

Community Care Solutions Limited

Aspen House

Inspection report

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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

This inspection took place on the 23 and 29 November 2017 and was announced.

At the last comprehensive inspection in November 2015 the service was rated overall Good.

A focused inspection took place in January 2017 due to an increased amount of statutory notifications detailing medication errors. The inspection specifically focused on those areas. The rating for the service remained Good overall; however the rating for the safe domain was changed to Requires Improvement.

At this inspection we found the provider had made the necessary improvements. The medicines storage arrangements had been reviewed and all people using the service had been provided with a lockable medicines cabinet within their bedrooms.

Aspen House is a residential care home that provides care for up to 10 people with complex learning disabilities, autistic spectrum disorder and mental health needs. At the time of the inspection nine people were using the service.

At the time of the inspection an acting manager was in post. They had submitted a registered manager's application to the Care Quality Commission (CQC) and the application was in progress. 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 continued to feel safe. Staff understood their roles and responsibilities to safeguard people from the risk of harm. Risks to people were assessed and monitored regularly. The premises were maintained to support people to stay safe.

Staffing levels ensured that people's care and support needs were met. Safe recruitment processes were in place. Medicines were managed in line with the prescriber's instructions. The processes in place ensured the administration and handling of medicines was suitable for the people who used the service.

Systems were in place to ensure the premises were kept clean and hygienic so people were protected by the prevention and control of infection. There were arrangements in place to make sure action was taken and lessons learned when things went wrong, to improve safety across the service

People's needs and choices were assessed and their care provided in line with up to date guidance and best practice. They received care from staff who had received training and support to carry out their roles.

People were supported to maintain their health and well-being. Staff supported people to attend

appointments with healthcare professionals. People were encouraged to eat healthily and staff made sure people had enough to eat and drink.

People's diverse needs were met by the adaptation, design and decoration of premises and they were involved in decisions about the environment. Staff demonstrated their understanding of the Mental Capacity Act 2005 and they gained people's consent before providing personal care.

Staff were caring and compassionate. People were treated with dignity and respect and staff ensured their privacy was maintained. People were encouraged to make decisions about how their care was provided. Staff had a good understanding of people's needs and preferences.

People were listened to; their views were acknowledged and acted upon. Care plans were focused on the person and their wishes and preferences. People and their relatives were involved in the assessment process and reviews of their care.

People were supported to take part in activities which they wanted to do, and encouraged to participate in events within the local community. There was a complaints procedure in place to enable people to raise complaints about the service.

The provider understood the need for people, and their family, friends and other carers to be involved in planning, managing and making decisions about end of life care.

The service had a positive ethos and open culture and people were involved in decisions about changes. People, their relatives and staff felt confident to approach the registered manager and felt they would be listened to. Quality assurance systems were in place to monitor and review the quality of the service which was provided to drive continuous improvement.

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's medicines were managed safely and given to them as prescribed. Staff were trained in medicines management and only administered medicines to people when assessed as competent to do so.

People were protected from abuse and harm by staff who understood their responsibilities in supporting people to keep safe.

People could be assured that staff continually learnt from incidents and improvements were made when things go wrong.

Risks to people had been identified and assessed. There was guidance for staff on how to keep people safe.

There were sufficient numbers of staff to meet people's needs. The provider followed safe recruitment practices when employing new staff.

People's environment had been assessed to make sure it was safe and hygienic.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Aspen 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 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 23 and 29 November 2017 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small service and people, staff and the registered manager are often out of the office or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector.

Before the inspection the provider completed 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. We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law. We also took into consideration feedback received from commissioners involved in the monitored of the care of people using the service.

During this inspection we spoke with three people using the service. Some people had difficulty communicating verbally with us, so we spent time observing general interactions between people and staff. We spoke with the acting manager, a senior support worker and four care staff.

We reviewed the care records relating to three people using the service and three staff recruitment records. We looked at other information relating to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing accidents and incidents, safeguarding and complaints.

Is the service safe?

Our findings

At the focused inspection in January 2017 we rated 'Safe' as requires improvement. Since the inspection the provider had arranged for all people using the service to have their medicines stored in lockable cabinets within their bedrooms. This meant that people had their medicines administered on an individual basis and reduced the risks of staff being interrupted and medicines errors from occurring.

