Aspire Healthcare Limited

Alexandra Villa

Inspection report

252 Alexandra Road
Bensham
Gateshead
NE8 4ED

Tel: 01914901776
Website: www.aspirecg.co.uk

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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

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 21 December 2015 and 8 January 2016. Four breaches of legal requirements were found at that time. We undertook a focused inspection on 11 August 2016 to check that they had followed their plan and to confirm that they now met legal requirements. We found the registered provider had met most of the assurances they had given in their action plan and were no longer in breach of the majority of the relevant regulations. However, some audits had not identified issues we found at inspection about the service's safety. We carried out our latest inspection to check if further progress had been made in improving audits.

This inspection took place on the 14 March 2017 and was announced. As this is a small service we gave 24 hours' notice to ensure someone would be in when we called.

Alexandra Villa provides accommodation and personal care for up to two people with needs related to their mental health or learning disability. Accommodation is provided over one floor in two single bedrooms. At the time of the inspection one person was using the service.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was on an extended period of leave, the registered provider had notified us of this and made arrangements for another of their registered managers to cover this service. This covering manager supported the inspection on the day.

The person living at Alexandra Villas told us they felt safe and were well cared for. Staff knew about safeguarding vulnerable adults and to report concerns to a designated person within the provider organisation.

The home was domestic in scale and design. It was adequately decorated and maintained and outstanding issues from the last inspection had been resolved.

At the time of our inspection the levels of staff on duty and on call arrangements were sufficient to ensure safe care. New staff were subject to thorough recruitment checks. The registered provider had now recruited adequate staff to ensure the service had its required compliment.

Appropriate systems were in place for the management of people's medicines. People were encouraged to maintain their independence, for example through retaining responsibility for managing their own medicines.

Staff were supported through the provision of mentoring, training, supervision sessions and annual

appraisals, although recording of this was not always robust. Staff confirmed they felt well supported in their roles and spoke positively about the covering manager and their leadership and management of the home.

The service worked within the principles of the Mental Capacity Act 2005. People's capacity to make decisions about their care and treatment was assessed and where appropriate, "best interest" decisions were made on people's behalf. These involved relevant healthcare professionals as well as people's friends and family members.

People were complimentary about the caring nature of the staff team. Staff had developed strong, caring relationships with the people they supported and were very knowledgeable about their individual needs, likes and dislikes.

People's needs were assessed prior to them joining the service. Detailed, person-centred care plans were produced which guided staff on how to care for people. These included details of any preferences people may have. People and their representatives were actively involved in their care planning and were also encouraged to voice their opinions about the service in general.

People's needs were reviewed on an on-going basis and action taken to obtain the input of other healthcare professionals where appropriate. Systems were in place to ensure people had sufficient to eat and drink and to access other healthcare professionals in order to maintain good health.

A range of systems were in place to monitor and review the quality and effectiveness of the service. Action was taken to address areas for improvement identified. Complaints were taken seriously and records maintained of the action taken by the service in response to any form of dissatisfaction.

We made recommendations around record keeping of staff meetings and supervisions.

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.

Staff knew how to keep people safe and prevent harm from occurring. People in the service felt safe and able to raise any concerns.

Staffing was in place to ensure people received adequate support and staff were appropriately recruited.

People's medicines were managed independently. Staff were trained and monitored to make sure people received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff received support from senior staff to ensure they carried out their roles effectively, though the registered provider's supervision policy was not always followed.

People could make choices about their food and drinks.

Arrangements were in place to request external health and social care services to help keep people well.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

Staff provided care with kindness and understanding.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's rights and choices.

The staff knew the care and support needs of people well and took an interest in people, their families and friends to provide

individualised care.

Is the service responsive?

Good

The service was responsive.

People had their needs assessed and staff knew how to support people according to their preferences and choices.

Staff knew people as individuals and respected their choices. People were supported to take part in numerous activities.

People could raise any concerns and felt confident these would be addressed promptly by the covering manager and staff.

Is the service well-led?

Good

The service was well led.

The home had a covering manager who was hands on. Actions required from previous inspections had now all been completed.

The registered provider had notified us of all incidents that occurred as required.

People were involved and influenced their future service delivery.

People and staff spoken with all felt the covering manager was approachable and responsive.

Alexandra Villa

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 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 the 14 March 2017 and was announced. This inspection was undertaken by one adult social care inspector.

Before the inspection we reviewed information we held about the home, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the registered provider is legally obliged to send us within required timescales.

During the inspection we spoke at length with two staff including the covering manager and the one person using the service. After the inspection we spoke to an external healthcare professional who had regular contact with the service.

We reviewed one person's care and medicine records and the staff training matrix. Other records reviewed included safeguarding records. We also reviewed complaints records, three staff recruitment/induction and training files and staff meeting minutes. We also looked at records relating to the governance, quality assurance and management of the service.

The internal and external communal areas were viewed as were the kitchen, storage and laundry areas and, when invited, the person's bedroom.

Good

Is the service safe?

