

Aspire Healthcare Limited

Park House

Inspection report

72 Bewick Road
Bensham
Gateshead
Tyne and Wear
NE8 1RS

Tel: 01914430055
Website: www.aspirehealthcare.co.uk

Date of inspection visit:
05 July 2016
07 July 2016

Date of publication:
01 November 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an unannounced inspection which took place over two days, the 5 and 7 July 2016. The service was last inspected in October 2015 and was in breach of regulations relating to safe care and treatment, premises, receiving and acting on complaints, governance and staffing.

Park House is a seven bed care home that provides personal care and support to people with mental health issues and learning disabilities, and support to moderate or manage alcohol or substance misuse. There were six people living there at the time of our inspection.

There was a registered manager in post but they were not managing this service on a day to day basis. There was a new manager who had been managing the service since a few weeks prior to the inspection. They told us they intended to transfer their registration and replace the existing registered manager. They were registered as a manager for the provider at another location. 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.

The provider had made sustained improvements since our last inspection in areas including, keeping people safe from possible harm or abuse. However there remained areas where improvements had not been completed to the required standard and leadership had not always been in place to support the service.

We found that the provider did not have a clear and robust contingency plan, which staff knew how to implement, to support the service. Some care plans and records had been improved by the new manager to ensure they were up to date and set clear guidelines for staff; however these were not always maintained by staff or used consistently.

People told us that the service was a safer place and they felt happy with the care and support they received. We saw that staff were supported and trained to meet people's needs and that external professional assistance had been sought to help people with mental and physical healthcare. Medicines were not stored at the correct temperatures. Improvements had been made to the homes décor and environment, but some of this work was still incomplete and one bedroom did not have a lock for a period of time. People did not have a secure storage area in their bedroom.

Some people's consent and involvement had been sought as part of recent care reviews, but the staff did not display a clear knowledge of the principles of the Mental Capacity Act. It was not always clear if staff had considered the use of these principles when consulting on and designing new care plans when they were reviewed.

Staff training had been improved and we saw that regular supervision and appraisal processes were now in

place for staff. Training needs highlighted at the last inspection had been acted upon and a clear process was in place to ensure that staff had update or refresher training.

People told us that the staff cared for them in a manner of their choosing, and that they felt the team were effective at meeting their needs. The new manager was open to developing ways to gain peoples involvement in the improvement of the service. Whilst the new manager had improved support plans for people, not all recording and learning from incidents was effective. Staff use of records was inconsistent and this had not been picked up at reviews or improved.

Activities was a regular issue that people and staff identified as needing improvement and the new manager planned to use the house forum to make improvements. People told us they felt involved by the new manager and the staff team, but some people's involvement was minimal and limited action had been taken to seek their views.

There had been significant improvement in the service, however inconsistent leadership of the service over the last year meant there were still issues that had not been improved as expected following our last inspection. The new manager was clear about issues they had to address, but not all quality assurance processes were fully in place so improvements had been inconsistent and were not yet fully embedded.

We found breaches of regulation relating to consent, maintaining the premises and governance of the service. You can see what action we told the provider to take at the back of the full version of the report.

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 always safe.

The service did not have a fully robust contingency plan and process in place to support staff and people in a possible emergency. Medicines storage needed improvement.

People told us they felt safe living at the service, and staff knew how and when to report any concerns they had about people.

Recruitment information demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people

Is the service effective?

Requires Improvement ●

The service was not always effective

There was still areas of the environment that needed further improvement to make them safe and comfortable for people.

Records and discussion with staff did not demonstrate that the principles of the Mental Capacity Act were being followed and that people were supported in their best interests.

Formal induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

Is the service caring?

Good ●

The service was caring.

Care was provided with compassion by staff who knew people well. People could make choices about how they wished to be supported and staff listened to what they had to say.

People were treated with respect. Staff understood how to provide peoples care in a dignified manner and respected their rights to privacy and choice.

The staff knew the care and support needs of people well and

took an interest in people, their families and friends to provide care.

Is the service responsive?

The service was not always responsive.

Not all records kept by staff were consistent in detail or in how they were used to evaluate the effectiveness of support plans.

The new manager had identified areas where the service needed further development and was open to working with staff and people in a collaborative way.

People were happy with the service provided and did not have any complaints.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

The new manager was intending to register as manager, but there had been a paucity of leadership at times since our last inspection to deliver the improvements required.

Issues highlighted at this inspection had not always been identified by the providers quality assurance processes.

The new manager had made improvements since they started, and was developing the service further.

Requires Improvement ●

Park 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 was 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 the 5 and 7 July 2016 and day one was unannounced. This meant the provider and staff did not know we were coming. The visit was undertaken by an adult social care inspector.