At this inspection we found that people received the support they needed to take their medicines as prescribed. Systems had been implemented to ensure medicines were disposed of when they had been opened for a period of time, and also to ensure all medicines had been given as prescribed. However within one person's medicines cabinet we found a steroidal ointment that was no longer being used had not been disposed of. We brought this to the attention of a senior support worker who immediately removed the cream from the cabinet and disposed of it following the medicines disposal procedure.

Staff told us and records showed they received training on the safe administration and storage of medicines and their competency to administer medicines was observed and assessed. One staff member said, "The medicines training is quite in-depth, we also have observations to check we follow the procedure, I feel confident to give medicines." The care records showed that people had regular reviews of their medicines to ensure they remained appropriate to meet their needs.

There was enough staff to support people safely. One staff member said, "There are enough staff to meet the needs of the people who live here." Another member of staff said, "The staffing levels are good, we have time to spend with people and never feel rushed." The acting manager explained the staffing levels were based on the dependency levels of the people who used the service and were reviewed regularly. The staff team were each delegated tasks each shift. This ensured that household tasks were completed and people's daily activity plans were followed.

Recruitment procedures were followed to ensure all staff were properly vetted and of suitable character to work at the service. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There were also copies of other relevant documentation, including employment history, character references and job descriptions in staff files to show staff were suitable to work with people using the service.

People continued to feel safe with the support they were receiving. One person said, "I feel very safe." Staff told us they had received appropriate training with regards to safeguarding and protecting people. One staff member said, "I would tell the manager or senior if I had any concerns." Staff knew how to raise whistleblowing concerns, if they felt their concerns were not taken seriously by the provider. One member of staff said, "I would not hesitate, I would go straight to the safeguarding team." The acting manager was aware of their responsibility to report all safeguarding concerns to the local safeguarding authority and records showed they had followed the safeguarding procedures in doing so.

Individual risk assessments were in place to identify and reduce the likelihood of injury or harm to people. These included behavioural risks to the person and others when out in the community, eating and drinking and choking risks and falls. They were completed in a way that allowed people as much freedom and independence as possible. Records showed the assessments had been reviewed regularly to make sure they remained up to date and reflected any changes to people's circumstances.

Each person had a personal evacuation emergency plan (PEEP) in place that was regularly reviewed to ensure the information was still current.

People were protected by the prevention and control of infection. Daily cleaning schedules were followed. Staff told us and records showed staff were trained in infection control. We saw that personal protective equipment, such as disposable gloves and aprons were available for staff to use. Records also showed staff had received food hygiene training and the service had a Food Hygiene Ratings Scheme inspection had awarded the service with a score of four.

Staff understood their responsibilities to report all accidents and incidents. Records showed that accidents and incidents were closely monitored and timely action was taken to mitigate the risks of further incidents. Reflective practice was used in staff de-briefing sessions to ensure lessons were learnt and to avoid repeat incidents.

Is the service effective?

Our findings

People's care was assessed to ensure they were met effectively and the service worked with people and other professionals to make sure they could provide the correct support in line with current legislation. We saw that the service worked with people and other professionals to make sure people's needs were consistently met.

Staff had the knowledge and skills to carry out their roles and responsibilities. They were provided with appropriate support and training to enable them to carry out their roles. One staff member said, "I came here with previous experience, but I have gone through a very thorough induction. The company really values the staff and makes sure people receive care from staff that are properly trained." Another member of staff said, "I came here with very little experience of caring for people with a learning disability, the training I have received has really given me the skills and the confidence needed to do my job to the best of my ability." The staff told us when first starting working at the service they worked alongside a 'buddy' who was an experienced member of staff and during their probation their competency was regularly assessed.

Staff told us and records showed that staff completed a range of training that was regularly refreshed to make sure they kept up to date with current practice. The Induction process for new staff consisted of a 'portfolio of learning' that covered each standard in the Care Certificate, which is a set of standards that should be covered as part of induction training of new care workers. The acting manager told us that a member of staff had won the carer of the year award and at the time of the inspection was attending a ceremony to receive the award. All the staff spoken with were very proud of their achievement.