Our findings

The person living at the service told us they felt safe and cared for by the staff team. They were able to access a variety of outside activities with staff support and records showed that staff had considered how to keep them safe at such events, as well as giving the person freedom and choice.
Staff we spoke with were familiar with how to report possible safeguarding issues and we saw that action had been taken by the service in response to previous alerts raised.

Staffing had been calculated alongside the service commissioner to ensure the staff in place were able to safely meet people's needs. Staff had the right skills and procedures in place to lone work and were supported by senior staff on call as required. Staff we spoke with told us they could access senior staff via phone 24 hours a day.

Care records we looked at included the person being able to travel independently and we saw that potential risks had been assessed. For example we saw the person wished to travel to a new location for the first time. Staff supported them to travel escorted the first time to assist them in familiarising themselves with the route. Once this had been completed they would review and see if they could travel independently in the future. Care records showed how their rights had been considered alongside how best to support the person to stay safe. These showed that external healthcare professionals had been involved in these discussion and decisions.

The covering manager showed us, and after inspection sent us records of checks of the service environment, including fire safety and maintenance. We saw that potential risks had been considered and that checks around the small service ensured it remained a safe place. During the inspection we noted some unsecured ladders, when we drew this to the covering manager's attention they agreed to remove them.

We checked the services contingency plans for possible emergencies that may arise. We saw that staff had access to senior staff 24 hours a day, and had a clear plan for possible emergencies and how to respond. Staff we spoke with were clear that they could access advice and support from the registered provider organisation at any time.

We looked at accident and incident records kept by the service. We saw that after each incident a review took place to identify any possible response of learning from such an incident. This sometimes related to people's behaviour and support needs and then often involved appropriate external healthcare professionals.

We looked at three staff personnel files and found that the registered provider had a robust recruitment system in place. This helped to ensure only suitable people were employed to care for vulnerable adults with complex needs. Staff confirmed they had undertaken these checks.

The person using the service was supported to manage their own medicines and staff only prompted and supported when required. We looked at the medicines records and found medicines were recorded and

stored safely and correctly. All staff had completed training in the safe handling of medicines.

Staff were provided with protective clothing and gloves and had completed training in infection control. The service was clean and odour free.

Good

Is the service effective?

Our findings

The person using the service told us they felt the staff team knew them well and supported them to live their life. They told us, "They [staff] have got to know me alright" and confirmed to us that new staff had been able to get to know their support needs quickly and how best to support them. Staff we spoke with told us how they read the persons care records and shadowed experienced staff before working alone with the person. They told us they felt they had the core skills, training and support to meet the person's needs.

Records showed that staff undertook a consistent induction and training programme when they started to work at the service. We found some induction records had not been signed off by a manager. We brought this to the covering manager's attention who agreed to ensure these were completed and approved. After the inspection the registered provider's quality assurance lead sent us records which showed that staff had complete the appropriate training, and that refresher training was in place to update staff's skills.

Staff we spoke with told us that as they only worked with one person much of the training was 'on the job' as they learnt from each other and more experienced staff how best to support the persons behaviour support needs. We saw that staff had recorded how best to respond to different behaviours and that they were consistent in their approach. The external healthcare professional we spoke with told us the success of the service had been to the way they consistently responded to issues and the persons changing needs.

We looked at staff supervision and appraisal records and saw that these were not being completed in line with the registered provider's stated policy in that these were not always recorded. After the inspection the registered provider's quality assurance lead advised us that there had been supervisions that had not been formally recorded and that supervisions were now in place and timetabled for the future. Staff we spoke with told us they had regular supervision and appraisal of their training and development needs.

We recommend the registered person ensure that staff receive regular and documented supervision in line with their policy.

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 so that they can 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 found the service was working within the principles of the MCA. We spoke to an external healthcare professional who told us how they worked alongside the person and service staff to create a care plan which respected their rights and managed potential risks to their wellbeing.

We noted that recent reviews to the persons care plan had not been signed and consented to by the person. When we discussed this with them and the staff member we saw they had been involved in this review and they agreed to ensure these were formally signed in future to confirm this.

Staff supported the person with food shopping, cooking and meal preparation in their own kitchen. We saw that staff encouraged a healthy diet and monitored the person's weight. The person using the service told us staff helped them with meals and that they enjoyed this activity.

The person was supported to access other healthcare services in order to maintain good health. People also had access to dental treatment and optical services as required.

Good

Is the service caring?

Our findings

The person using the service told us they found the staff team to be caring towards them. We observed positive interactions between staff and the person, and when we spoke to staff they talked about the person in a positive way at all times. The external healthcare professional we spoke with told us the staff team were caring towards their client.

Records showed that the person using the service had been involved in how their care and support was developed and delivered. When we spoke to them and staff they talked about new activities that had been recently sourced and acted upon based upon their personality and choices. When decisions were made about how they were supported with their behaviour we saw this considered their right to make unwise choices, as well as their rights to a private and family life. Staff carefully considered how to involve the person in complex decisions, providing information and explanations with them and seeking advocacy support through an external professional where required.

