

# Aspire Community Benefit Society Limited

## Cross Heath Drive

### Inspection report

2 Cross Heath Drive  
Beeston  
Leeds  
West Yorkshire  
LS11 8UQ

Tel: 01132626025

Date of inspection visit:  
18 April 2016

Date of publication:  
08 June 2016

### 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

Our inspection took place on 18 April 2016 and was announced. We gave the provider 48 hours notice because the service is only staffed when needed. At our last inspection in November 2013 we found the provider was meeting all the standards we looked at.

Cross Heath Drive is a short break residential care service which aims to provide a holiday style atmosphere for up to five people who have a learning disability. Accommodation is in a purpose built house with five bedrooms, each with en-suite facilities. Communal lounges, kitchen and dining areas are provided. At the time of the inspection there were four people using the service.

There was a registered manager in post at the time of our inspection. 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.

People who used the service and their relatives told us they were safe at Cross Heath Drive. The provider had taken appropriate action to minimise risks to people including training staff in safeguarding, adopting safe recruitment practices, keeping the premises clean and well maintained and assessing risks associated with people's care and support needs in a robust way. We found all assessments of risk were kept up to date.

The provider had effective systems and procedures in place to manage people's medicines safely. Any errors were identified quickly and appropriate action was taken to prevent their re-occurrence.

New staff received a thorough induction to prepare them for their roles. We found an effective programme of staff training in place and people told us they were supported by staff with appropriate skills.

We found the provider had ensured staff received training in the Mental Capacity Act 2005 and we saw people were actively and appropriately supported to make choices.

People were supported to make choices about what they had to eat and we saw these were respected. People's likes, dislikes and preferences were reflected in their care plans.

We received good feedback about the caring and dedicated nature of the staff. People and their relatives praised them highly. We found staff knew people who used the service well, and we observed a very relaxed and engaging atmosphere in the home.

Care plans were person centred and kept up to date. People's relatives were contacted prior to a respite stay to ensure this information was reviewed and reflected people's current preferences, needs and lifestyles. Annual reviews of care plans reflected the involvement of people, their relatives and other health and social care professionals involved in their support.

The provider was proactive in seeking people's feedback about the service and thorough in ensuring concerns and complaints were logged and responded to.

Staff told us they had good support from the registered manager, service manager and senior staff. Staff told us there was a positive culture in the service which meant they felt consulted, informed and listened to.

Relatives we spoke to told us the service was well-led. They told us staff and management were approachable and easy to talk to.

The provider had a number of effective systems in place to drive quality in the service, and we saw these included listening to staff and people who used the service.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People and their relatives told us they were safe at Cross Heath Drive. Staff received regular training in safeguarding and understood their responsibilities to identify and report any concerns about abuse.

Individual risks to people connected to safe care and support were well assessed. Risk assessments were kept up to date through timely reviews.

People's medicines were managed safely, and any errors quickly identified and appropriate action taken.

### Is the service effective?

Good ●

The service was effective.

People and their relatives told us staff understood how to provide effective care and support. Training records evidenced the provider ensured staff had the skills and knowledge they needed.

Staff understood the importance of offering people choice, and we saw evidence of this during the inspection.

People using the service were involved in setting menus, shopping for food and preparing meals during their stay.

### Is the service caring?

Good ●

The service was caring.

People and their relatives praised the dedication and caring nature of staff.

Staff had good knowledge about the people they supported and could tell us about their likes, dislikes and preferences.

Care plans were person-centred and evidenced the involvement of people, their relatives and other relevant professionals in their review

### Is the service responsive?

Good ●

The service was responsive.

Care plans were kept up to date through a process of responsive and planned reviews.

People were supported to maintain their preferred routines and asked what else they would like to do to make their respite stay more enjoyable.

The provider encouraged people who used the service to give feedback and express their preferences.

### Is the service well-led?

Good ●

The service was well-led.

Staff told us there was a good culture in the home. They said they felt consulted, listened to and informed.

There were effective systems in place to audit and monitor the quality of service delivery.

The provider consulted people who used the service and staff in order to drive improvement in the service.

# Cross Heath Drive

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Our inspection took place on 18 April 2016 and was announced. The provider was given 48 hours' notice because the service is a small care home for people who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one adult social care inspector. Before the inspection we sent a provider information request before this inspection. 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. We reviewed all the information we had about the service, including past inspection reports and notifications of incidents reported to us by the provider.

We contacted the local authority and Healthwatch to ask if they had any information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not receive any information of concern.