Staff told us and records showed that staff were provided with regular one to one supervision and an annual appraisal. One staff member said, "I have regular supervision meetings, but if I ever need to talk about anything in between the meetings the manager has an open door." The acting manager and senior staff told us that 'Job Chats' had been introduced, which provided opportunities for staff to de-brief, receive feedback, praise or address areas of conduct or practice issues. Records showed that formal supervision and job chats were documented with agreed actions. We observed during the inspection that staff were relaxed in approaching the acting manager and senior support worker to discuss any queries they had.

People were supported to maintain a balanced diet. We saw that people were able to prepare meals and snacks with staff support. Menu planning took place and people were offered a variety of foods. Some people prepared meals for themselves at times, and other times people ate the same meal as a group. Food and fluid intake was monitored if and when required, and any dietary requirements were recorded and observed.

People were supported to lead healthier lives and receive ongoing healthcare support. We saw that people had regular health reviews, for example, with their GP, specialist nurse, psychologist, epilepsy services, and speech and language therapists. The advice and guidance received from these professionals was clearly documented in people's care notes. In discussion with the staff and records seen it was evident that staff followed the advice of healthcare professionals.

People were able to personalise their rooms and furnish them as they wished. The environment was in the process of being upgraded and redecorated. New windows had been fitted throughout the building. People had been consulted on the furnishings and decoration within their bedrooms and communal areas.

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 less restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The acting manager and staff understood their roles in assessing people's capacity to make decisions. People had given their consent to their care and treatment and where this was not possible best interests' decisions had been made in line with the MCA involving people's family representatives.

DoLS applications had been submitted to the local authority where appropriate and regularly reviewed. This ensured any restrictions placed on people's liberty always followed the less restrictive means.

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care and support. People told us they felt that staff were caring. One person said, "I like them [staff], they are very nice." The staff knew people well and responded to individual needs. One member of staff said, "I really do think I was born for the job, I love spending time with the people living here, I find it very rewarding, seeing the difference you make to people's lives, giving them a good quality of life brightens your day."

Records showed that people and their families were involved in their care and treatment. People were supported to express their views and regular house meetings were held. Pictorial communication aids were used to help people make choices and communicate their needs. The care plans had easy-read versions and staff used these to assist people to express their choices and views.

Relatives were encouraged to visit and made to feel welcome. The staff facilitated and supported people to have regular contact with friends and family. Information was available on how to access advocacy services if people felt they needed to receive support from an independent advocate.

The staff respected people's privacy and dignity; people had access to areas within the home and garden where they could spend time alone. People's care records were stored away securely when not in use and staff understood the need to maintain confidentiality at all times.

Is the service responsive?

Our findings

Care and support was personalised to meet each person's individual needs. The care plans had a profile on the person outlining their likes, dislikes and preferences. People's personal and family history was documented so that staff could better understand the experiences of each person and their social and emotional support requirements. Cultural and religious information was included when relevant for each person.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw that various forms including quality feedback forms were provided in an easy read pictorial format for those that needed it.

Each person had a detailed communication and sensory passport that gave specific information on how the person communicated and things that brought the person comfort or increased anxiety. All staff had received training on using the SPELL communication approach. SPELL stands for Structure, Positive approaches and Expectations, Empathy, Low arousal, Links. It is a framework for understanding and responding to the needs of people on the autism spectrum. During the inspection we observed staff using the approach to communicate effectively with people. The approach gave people structure, built trust and in turn helped reduce anxieties. It was evident the staff were very skilled in communicating with people with complex needs, they responded to sounds, gestures and actions people made in order to communicate with them. The atmosphere was calm and relaxed and people laughed and joked with staff.

People's needs were assessed with their interests at the heart of the service. The staff were very knowledgeable about the needs of all people and how their care was to be provided. They were able to tell us in detail how they cared for each individual.

During the inspection it was evident people's care was delivered in line with their care plans. Records confirmed that people's needs were regularly reviewed to identify any changes to ensure people's current needs were being met.