The person was supported to maintain their dignity through suitable interventions in the community by the staff, as well as ongoing support in the service itself. For example one staff member told us how they tried to improve the person's self-esteem and self-worth by working together on their personal care. They told us how they used humour and positive encouragement to enable the person to improve their appearance and confidence in the community.

Even though there was only one person using the service, we saw that records were stored confidentially in the service. Staff also told us they ensured they did not share information about the person's needs with other professional they worked with unless they needed to know this information.

The person told us about the range of self-directed activity they had and how they had a level of independence in the community now they had not always enjoyed in the past. We saw from care plans and records that the person enjoyed 'free time' and that staff encouraged them to make their own decision and choices wherever possible. These were respected by the service.

Good

Is the service responsive?

Our findings

The person using the service told us they felt the service had changed over time to reflect their changing needs. In our conversations with the person and staff they told us about changes that had been made to how support was offered, and in the range of independent activities they now enjoyed.

Staff identified and planned for the person's specific needs through the care planning and review process. We saw staff had developed individual care plans to ensure the team had the correct information to help maintain the person's health, well-being and individual identity. Before the person had come to live at the service an assessment of their needs had been undertaken. From this assessment a number of areas of support had been identified by staff and care plans developed to outline the support needed from staff.

Care plans covered a range of areas including, diet and nutrition, psychological health, personal care, managing medicines and complaints. Care plans were reviewed regularly and were sufficiently detailed to guide staff care practice. The input of other external health and care professionals had also been reflected in individual care plans.

When staff reviewed the person's health and social care plans, any necessary changes were made. Review comments were detailed and useful in documenting the person's changing needs and progress towards specific objectives.

Risk assessments were also in place, linked to care plans. These were aimed at both keeping the person safe and in promoting community involvement and their independence. Examples included accessing the community, cooking and money management. Progress notes were maintained and used as part of the review process. These were written factually and linked to a range of monitoring records, such as medicines records and weights.

The staff members we spoke with had a detailed knowledge of the person living at the service and could clearly explain how they provided care that was important to them. The staff member was readily able to explain personal preferences, such as leisure pastimes and their family and friends. A range of activities and pastimes were encouraged. The external healthcare professional we spoke with told us the service had supported the person well over a period of time and had managed to support their complex needs well.

A care plan was in place regarding complaints from the person using the service. The person confirmed to us that they knew who to raise concerns or complaints with, which were used as a means of encouraging improved dialogue between the person and the staff team. The person was able to explain to us how they could raise complaints and who they would speak to outside the organisation if they continued to be dissatisfied. The external healthcare professional confirmed this aspect of the person support needs was managed effectively by the service.

Good

Is the service well-led?

Our findings

A registered manager was in post but on extended leave at the time of inspection. The registered provider had notified us of this and another of the registered provider's registered managers was covering the service. They supported us at the inspection and were able to describe the service, the person using the service and were able to find any records we asked for.

The person told us the service was well led. They told us they liked the covering manager and were happy living at the service and with the staff team and how they worked with them. The external healthcare professional we spoke with told us there had been consistent leadership of the service as a number of the provider's senior staff knew the person well and supported staff to maintain this consistency.

We saw the covering manager carried out a range of checks at the service. Areas audited included aspects of the service such as, food provision, safeguarding, infection control, medicines, the environment, fire safety, service user's monies, complaints and suggestions and care planning. We saw that since our inspection of December 2015 improvements had been made and sustained by the registered manager and covering manager. The covering manager was open with us about the issues in the service around supporting such a small, very individual service and the staff team.

Staff told us the service had links to a variety of outside organisations to support the person. These included leisure and occupational services appropriate for the person's needs. Through these contacts they ensured the person had a wide range of alternative activities and development opportunities. One staff member told us, "[Person] will never be bored living here. We have to keep looking for the next opportunity or challenge".

Incidents were recorded on documents called 'ABC charts'. Clear themes were apparent from our review of these and we saw that more effective action had been taken by the service to learn from such incidents. As a result we saw that staff had been supported to be more consistent in their approach. The external healthcare professional we spoke with told us the service had improved their consistent approach over the last year.

The views of the person using the service were formally sought through a survey. This showed that their feedback was sought consistently and that actions had been taken following any comments or complaints. In the recent survey we saw that issues highlighted in the past were no longer present.

We asked about arrangements for staff to meet together as a team as well as for formal supervision and appraisal. The covering manager informed us that team meetings had not always been consistent or recorded in detail, and that supervisions had been shared with other senior provider staff. Initially records were not found to support that meetings and supervisions were occurring as regularly as the registered provider's policy stated. However after the inspection the quality lead for the provider organisation was able to send us evidence that meetings and supervisions had taken place. Staff told us they had been subject to regular supervision by senior staff.

We reviewed our records as well as records of incidents held at the home. The covering manager was aware of the need to notify the Care Quality Commission of certain incident, in line with the current regulations. We saw that we had been notified as required.