During the inspection we spoke with the service manager, three care workers, two people who used the service and one visiting relative. The registered manager was not available when we visited. We spoke on the phone with two more people's relatives after the inspection. We looked in detail at two people's care plans, medicine records and stocks for two people, two staff recruitment files and other records relating to the running of the service.

# Is the service safe?

## Our findings

In the PIR the provider told us, 'We ensure any safeguards use the least limiting regime. We have policies to help ensure a safe environment (including whistle blowing, safeguarding, bullying, medication, infection control, lone working and disciplinary rules). Staff have access to all policies plus a series of 'What to Do' procedures which precis the key points. All customers have access to a Keeping Safe leaflet and we have a network of meetings at which they can raise concerns away from their immediate support staff'.

People who used the service said they felt safe at Cross Heath Drive. One relative we spoke with told us, "I have no worries when [name of person] is there."

Staff we spoke with said they had received training in safeguarding and could tell us about how to identify various types of abuse. They were clear about their responsibility to report any concerns and said they had confidence senior members of staff would take appropriate action. Staff also knew they could report concerns to external bodies such as the local authority and the CQC. We looked at records which evidenced training in safeguarding was up to date.

The provider had policies and procedures in place to manage recruitment safely. Background checks including references and applications to the Disclosure and Barring Service (DBS) were undertaken by the provider's human resource officers. The DBS is an agency which holds information about people who are barred from working with vulnerable people. Making checks with the DBS helps employers make safer recruitment decisions.

We saw a checklist in place in staff files confirming references and satisfactory DBS checks had been received, but there were no copies of these or people's application forms held at the service. The service manager told us, "I would be able to ask HR for these if I wanted them. Staff would not be appointed unless the checks had come back with no concerns. It has already been brought to our attention that we should have copies of people's applications in their files, and some of these have already been sent to us."

Care plans contained detailed, individual risk assessments covering a range of specific areas including seizures, getting lost, becoming distressed and falling. The assessments were clearly signposted in the care plans and contained detailed guidance to assist staff in minimising the risk. These were reviewed regularly, either as part of a 'pre-call' assessment prior to a person returning to the service or as part of the rolling annual programme of care plan reviews.

People were further protected from risk because the provider ensured the building and any equipment used were regularly serviced and well maintained. We looked in all communal areas of the home, a bathroom and a bedroom and found all areas were kept clean and in good order.

The provider had policies and procedures in place to ensure the safe management of people's medicines. Staff training in medicines administration was kept up to date and senior staff made regular checks on staff practice. We saw one error with medication had been thoroughly investigated and staff received additional

training and monitoring as a result. We checked stocks of medicines against two people's medicines administration records (MAR) and found them to be correct. We saw MARs were fully completed, and staff completed checks on stocks when giving out medicines and on handover. This meant any errors would be spotted and acted on in a timely fashion. We saw one person had an ointment which staff had to apply. Staff we spoke with could tell us where this was to be applied, and had spoken with the person's relative about this, however there was no body map included with their MAR. We brought this to the attention of the service manager during the inspection and they told us this would be actioned.



# Is the service effective?

## Our findings

People told us the staff were "great" and "really good" when we asked them if they thought the staff knew how to provide care and support. Relatives also praised the staff's knowledge of how to care for people. One relative said, "They definitely understand how to care for [name of person]. Definitely." Another relative told us, "They really know how to get the best out of [name of person]."

The provider ensured staff had training and skills needed for their roles through a comprehensive and well documented induction, which included training in effective communication, equality and diversity, person centred support, duty of care and safeguarding. In addition, new staff shadowed more experienced colleagues to learn more about their role. At the end of the shadowing period new staff had a supervision meeting to discuss their knowledge and confidence before starting to provide care and support for people.

We saw evidence staff had regular opportunity to give and receive feedback about their performance and training needs through regular supervision and appraisal meetings.

There was a meaningful and varied programme of training in place. This included safeguarding, medicines, de-escalation techniques, and the Mental Capacity Act 2005. We saw there was a plan in place to ensure mandatory training was refreshed at appropriate intervals, meaning staff's knowledge was kept up to date. In addition several staff had completed the level two NVQ in health and social care.

People who used the service said they thought staff would know how what to do if they were unwell. Care plans contained information relating to medical conditions and names of key health professionals involved in the person's care, meaning staff had access to information to enable them to respond to changes in people's health quickly. One 'pre-call' assessment we looked at included the details of an appointment which the person needed to attend during their stay. We concluded the provider was ensuring they supported people to access healthcare professionals.

