saw records to support this.

The care staff understood the procedures they needed to follow to ensure that people were safe. They were able to describe the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place.

Our observations during the inspection showed us that people were supported by sufficient numbers of staff. We saw staff were responsive to people's needs and wishes and we viewed records that showed us staff were enabled to maintain and develop their skills through training and development activities. The staff we spoke with confirmed they attended training and development activities to maintain their skills. We also viewed records that showed us there were safe recruitment processes in place.

Procedures for dealing with emergencies were in place and staff were able to describe these to us.

For example, there was a lone working policy and on call procedures for people to follow if staff needed support or guidance.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and

Deprivation of Liberty Safeguards (DoLS). Although no DoLS applications had been made, staff were able to describe the circumstances when an application should be made and knew how to submit one.

Throughout the day we saw staff interacting with people in a very caring and professional way. We saw a member of staff offering to assist a person to go out shopping. The staff were gentle and encouraging and the person happily agreed to their support. We saw when staff offered support to people they always respected their wishes. For example, one person indicated to the registered manager that he would prefer to be supported that day by the member of staff on duty in the sister home located opposite to 30 Southview and owned by the same provider. The manager told us service users often decided who they wished to be supported by each day. The person's wishes were respected and the staff swapped over. We saw people being offered the choice of what to have to eat for their lunch.

We saw activities were personalised for each person. People also made suggestions about activities and outings during regular house meetings. Where necessary additional staff were provided to enable people to enjoy a range of community facilities and also to support people to attend health care appointments.

People received a balanced diet. We saw people could choose what they wanted to eat each day and this was supported by the staff. There was fresh fruit available so people could help themselves.

We saw the provider had policies and procedures for dealing with medicines and these were followed by staff. In order to promote individualised care, people had a lockable facility in their bedrooms in which their medication was stored securely.

The provider had a pictorial complaints procedure which people felt they were able to use. Both people we spoke with told us they had a keyworker and if they were not happy they would talk to their keyworker, staff or the registered manager about their concerns.

We discussed the quality assurance systems in place with the registered manager. We were told audits of accidents and incidents were carried out and these were investigated by the registered manager to ensure risks

Summary of findings

were identified and improvements made. We saw records that showed us this took place. We also saw the views of the people using the service were regularly sought and used to make changes.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

Records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with people who lived at the home.

Staffing was also arranged to ensure people's needs and wishes were met promptly.

There were arrangements in place to ensure people received medication in a safe way. There were also procedures in place to respond to emergencies.

Good



Is the service effective?

The service was effective.

Staff received training and development, formal and informal supervision and support from the registered manager. This helped to ensure people were cared for by knowledgeable and competent staff.

People were supported to make choices in relation to their food and drink and were supported to eat and drink sufficient amounts to meet their needs.

People's needs were regularly assessed and referrals made to other health professionals to ensure people received care and support that met their needs.

Good



Is the service caring?

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home and care and support was individualised to meet people's needs.

Staff encouraged people to maintain their independence and offered support when people needed help to do so.

Good



Is the service responsive?

The service was responsive.

People, who lived at the home, or their representatives, were involved in decisions about their care, treatment and support needs.

There was a personalised activity programme to support people with their hobbies and interests. People also had opportunities to take part in activities of their choice inside and outside the home.

There was a complaints procedure that was written in a clear format which made it easily understandable to everyone who lived at the home.

Good



Summary of findings

Is the service well-led?

The service was well led.

The home had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

Service users were also regularly asked for their views and their suggestions were acted upon. Quality assurance systems were in place to ensure the quality of care was maintained.

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 checked 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.

The inspection took place on 30 December 2014. We announced this inspection on 29 December 2014 because we wanted to make sure people would be at 30 Southview to speak with about their experiences. The inspection was carried out by one Adult Social Care inspector.

Before this inspection we reviewed notifications that we had received from the service. We also met with the local authority safeguarding team and commissioners on 18 November 2014 where no issues of concern were raised about this service.

We spoke with two people who lived at 30 Southview, the registered manager and two staff. After the inspection we spoke with a care co-ordinator (or social worker). We did this to gain their views of the service provided.

We looked at two care records and two staff training and recruitment files. We also carried out observations in the communal areas.

For this inspection, the provider was not asked to complete 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. During the inspection we talked with people about what was good about the service and asked the registered manager what improvements they were making.

Is the service safe?