People were supported to follow their interests and take part in social activities. Some people using the service attended a Multi Activity Club (MAC) that had regular sessions providing sports and recreational activities for people with learning disabilities. Through attending the club people had the opportunity to meet up with friends and engage in leisure activities such as, Archery, Trampoline, Inclusive Fitness Initiative (IFI) Accredited Gym, Table Tennis, Pool, Air Hockey and Basketball.

One to one activities were provided for people such as, horse riding, going for walks, clothes and food shopping, day trips and annual holidays. Other arts and crafts activities also took place regularly. On the day of the inspection some people were being supported to make Christmas decorations and took pride in

putting on display a Christmas tree made from painted hand prints. A member of staff said a person had expressed a wish to go swimming. They told us they looked around for a local venue that could accommodate swimming sessions for people with complex learning disabilities, and they went swimming with the person so they could fulfil their wish. The member of staff said, "[Name of person] absolutely loved it, [Name] was smiling and laughing and really enjoyed it, we are now planning on making it a regular thing."

People were involved and contributed to the development of the service. Resident meetings regularly took place to seek feedback from people about the service. Records showed that people regularly contributed ideas for things such as, meals and activities. Minutes from a recent meeting showed that people had chosen the colour schemes they wanted for areas of the service scheduled for redecoration. Actions from the meetings were recorded ensure suggestions from people were always followed up.

Information on how to raise a complaint was available in an easy read format; which explained how people could make a complaint if they were unhappy with any aspect of their care. Records of complaints demonstrated that when complaints had been made the acting manager had taken them seriously and responded appropriately in line with the complaints policy. For example, a complaint had been received about the conifers in the garden blocking the sunlight from a neighbour's garden. At the time of the inspection the provider was in the process of arranging for a company to tend to the trees.

The provider understood the need for people, and their family, friends and other carers to be involved in planning, managing and making decisions about end of life care. Records showed that people had representatives that had taken on the lasting power of attorney responsibility and that people's end of life wishes would be respected. More recently a person had passed away that had no family to arrange their funeral. The staff had arranged the funeral and people and staff together celebrated the life of the person by setting off orange balloons in the person's memory (as orange was their favourite colour). Staff told us they were fundraising for a headstone to be placed on the grave, and a bench to be placed in the garden in remembrance of the person.

Is the service well-led?

Our findings

An acting manager was in post and they had submitted their registered manager application with the Care Quality Commission (CQC), which was in progress. 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.

There was an open and transparent culture at the service. The service worked with Commissioners and the feedback we received was positive. This service held the National Autistic Society accreditation and a member of staff had won the 2017 carer of the year award. The staff were enthusiastic and motivated to provide the right care and support for people using the service. One staff member said, "I feel very lucky to work at the home, I love it, all the staff pull together for the good of the residents."

People and staff knew the acting manager and were comfortable in approaching them. Staff told us they felt very well supported by the acting manager and the senior team. Systems were in place to ensure that all staff received regular supervision and appraisals to review their work performance and development needs. All staff received ongoing training to ensure their knowledge and skills were up to date.

Staff had the information and support to voice any safeguarding concerns or issues about people's safety or welfare. One member of staff said, "I really do feel all the communication is very good, we feel valued and that our ideas and opinions are listened to." Minutes of staff meetings showed information had been shared with staff including discussions about people's needs and sharing good practice.

Systems were in place to report accidents and incidents and the acting manager reviewed all incidents and accidents to identify any contributing factors or cause to mitigate the risks of any repeats. Records showed the provider had notified CQC about reportable events, as required by law.

There was a range of quality assurance systems in place to drive continuous improvement. They included audits on, care plans, risk assessments, medicines, health and safety, accidents and incidents and the building upkeep. Based on the audit findings, action plans were in put in place with timescales for completion. Records were well maintained and staff had access to general operating policies and procedures, such as, safeguarding, accidents and incident reporting and fire safety.

It is a legal requirement that where a rating has been given, the latest CQC inspection report rating is displayed at the service. This is so people, visitors and those seeking information about the service can be informed of our judgments. We saw the provider had displayed their rating both in the service and on their website.