Aspire Healthcare Limited

St Marys View

Inspection report

Brook Street
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Tel: 01912513630

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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

The inspection took place on 9 January 2017 and was unannounced. We last inspected the home on 3 and 4 September 2015 and found the provider had breached the regulations relating to the safety of the premises and good governance. We found the provider had made progress since our last inspection and was now meeting the requirements of the regulations.

St Marys View provides residential care for up to 10 people with learning disabilities. At the time of our inspection there were eight people living at the service.

The home 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Action had been taken to deal with the health and safety related issues we identified during our last inspection. This included replacing the rotting fire escape and removing an unsafe shower tray. The provider's representative was carrying out regular quality assurance visits and a record kept of their findings.

People gave us consistently positive feedback about their care. They told us they were well cared for and that care workers were kind and considerate. People also said they were supported to be independent and to make their own choices and decisions.

Where potential risks to people's safety had been identified, a specific risk assessment was carried out to help keep them safe.

Medicine records supported the safe administration of medicines. People received their medicines from trained care workers. There was no on-going system in place to monitor the competency of care workers to administer medicines. We have made a recommendation about this. The provider kept accurate medicines records to account for the medicines people had received and to show medicines were stored appropriately.

There were sufficient care workers deployed within the home. People confirmed care workers provided timely help and support if needed. The provider completed a range of checks to help ensure new care workers were suitable to work with the people living at the home. This included disclosure and barring service (DBS) checks.

The provider carried out regular health and safety checks, such as checks of fire safety, the electrical installation, gas safety, water temperatures and portable appliance testing. Incidents and accidents were logged and fully investigated.

Care workers said received good support and had regular one to one supervision. Records confirmed care workers had completed training relevant to their role, such as moving and assisting, nutrition, first aid, fire safety, and infection control.

The provider followed the requirements of the Mental Capacity Act 2005 (MCA), including the Deprivation of Liberty Safeguards (DoLS). DoLS authorisations were in place for two people using the service.

People had access to a range of health professionals, such as GPs, opticians, chiropodists, community nurses and hospital consultants.

People told us they were happy with their care but also knew how to complain if required. There had been no complaints made about the home since we last inspected.

Care records included background information about each person including details of their care preferences. People's needs had been assessed and personalised care plans written. Care plans were evaluated monthly to keep them up to date. People had goals to work towards and progress towards achieving goals was measured periodically.

People could share their views about the service through attending a regular residents' meeting or taking part in surveys. Residents' meetings were well attended and were used to discuss safety and gather people's views about the meals and activities provided in the home.

Following our last inspection the provider was carrying out regular quality assurance checks of the home and a record kept of the findings.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Action had been taken to address the health and safety concerns identified during our previous inspection.

Medicines were managed appropriately. Potential risks to people were assessed and monitored.

Sufficient care workers were on duty to meet people's needs. There were effective recruitment checks in place.

Regular health and safety checks were carried out.

Is the service effective?

Good

The service was effective.

Care workers received the support and training they needed in their role.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA, including the Deprivation of Liberty Safeguards (DoLS).

People were supported to access the health care they needed.

Is the service caring?

Good

The service was caring.

People said they received good care.

People told us care ware workers were kind.

People were treated with dignity and respect.

People were supported to be as independent as possible and to make their own choices.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed.

Personalised care plans had been written for each person.

Activities were available for people to participate in. Regular 'residents' meetings' were held to allow people the opportunity to share their views.

People knew how to complain if they had any concerns about their care.

Is the service well-led?

Good

The service was well led.

Quality assurance visits were carried out and documented.

People had been consulted to gather their opinions about the home.

People described the registered manager as friendly and approachable.

Regular staff meetings were held.

St Marys View

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 9 January 2017 and was unannounced.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the home. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also contacted the local authority commissioners of the service.

The provider completed a provider information return (PIR) prior to the 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 spoke with seven out of the eight people living at the service. One person declined to speak with us. We also spoke with the registered manager and two care workers. We looked at a range of records which included the care records for three people, medicines records for eight people and recruitment records for five care workers. We also looked at a range of other records related to the running of the service.

Good

Is the service safe?

Our findings

During our last inspection in September 2015 we found the provider had breached the regulations relating to premises and equipment. This was because the front of the property looked in a poor state of repair; some of the carpets and flooring needed replacing or cleaning and the leather on dining room chairs was worn. We also found an emergency exit posed a risk to people as the stairs were dangerous and rotting. A new shower room had been fitted on the first floor of the service. The shower tray had been installed incorrectly posing a potential trip hazard.