If people needed to go to hospital whilst using the service, the provider had a good quality summary of the person's care plan which was intended to assist hospital staff. This was in three sections including essential health needs and medicines, communication and the person's preferences and would help hospital staff provide more personalised care. The service manager told us a member of Cross Heath Drive staff would stay with the person for as long as needed.

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

Staff we spoke with said they had received training in the Mental Capacity Act 2005 (MCA) and could tell us how they supported people to make decisions. They told us they would offer people choice where people

needed assistance and gave people time to make their own choices. People were actively supported to express their choices for care, food and activities in meetings and we saw aids such as picture cards in use for people who needed this to express their choices.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. No one using the service had a DoLS in place, and the service manager told us people with a DoLS would be referred to another specialist service operated by the provider.

People who used the service planned the menus for their stay. We saw minutes of meetings where this had been discussed and agreed. This meant the meals people had reflected their preferences, any cultural or religious needs and their allergies, all of which were also documented in their care plans. People we spoke with during the inspection told us they enjoyed planning menus and were able to go shopping with staff. The service manager told us people were involved in the preparation of meals.

## Is the service caring?

### Our findings

In the PIR the provider told us, 'We put people at the heart of what we do and ensure their support is built around their needs and wishes with respect for their rights. All customers have a one page profile identifying what they feel is most important about them.'

People and relatives we spoke with all described the staff as being caring and dedicated to supporting people well. Relatives all told us people looked forward to having respite stays at Cross Heath Drive and were excited about the time they spent there. One relative said, "[Name of person] has been asking for days if they are still coming here today. They are always excited about coming here." Another relative told us, "I've always found the staff really nice, very approachable. They're fantastic. We know them. We can have a laugh with them."

Staff spoke warmly about people, and were able to tell us about people's needs and preferences in detail. We saw lively interactions which people enjoyed. During the inspection we saw people who used the service did not hesitate in coming into the office to chat with the service manager and staff. People and staff clearly knew each other well, which contributed to a homely, friendly and informal atmosphere throughout the service.

The service manager told us they tried to make sure people's respite stays coincided with other people they knew and liaised with families and day centres to achieve this. We asked people's relatives whether this happened and they told us it did. One person's relative told us, "[Name of person] knows other service users well and wants them to come home to us as a group too. They have a really good time when they are there."

We saw care plans were detailed and highly person-centred. Information was clear, up to date and presented in ways which would provide clear guidance for staff. This was also meaningful for people who used the service because pictorial prompts and short sentence summaries were used. Relatives told us they were asked about changes in people's lifestyles and routines before they spent time at the service, meaning staff were kept up to date with things which were important to people they were supporting.

## Is the service responsive?

### Our findings

In the PIR the provider told us, 'We proactively engage with customers, staff and stakeholders. Every customer has a Support Plan that details what support they require, their likes and dislikes, timetable, the people who are important to them and any specialist medical information. Support Plans are reviewed monthly with a minimum of one full annual review so we can take prompt action in response to any changing needs. We operate a cross-team system for keyworkers in completing Support Plans and arranging review meetings. Comprehensive initial assessments of needs & risks cover cultural and religious requirements and these are reviewed and adapted when necessary. Wherever possible we provide gender sensitive care and support. We encourage people to record their aspirations and support them to achieve these by, for example, providing 1-to-1 support workers to support people to undertake activities.

Customer

meetings take place in many different forums and provide an opportunity to raise issues for the staff meeting agendas.'

The provider was able to provide care and support that was highly individualised because they carried out a thorough review of the person's care needs, routines and preferences before they started their respite stay. We saw comprehensive documentation of this review in people's care plans. This included detail of any changes in the person's health, medicines or routines, and information about any appointments which the person needed to attend and any additional support which the person needed.

People's relatives told us they felt the service worked hard to include them in care planning and reviews. One relative said, "They ask us about everything – [name of person]'s health, their medicines, what has changed in their lives. They really know [name of person] well." Another relative said, "[Name of person] can be very hard to communicate with. The staff asked my advice, made sure they knew what worked. They are very good with him."

In addition to reviewing care plans with people before they came to stay at the service, the provider also had a rolling programme of planned reviews to ensure their knowledge of people remained up to date. Annual reviews included people and their relatives and included other people involved in the person's care and support, including staff from day centres the person attended and health professionals.