Our findings

The service had a proactive approach to respecting people's human rights and diversity and this prevented discrimination that may have led to psychological harm. For example, when people behaved in a way that may challenge others, staff managed situations in a positive way and protected people's dignity and rights. We saw the staff regularly reviewed how they did this and worked with people, supporting them to manage their behaviour. They sought to understand and reduce the causes of behaviour that distressed people or put them at risk of harm. They made sure people were referred for professional assessment at the earliest opportunity. We saw there were policies and procedures for managing risk and staff understood and consistently followed them to protect people.

The registered manager told us there was a safeguarding policy in place and that staff received training in this area. This was to make sure they were knowledgeable about the action to take if they had any concerns. The staff we spoke with were able to describe signs and symptoms of abuse, and the action they would take to ensure people remained safe. They told us they would raise concerns with the registered manager, or the provider 'depending upon what it was.' They also confirmed that they had the telephone number for the local safeguarding authority. We saw there was a whistleblowing policy available to staff as well as a policy on the use of restraint. The procedures in place helped ensure service users were kept safe from harm and people knew which agencies to report concerns to, to enable investigations to be carried out as required.

We saw records that showed us a process was in place to ensure safe recruitment checks were carried out before a person started to work at the home. We asked the registered manager to describe the recruitment process. She told us that prior to being employed by the service potential employees were required to attend an interview and satisfactory references and disclosure and barring checks obtained. We saw documentation that showed us this took place. This helped to make sure only suitable people, with the right experience and knowledge, were employed to provide care and support to people who lived at the home.

We saw in each person's care records a 'personal evacuation plan' which provided staff with guidance on the

support people required in the event of a fire. We saw policies and procedures were in place guiding staff on what to do in an emergency, such as a 'lone working policy' and contact numbers were available on all appliances in the home so staff knew who to contact straight away if they needed to. In these ways the provider could demonstrate how they responded to emergencies keeping people safe from harm.

The registered manager reviewed any incidents and accidents. We were told by the registered manager they would complete an investigation of every accident and incident and the outcome of this would be recorded.

The registered manager told us there was always at least one member of staff on duty during the day and through the night. She said she did not use a formal assessment tool to assess the number of staff required, however, she told us additional staff were always provided to support people with community activities as well as to accompany people to pre-arranged health care appointments or to respond to emergencies. We spoke with staff about staffing levels who confirmed this took place and were able to describe a situation where additional staff had been provided to meet the changing needs of one person. During the inspection we saw staff responded promptly to people if they required support or assistance. Staff had time to sit and chat with people. None of the staff we spoke with expressed concerns regarding the number of staff available to support people. And we saw records that showed us staffing was arranged in advance to ensure sufficient numbers of staff were available to meet people's needs. This included arranging staff cover in the case of planned leave.

The home had a medication policy in place, which staff understood and followed. We were told, and we saw, that each person had a lockable storage area in their bedroom. We checked one person's storage area and saw this was locked with their individual medication within. We checked the person's Medication and Administration Record (MAR). We found this was fully completed, contained required entries and was signed. We saw that where people required prescribed creams or ointments, and where they needed support with this, staff used a body map diagram to show where they should be applied. We saw there were regular

Is the service safe?

management audits to monitor safe practices. Staff had received medication training. This showed us there were systems in place to ensure medication was managed safely.

Is the service effective?

Our findings

We viewed two care records and saw documentation that showed us people's needs were assessed before they moved into the home. We also saw people's care was reviewed on a monthly basis and if people's health needs changed, referrals were made to other health professionals to ensure people's needs were met. We saw people had regular access to dentists, chiropodists and other primary health care professionals.

The registered manager demonstrated an in-depth knowledge and understanding of the risks associated to people with a learning disability and the development of Alzheimer's disease. We saw that relevant referrals had been made to specialists in the area of dementia, where this risk had been identified, to make sure appropriate screening was carried so that people could receive the support and care they needed.

We saw staff communicating well with people, understanding the gestures and body language people used and responded appropriately. For example, the registered manager and staff knew when people were communicating, by their gestures and body language, if they were upset or anxious, and understood the best way to support people at such times. We observed this take place during our inspection. We saw communication plans were in place and speech therapy involvement had been sought in order to support people with their communication.