Before the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. Information from the local authority safeguarding adults' team and commissioners of care was also reviewed.

During the visit we spoke with five staff including the new manager, three people who used the service and one external professional who had regular contact with the service. Observations were carried out and a medicines round was observed.

Three care records were reviewed as were six medicines records and the staff training matrix. Other records reviewed included accident and incident reports. We reviewed complaints records, four staff recruitment/induction and training files and staff meeting minutes. We also reviewed internal audits and the maintenance records for the home.

The internal and external communal and garden areas were viewed as were the kitchen and dining areas, office, storage and laundry and, when invited, some people's bedrooms.

Is the service safe?

Our findings

We looked at the services contingency planning for an emergency which might arise, such as a fire, which may lead to an evacuation of the service. The new manager showed us the services contingency plan documents; these were kept in the second floor office. These gave details of the emergency plan for the service and included contact telephone numbers. However we found that this was lacking in essential details and not placed in an area where it would be accessed quickly by staff in any evacuation. We discussed with the new manager the need to place this near a fire exit and to ensure that it contained essential details about people, such as their medicines. Staff we spoke with were aware of the evacuation procedure for the service, but were not aware of the contingency plan. This meant if an emergency did occur the service would not be able to respond robustly to this.

This was a breach of Regulation 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

At our last inspection people had told us they did not feel safe due to the behaviour of a person living there at the time, and the services response to this had not helped people feel safe. One person told us, "It's much better now, when [Name] was here the staff lost control, but now it's back to what it should be. I feel safer now and don't want to go back to that." Staff also told us that people were safer now, there were occasions where people's behaviour may need additional support, but that these were manageable and staff had attended behaviour support training.

We reviewed the services risk assessments for people, their behaviour and for risks arising from the provision of care. We saw that risk assessments had been updated for some people and for others these were in progress. The new manager had a clear timetable for completing these. The revised risk assessments clearly identified possible risks, for example due to people's behaviour, and plans had been put into place to manage, or reduce these risks. For example staff had guidance on how to manage one person's behaviour about staff accessing their bedroom.

Staff we spoke with told us that the service had improved after one person left the service. At our last inspection staff told us they raised concerns about this person's behaviour and the registered manager did not act on these concerns. Staff told us the new manager had only been in post for a few weeks and they did not know if they would respond to issues raised. We spoke with the new manager about how to ensure that staff concerns were addressed via reflective supervision and team meetings. The service had not formally surveyed staff in over two years.

We recommend the new manager ensures that staff feedback and concerns is sought and acted upon.

We looked at the services accident and incident records. The new manager showed us the records of each incident and the follow up actions they had completed after any review. We saw that actions had been completed to reduce risk and support people. For example a psychiatric assessment was requested for one person, for another staff guidance on managing someone's behaviour was adjusted to protect all parties.

We saw that not all staff completed records in full, with enough detail to inform any reader. We discussed this with the new manager who agreed to review staff's recording skills.

During the day there were two staff on duty including the new manager, but at nights this would reduce to one staff member. Staff told us that they had a number of domestic and catering tasks to complete as part of their work, and that at times these tasks could distract from supporting people. People told us that staff were available when they needed them for support. We discussed this with the new manager who agreed to review this with the staff team further.

We looked at how the service recruited new staff, we spoke with members of staff and looked at personnel files to make sure staff had been appropriately recruited. We saw relevant references were requested and checks performed with the Disclosure and Barring Service (DBS) to establish whether potential applicants had any criminal convictions before they were offered the job. Application forms included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people.

A medicines round was observed and we checked how medicines were managed by the service. Staff were consistent in their understanding of how to order, store and assist people with their medicines. We observed staff supporting people with their medicines in a discreet, respectful manner, as well as involving the person in the decision about when to have 'as required' medicines. Staff stated that they had completed appropriate training and had a good knowledge of the impact and potential side effects of medicines. We looked at training records and saw staff had been trained in the safe handling of medicines and that refresher training was organised as needed. Medicines storage areas were clean and temperature checks of the room and fridge were carried out and recorded. However the room in which medicines were stored was often above 25C for a number of days. This meant medicines were not stored at the recommended temperature. We discussed this with the new manager who agreed to take immediate action.

We looked at the services cleaning rota and checked the services infection control audits. Cleaning was carried out by care staff throughout the day and people's bedrooms were subject to regular cleaning. People were encouraged as part of their development to be involved in cleaning. Infection control audits had been completed and some areas of the home had been improved to reduce possible risks. Staff had access to suitable equipment to maintain the service. We found that communal areas were mostly clean, but staff told us that at times, bathrooms and toilets became dirty through use. They told us that they did not always have time to monitor these areas. We discussed this with the new manager who agreed to review this further.