People were supported to maintain and enhance their preferred routines. Staff liaised with day centres and transport services to ensure continuity, and at weekly meetings people were encouraged to suggest other activities they would like to engage in during their stay. We looked at the minutes of the meeting held with the people using the service when we inspected. We saw people had made suggestions, and saw records in their care plans which evidenced the activity had happened. Staffing levels were adjusted to ensure people could follow their choices about how they spent their days.

People's relatives told us other ways in which the service responded to individual preferences. One told us, "[Name of person] has a favourite room. The staff know, and they always try to make sure they have it." Another said, "[Name of person] prefers their own bedding, and it's not a problem to bring it."

The provider actively encouraged people to give feedback about the service and what they wanted from it during their stay. Meetings were held with each group of people to establish what they wanted to eat and what they wanted to do during their stay.

People who used the service told us they would raise any concerns either with their families or with the staff. Relatives we spoke with told us they had been told about how to make a complaint, and were confident their concerns would be listened to and acted upon. The service manager was proactive in recording feedback from people and their relatives to ensure that all concerns were addressed. They told us, "We record things which people tell us that might not be formal complaints, but might be things we need to look at."

## Is the service well-led?

### Our findings

There was a registered manager in post at the time of our inspection.

In the PIR the provider told us, 'A number of routine visits to services take place to meet our own internal requirements for audit, supervision and simply to meet with and speak to customers. There are formal visits from CQC, the Local Authority commissioning body and Care Managers. We welcome and value feedback from professionals and other key stakeholders. To this end we undertake annual surveys of customers, carers and other stakeholders and their feedback informs development of the annual Service Plan. Issues raised are reviewed and a response about the outcome is given to the person if they indicate they want this. The customer involvement team meets monthly with senior management to address issues raised by customers, putting customers' aspirations at the heart of our business. The annual Service Plan reflects on our achievements of the previous year and sets clear goals to be achieved for staff at all levels so they understand how their efforts improve the service. We meet with family carers whenever requested plus hold drop-in events providing opportunities for discussing our plans. A member of the senior management team regularly attends staff meetings, this has proved popular with teams. All areas of service delivery and development are discussed at monthly supervision which is monitored in terms of quality and quantity. We hold monthly management team, patch and city wide meetings.'

The registered manager and service manager were not based in the home, however staff had twenty four hour access to an on call manager if they had any concerns or needed advice. Staff told us this worked well and they felt well supported. The on call rota also included senior managers at provider level, meaning serious concerns were escalated quickly through the organisation. Staff, people who used the service and relatives told us the service manager and registered manager visited Cross Heath Drive regularly and were a visible presence in the service.

People we spoke with all praised the quality of the service. One person's relative told us, "It's outstanding, I'd recommend it to anyone. It's brilliant." Another person said, "They are just fantastic." People's relatives said they felt the service was well run and told us they found the registered manager, service manager and all staff approachable and open in their communication. Staff we spoke with said they felt the registered manager and other senior staff demonstrated good leadership and had built a positive and co-operative culture in the home. Staff told us they were consulted, informed and listened to, and worked well together as a team.

There were effective systems in place to audit and monitor the quality of the service, which included comprehensive reviews by the provider including quarterly service audits and an annual service review. We saw these reviews included clear action plans where needed and evidenced a commitment to maintaining and improving a high level of service provision. These showed who was responsible for taking action and when it should be completed, and evidenced the provider and registered manager were ensuring emerging trends were identified and lessons learnt.

Staff told us they were listened to in meetings and we saw evidence these took place regularly. Agendas showed the meetings covered a range of operational issues including health and safety, care planning, rotas and celebrating successes. We saw staff were encouraged to add items to the standing agenda before meetings.

Staff had a number of opportunities to support the management and in driving quality at provider level. Representatives attended a number of regular provider forums covering areas such as equality, health and safety and 'green' initiatives. This meant staff regularly shared and developed ideas with colleagues from other services managed by the provider. Staff and management told us this had a positive impact on driving quality in each service.

The provider sought feedback from people who used the service in regular meetings at which staff from Cross Heath Drive were not present. We attended one such meeting on the day of our inspection and saw people were asked for opinions across a wide range of subjects including relationships with staff, whether staff offered choices, the premises, activities and food. The absence of staff from the service encouraged people to be open with their comments and we found the meeting appropriately paced, respectful and meaningful. People were supported to give honest feedback, and the service manager told us they received minutes and actions to support them in meeting people's expectations of the service.