We asked staff to describe the training and development activities they had completed at 30 Southview. The staff we spoke with told us they had received an induction when they started to work at the home and they completed training in areas such as safeguarding adults, infection control, Mental Capacity Act and moving and handling, on an annual basis. We found care staff were supported to complete National Vocational Qualification (NVQ) and Health and Social Care awards. The staff we spoke with also told us they received supervision and appraisals to enable them to identify their training needs. In addition we saw they had received specialist training in epilepsy and diabetes so they could effectively meet the needs of the people they supported. The staff we spoke with were positive regarding the training and development activities they completed. This meant staff were being supported to complete training and development activities that would

assist them in delivering effective care to people who lived at 30 Southview. We recommend that the registered manager explore the training available in relation to people with a learning disability and dementia.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. At the time of this inspection we were informed by the registered manager that no DoLS applications had been made as yet. However, she was aware of the recent Supreme Court judgment about people who lived in care homes or supported living arrangements who received 24 hour support and did not go out unsupervised, and told us they were working with the local authorities to arrange DoLS assessments for the people who lived at the home in relation to this.

We saw staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals. Where people did not have the capacity to make decisions, their friends and family were also involved. This process helped and supported people to make informed decisions where they were unable to do this by themselves. We saw that one person had an external advocate who had been appointed to act in their best interests.

We saw people were supported to eat sufficient amounts to meet their needs. The registered manager and staff told us that staff asked people about their choices of food on a daily basis and that they received the meals that they had chosen. We observed staff ask people what they wanted for their lunch that day and their choices were respected. One person we spoke with said they liked the food. Staff also told us that people often went shopping with the staff to choose the food which would be cooked that day. We observed people helping themselves to drinks and snacks throughout our visit. There was fresh fruit available so people could help themselves.

We observed people coming and going throughout the day and food was made available as required. This showed that meal times were flexible.

We could see from the people's care records that other professionals had been involved with people who were at risk of gaining weight and risk assessments and care plans were in place to support them.

Is the service caring?

Our findings

One person told us, “It’s lush. I like it here”. Another person said, “I’m choosing the wallpaper for my wall. I can choose what to wear and what to do.”

During our inspection we watched staff practices as they supported people. We heard staff address people respectfully and explain to people the support they were providing. Staff were friendly and very polite and understood the support and communication needs of people in their care. We heard staff knock on people’s doors and wait for a response before entering. Staff waited for people to make decisions about how they wanted their care to be organised and closely followed people’s way of communicating. For example, one person indicated to the registered manager that he would prefer to be supported that day by the member of staff on duty in the sister home located opposite to 30 Southview and owned by the same provider. The registered manager told us service users often decided who they wished to be supported by each day. The person’s wishes were respected and the staff swapped over. We saw people being offered the choice of what to have to eat for their lunch.

On the day of the inspection there was a calm and relaxed atmosphere in the home. Throughout the day we saw staff interacting with people in a very caring and professional

way. We saw a member of staff offering to assist a person who wanted to go out shopping. The staff were gentle and encouraging and the person happily agreed to their support.

We found the service was caring and people were treated with dignity and respect and were listened to. We spent time observing people in the lounge throughout the day. We saw that people were respected by staff and treated with kindness. We observed staff treating people affectionately. We saw staff choose words, and use signs and gestures that people understood and took time to listen and respond to them. Staff knew the people they were supporting very well. They were able to tell us about people’s life histories, their interests and their preferences. We saw all of these details were recorded in people’s care plans.

People were encouraged to build and retain their independent living skills. Care plans set out how people should be supported to promote their independence and we observed staff following these. For example, we saw how goal setting was used to support people to develop independent living skills like ironing. We also saw how people had been supported to travel independently. Staff told us “It’s about promoting independence. We taught the clients bus routes.” In order to support one person to choose their clothing independently the staff had sorted their clothing into summer and winter outfits.

Is the service responsive?

Our findings

Both people we spoke with told us they had a keyworker and if they were not happy they would talk to their keyworker, staff or the registered manager about their concerns.

We looked at the care records of people who used the service. We saw people's needs had been individually assessed, and where necessary plans of care drawn up. We saw detailed information had been supplied by other agencies and professionals, such as the person's care coordinator. This was used to complement the care plans and to guide staff about how to meet people's needs. We saw personalised risk assessments were in place to support people with activities. These included travelling independently and the support people required in relation to appropriate social behaviour. This demonstrated how the provider ensured every effort was made to meet people's individual needs and promote their independence.