Is the service effective?

Our findings

The new manager showed us around the service, we saw that communal areas were now all non-smoking and had been re-decorated in places. A smoking shelter was provided in the garden. However we saw that some areas of re-decoration had not been completed, for example blinds were broken or missing, not all bedroom doors had locks in place and people did not always have secure storage for personal possessions in their bedrooms. We discussed this with the new manager who had identified these issues, but action had not been taken in a timely manner.

This was a breach of Regulation 15 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 looked at some people's care plans and saw that consent had not always been clearly recorded, or where care included any restriction, that the principles of the MCA had not been applied. We looked to see if the service had considered if any people's care amounted to a deprivation of liberty. We saw that the service had not considered this as part of their assessments or reviews of care. Staff we spoke with did not always understand the principles of the MCA, or how and when to apply it to their practice. Staff told us they had attended training, but this had been limited e-learning and that the provider's policy and procedures was not detailed enough to support staff.

This was a breach of Regulation 11 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

The new manager showed us their training matrix, where they kept records of training staff had completed and then how they reminded them when any new or refresher training was due. We saw that staff training was mostly up to date, and where it was due arrangements had been made for this to happen. We saw that people's competency in key areas, such as medicines, had been reviewed recently.

We looked at staff supervision and appraisal processes at the service and spoke with the new manager and staff. We saw that staff were now receiving regular recorded supervision and that annual appraisals were taking place. We saw the new manager had a timetable in place for the rest of the year, and when delays

occurred that these were not missed. In records we saw that goals were set about training, performance or support offered with personal issues.

We saw that a menu planner was in place for the service, but that people could contribute ideas and suggestions for menu plans, as well as ask for alternative meals. People told us that the food was good, if a bit repetitive, but that the staff supported them to cook some of their own meals, or made meals for them. No one required support to eat, but people were supported to make healthy choices and encouraged to maintain their wellbeing through a sensible diet. People using the service chose to make unhealthy choices and staff made alternative suggestions, but respected peoples choices.

Is the service caring?

Our findings

People told us they felt the staff cared for them in a manner of their choosing. One person told us, "They look after me and the lads all right. They know what I can be like and put up with a lot, but the [staff] are there when you need them." An external professional we spoke with told us that the care staff were attached to the people they supported and that a lot of them supported people outside of formal work hours. We observed conversations between staff and people, with staff interacting in a positive manner, and protecting privacy when asking about personal issues.

During the inspection, staff acted in a professional and friendly manner, treating people with dignity and respect. Staff gave us examples of how they delivered care to achieve this aim. For example, making sure people were asked about what they wanted to wear each day; making sure doors and curtains were closed when helping with personal care; and respecting people's choices. Staff also told us how they promoted people's independence by allowing them to do things for themselves if they were able, such as cooking their own breakfast. We found that people's privacy was promoted by the staff team. For example, we saw staff knocked on people's bedroom doors and bathroom doors and waited for permission to enter. We found staff were aware of the importance of involving people and their relatives in decisions and listening to their views about what they wanted.

Staff we spoke with were informed about people's preferences in their daily lives including their likes and dislikes. Information was available in care records which helped to identify people's preferences in daily living, their hobbies, and important facts about their lives prior to moving to Park House. This meant staff were able to provide support in an individualised way that respected people's wishes. Staff did express concerns that their time was increasingly task focused, but people felt staff still had time for them. Staff felt the best part of their day was time spent with people.

We saw how staff encouraged one person to spend time outside of their bedroom to prevent isolation, and if they chose not to, they made sure they checked in on them throughout the day. We observed that staff interacted with this person whilst checking they were okay.

The service held 'house forums' with people living there. These meetings were attended by people and those who chose not to attend were updated by staff on any issues. Notes of these meetings showed that issues such as menus, activities and safety were discussed. We talked to people about these meetings and they told us they were useful, albeit the same people contributed towards them. We also saw staff regularly surveyed people using the service to seek their views. These surveys showed that people were happy with the service. Some staff felt these surveys were limited and not suited to all the people using the service. We discussed with the new manager techniques used in services to gain more engagement from people using the service and they agreed to explore these at future house forums.

People told us the new manager had kept them informed about changes to the service they planned as well as asking their views and opinions. Notes of meetings were circulated to people and staff discussed them with people informally to seek their views.

Following our last inspection the service now kept records in a more secure place in order to protect confidentiality.

Is the service responsive?

Our findings

At our last inspection we found that people's behaviour was not always managed well. We found that the service did not record or act upon episodes of aggressive behaviour directed towards staff and people.