Following our inspection the provider sent us a report of the actions they planned to take to become compliant with this breach. The actions included completing external work to the building including the fire escape, new windows and repairing the front of the property. The provider also told us the interior of the building would be re-decorated, carpets would be replaced, the shower tray would be moved. They told us the dining room chairs had already been replaced. The provider told us this work would be completed by January 2016.

During this inspection we found the provider had completed most of these actions in line with the timescales set in the action plan. The provider had installed a new fire escape and windows. Repairs to the exterior walls were planned to take place when weather permitted. The shower tray had been removed completely from the shower room which was now a wet room. We found the interior of the home was clean and well decorated so people had a nice environment to live in. One person commented, "My bedroom is spotless."

People told us they felt safe living at the home. One person told, "They make sure I am safe, they keep you safe. I get well looked after and I get help, so I am safe." Another person commented, "I feel safe cause it's alright here."

Care workers also felt the home was a safe place to live. One care worker commented, "We are always there, we know where each and every one is." Another care worker told us, "We look after the residents, they seem content and happy."

Care workers showed a good understanding of safeguarding, including how to report concerns. One care worker commented, "I would inform the manager, [registered manager] would deal with it properly." There had been no safeguarding concerns involving people using the service.

Care workers knew about the provider's whistle blowing procedure. They told us there had been no reason to use the procedure but would definitely raise concerns if they had any. One care worker told us, "I would definitely raise concerns." Another care worker said, "I would use it (whistle blowing procedure). I think they would look into concerns properly."

Medicines records we viewed supported the safe administration of medicines. All eight people using the service received their medicines from care workers. Care workers had completed specific medicines

management training. However, we found there were no on-going checks of care workers competency to check they continued to operate safe medicines management practice. We recommend the provider reviews the process for assessing where care worker were competent to administer medicines and updates its practice accordingly. Records relating to the receipt, administration and disposal of medicines were accurate and complete. Medicines were stored securely and safely. The temperature of the medicines cabinet was monitored to ensure medicines were stored at an appropriate temperature.

Where a potential risk had been identified, the provider carried out a risk assessments to help keep people safe. For example, one person had a specific medical condition. We found a risk assessment had been carried out to identify the potential hazards to the person and the measures required to minimise the risk. These included monitoring the person's weight and their fluid intake. We also saw specific records were maintained to confirm these checks had been carried out consistently.

There were enough care workers on duty. People told us they received help and assistance in a timely manner. One person told us, "They (care workers) can help quickly." Care workers confirmed there were sufficient care workers. One care worker said, "Yes there are enough staff, we can take people out, we work well together." The registered manager told us staffing levels were based on the people's needs and their contracted hours as determined by the local authority. The registered manager told us, "Staffing levels are fine. We meet people's needs."

The provider had an effective recruitment procedure in place. Pre-employment checks had been completed to check new care workers were suitable to work with people using the service. This included requesting and receiving two references and Disclosure and Barring Service (DBS) checks. These checks were carried out to ensure prospective staff did not have any criminal convictions that may prevent them from working with people.

Regular health and safety checks were carried out to help keep the building safe. These were up to date when we inspected the home. This included checks of fire safety, the electrical installation, gas safety, water temperatures and portable appliance testing. There were also procedures in place to help ensure people were kept safe in an emergency situation and continued to receive the care they needed.

Incidents and accidents had been logged and fully investigated. There had been four accidents since January 2016. Records showed confirmed action had been taken to keep help people safe including re-assessing people's needs and updating risk assessments and support plans.

Good

Is the service effective?

Our findings

Care workers told us they were well supported. One care worker commented, "I can talk to [registered manager] about anything." Another care worker described the support they received as "good". They said, "I can go to the manager privately. They are very approachable." Records we viewed confirmed care workers had regular one to one supervision and an annual appraisal. This meant care workers had regular opportunities to discuss their role and further development.

Training records confirmed care workers had received the training they needed in their role. This included training on moving and assisting, nutrition, first aid, fire safety, and infection control. Care workers told us the provider was supportive of care workers enrolling on additional training courses to enhance their knowledge. One care worker told us they had completed training in autism and dementia awareness.

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 authorisation procedures for this in care homes and hospitals 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. Two people had been assessed as being deprived of their liberty. DoLS authorisations had been approved for both people. This was following a MCA assessment and best interest decision having been made on behalf of each person.

Care workers understood the MCA. They described how they supported people with making decisions and choices. One care worker said this was done "mostly verbally". They went on to tell us one person pointed to objects and performed various actions to let care workers know what they wanted. For example, they would go and open the kitchen cupboard if they were hungry.