The care plans we looked at included people's personal preferences, likes and dislikes. We also found there was a section covering people's life histories and personal statements about their hopes for the future. Regular reviews of people's care plans had taken place. These reviews included a meeting which had been attended by relatives, care staff and people's care coordinators. We saw each person had a key worker whose role it was to spend time with people to review their plans on a monthly basis. Key workers played an important role in people's lives, they provided one to one support, kept care plans up to date and made sure that other staff always knew about the person's current needs and wishes.

The care co-ordinator we spoke with said "The staff are very responsive. Communication is very good. They are always on the phone keeping me informed of any changes."

We saw staff write down the support provided to people each day in the 'daily records.' The daily records we looked

at were very detailed and were used to monitor any changes in people's care and welfare needs. This meant the service was able to identify changes and respond to those changes.

Activities were personalised for each individual. Each person had a weekly activities plan. We saw people also made suggestions about activities and outings during regular house meetings. Where necessary additional staff had been provided to enable people to enjoy a range of community facilities and also to support people to attend health care appointments. We also saw that if people participated in activities this was recorded within the care documentation. The staff we spoke with told us people who lived at the home were asked if they wanted to be involved in activities. One person told us how they had recently enjoyed a shopping trip to Newcastle. They also described how the staff supported them to attend a drama group. Another service user told us how the staff supported them to keep in touch with their friends and family. Other activities people were regularly involved with included trips to the Metro Centre and Durham. We also saw people were supported to enjoy holidays of their choice away from 30 Southview. This further demonstrated how the service provided personalised care.

We checked complaints records on the day of the inspection. This showed that procedures had been followed when complaints had been made.

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. We saw pictures had been used to help people understand the information. 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.

Is the service well-led?

Our findings

There were management systems in place to ensure the home was well-led. The home had a manager who was registered with the Care Quality Commission and they were supported by a service manager. We were told the provider had recently appointed a quality assurance manager, whose responsibility it was to carry out additional checks and audits of the service provided to ensure good standards of care were provided, providing additional support to the registered manager.

During the inspection we saw the registered manager was active in the day to day running of the home. We saw she interacted and supported people who lived at 30 Southview and spoke with staff. From our conversations with the registered manager it was clear they knew the needs of the people who lived at 30 Southview and the atmosphere was relaxed and positive. The care co-ordinator we spoke with said "The service is managed extremely well. The manager recently attended a review meeting and was very knowledgeable of the needs of the person. She was able to provide us with a full history". We observed the interaction of staff and saw they worked as a team. For example, we saw staff communicated well with each other and organised their time to meet people's needs.

The staff we spoke with were complimentary of the management team. They told us they would have no hesitation in approaching the registered manager if they had any concerns. They told us they felt supported and they had regular supervisions and team meetings where they had the opportunity to reflect upon their practice and discuss the needs of the service users they supported. We saw documentation to support this.

We saw the registered manager had in place arrangements to enable service users, their representatives, staff and other stakeholders to affect the way the service was delivered. For example, we saw service users were asked for their views in regular house meetings and also by completing service user surveys. We saw the registered manager had made improvements to the service as a result

of listening to people. For example, one person had said they would like to bake cakes in the home and attend a local weekly club. We saw evidence that this had been actioned.

We saw there were a variety of quality assurance systems in place. We saw the manager sought improvements to the service to reduce the risks to people. We looked at a sample of accident reports and saw that actions and outcomes were recorded. We viewed a sample of other audits carried out by the registered manager, which included making sure service users were protected from the risk of cross infection by checking the environment was clean, checking that care plans were up-to-date and were person-centred and checking that staff recruitment files contained all of relevant information. We spoke to staff who told us if they were on duty during the night it was their responsibility to carry out a health and safety check, which included water temperature checks to make sure service users were not at risk of being harmed.

The registered manager showed us they monitored if referrals were necessary and then made to other agencies to support people. For example we saw screening for dementia type illnesses were carried out and the registered manager monitored people's weight and general health.

We saw a core aim of the service was 'To provide quality, person-centred care that meets the total needs of the service user, whether in a residential setting or in their own home, irrespective of race, sex, religion or age. We aim to create a safe, caring and supportive environment for the people we serve so that they are respected for their uniqueness, and we encourage individuals to treat themselves and others with dignity, kindness and respect'. During our inspection we saw there was a positive culture within 30 Southview that was person-centred. Staff were led by a registered manager who understood the importance of treating people as individuals where people's independence was supported and promoted. For example, our observations showed the registered manager put these principles of care into practice when supporting service users providing a strong role model for staff to follow.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.