At this inspection we looked at people's care plans and how people's behaviour was supported by staff. The new manager now had in place care plans about specific behaviours. These told staff how best to support these and what records staff should keep of such incidents. We looked at the services records in relation to incidents of behaviour. These were called ABC charts for Antecedent (what happened before the incident), Behaviour, and Consequence. These were designed to capture information about the incident in order that they could be learnt from and inform any changes to care delivery. We also looked at day to day care records and found that not all incidents that should have been recorded on ABC charts were being recorded in line with peoples care plan guidance. We also saw that staff recordings on ABC charts was not always consistent or detailed enough to support learning from these incidents. There had been no serious incidents of behaviour, but the process of recording and learning from incidents of behaviour was not robust.

This was a breach of Regulation 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

We looked at the new managers changes to care plans; we saw they were almost all updated following their recent appointment. New plans had been updated with feedback from staff and records of recent events. They were more personalised and detailed than before. Goals had been set and a review process was now in place to ensure that monthly updates were more meaningful. This process of updating care plans was not yet complete, but the new manager had a timetable for this work to be completed.

Staff told us they did not have time to support people with interests or activities due to an increase in work in their domestic and catering roles within the service. Staff told us that formal activities, such as trips out, were now rare, unless supporting a person to a particular appointment. We saw that activities were a point of discussion at the 'house forum' as well as staff meetings. Often the issue was about funding or making choices for particular trips, as much about staff capacity. We discussed activities with the new manager who agreed to review this further with the people using the service and staff.

We asked people if they had any complaints about the service, and if they did, were they able to raise those concerns in the service. People told us they discussed any possible complaints at the house forum and they had discussed how to raise a complaint if they were unhappy. No one we spoke with wanted to raise any complaints at that time. Staff told us they would support people if they felt they had a complaint, and staff had supported people to raise issues in the past.

Is the service well-led?

Our findings

At our last inspection the registered manager was not managing the service on a day to day basis; this was done via a team leader. The new manager was intending to transfer their registration from another location operated by the same provider. The existing registered manager now held a more senior role in the provider organisation, they visited the service whilst it was inspected but did not contribute towards the inspection as they intended to de-register.

The new manager was open and transparent about the issues in the service and supported the inspection process, providing documents promptly when requested.

However there were a number of issues, such as the lack of a clear contingency plan for an emergency; the failure to survey the opinion of staff for more than two years; the failure to identify and act on the temperature medicines were stored at; the incomplete updates to all peoples care plans; the inconsistent way that people's behaviour support needs were recorded and supported as well as delays in completion of improvements to the environment, that meant that leadership in the service was not always effective.

These issues had not been fully identified as part of quality monitoring and addressed in the time since our last inspection and demonstrated that the service had continued to be not well led until the arrival of the new manager. The new manager, whilst making progress, had been unable to make the improvements required for the service to meet regulations.

These were breaches of Regulation 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

Staff told us the new manager had only just started so they did not feel able to judge if they were well led. Staff gave variable responses when asked about how well the new manager would lead them in future. We discussed some of the issues staff raised with us, such as having time to spend with people and they agreed to review these issues alongside any staff survey.

We discussed notifications to the Care Quality Commission (CQC) with the acting manager and clarified when these needed to be submitted. They were clear about their role as a possible registered person and sought advice from the CQC regularly to ensure they were meeting their statutory requirements.

We saw the new manager had undertaken audits of care plans and other records regularly since starting in post. We could see where changes had been made to reflect people's changing needs over time. The new manager described an ongoing cycle of review, listening to changing needs, updating care plans and making sure staff had the skills to meet those changing needs. They told us how they hoped to achieve this, and recognised this had not always been in place in the past.

The new manager showed us quality assurance audits that had been carried out in the service by the providers quality lead. In these we saw that where issues had been identified, that the new manager had

taken action and this was clearly recorded. These processes were new and had not yet embedded into regular routine for the service, but we saw that they had already led to some improvements in the environment of the service.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Accommodation for persons who require treatment for substance misuse	<p>The registered person had not ensured that care and treatment of service users only be provided with the consent of the relevant person.</p> <p>Regulation 11 (1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Accommodation for persons who require treatment for substance misuse	<p>The registered person had not taken steps to protect people's personal property.</p> <p>Regulation 15 (1) (b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Accommodation for persons who require treatment for substance misuse	<p>The registered person had not assessed, monitored or improved the quality of the services provided; assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users; maintained an accurate, complete and contemporaneous record of each service user; or sought and acted on feedback from relevant persons, for the purposes of continually evaluating and improving the service.</p> <p>Regulation 17 (2) (a) (e)</p>