People told us care workers asked for their permission before providing care. One person said, "They ask me what I want." Care workers confirmed they asked for consent and would respect a person's decision. One care worker said, "We ask if they want to go out. If they say no that is fine, it is no problem."

Care workers told us some people using the service displayed behaviours that challenged. Care workers showed a good understanding of the most effective strategies to adopt when supporting specific people. For example, one person responded well to having a chat with a care worker and having some quiet time. We observed this happened effectively during our inspection. We later overheard the person freely offer an apology to the care worker. The care worker accepted the apology willingly and then there was no further reference to the incident.

People gave us positive feedback about the meals provided at the home. One person said, "The meals are very nice. I can have what I want to eat." Another person told us, "The meals are nice." A third person commented, "You get good meals here. You get to choose." A fourth person told us, "I choose what I want. If I choose sandwiches the carers help me make them."

People were supported to access health care when required. One care worker said, "We make appointments for people, we go with them." Care records confirmed people had regular input from a range of health professionals when required. This included GPs, opticians, chiropodists, community nurses and hospital consultants.

Good

Is the service caring?

Our findings

People gave us positive views about their care. One person commented, "I have enjoyed it (living here). This is a nice place and there are nice people in it." Another person said, "I like it here." A third person said, "I am happy here."

People were cared for by kind and considerate care workers. One person said, "The staff are very nice. They are very good to me and help me quite a lot." Another person pointed out a particular care worker and said "they are caring". A third person told us, "The carers are friendly." A fourth person commented, "The staff are caring including [registered manager]."

People were cared for by care workers who knew their needs well. From our discussions with care workers it was clear they had a good understanding of people's needs. Care workers were able to discuss in detail about the care each person received. We observed people readily approached care workers for reassurance or to ask then something. Care workers responded in a friendly and professional manner.

People were treated with dignity and respect. One person told us, "They treat me very good, very well. I think I get treated fairly." Another person said, "The staff are nice to me." A third person commented, "We are all treated the same." A fourth person said, "The staff are polite and friendly." Care workers described how they provided care in a respectful way. For example, asking people before providing care, keeping people covered when providing personal care and giving them the sponge to wash themselves.

People were free to choose how to spend their time. One person said, "I like to listen to the radio. I can do that as much as I want. Sometimes I talk to them (care workers) or go out with them. Every day when the weather is fine we go out." Another person commented, "I like to watch tele, the snooker and football." A third person told us, "I go to bed at 8 o'clock, I like doing that. The staff get me a hot shower." A fourth person said, "You can go in your room and they don't disturb you." A fifth person commented, "I can go to bed and get up anytime."

People's rooms had been personalised to suit their own taste and style. One person said, "I have most of my things in there, it is very nice." Another person commented, "I have a key for my room. My room has been done, new flooring and they painted the wall." One care worker told us, "People choose how their room is decorated, they are personalised with pictures and people pick their own quilt covers. We try and make it homely for them, it's their home."

People were supported to be as independent as possible. One person commented, "I like to give a hand. I usually do the table mats (at meal times). I help myself and do what I can for myself." Another person said, "I set the table for tea time. We do things for ourselves." A third person told us, "I am quite independent. I help with the dishwasher, everybody has a job." One care worker commented, "Most people are very independent." Care workers told us people were prompted and encouraged to do things for themselves, such as making their own cups of tea or buttering their bread when making a sandwich. One care worker told us, "We ask people what help they need, we work with people."

There were procedures in place about access to advocacy services. People using the service had input from an advocate when required with two people having regular input. One care worker commented, "Two people have input from advocacy once a week."

Good

Is the service responsive?

Our findings

Staff had access to detailed information about each person to help them better understand people's needs. Each person had a personalised 'pen picture' which provided detail about the person's background. This included a life history and other important information relevant to people's care. For example, a summary if how they wanted to be supported, what was important to each person and what other people liked about the person. Particular preferences people had were recorded as a reminder to care workers. For instance, one person particularly wanted to get up early each day and have their breakfast before going in the shower. Other people had preferences for particular food and drinks.

People's needs had been assessed to help identify the specific care and support they needed. A range of needs were considered during the assessment such as mobility, communication and nutrition. Care workers identified whether a care plan or risk assessment would be needed. Where needs had been identified a personalised care plan had been written. Care plans we viewed were personalised to the needs of each person and included details of the individual support they needed from care workers. Care plans had been evaluated each month to help ensure they reflected people's current needs.

Outcomes or goals had been identified for each person to work towards. For each outcome a plan had been written which identified the steps required to achieve the outcome. These were reviewed regularly so that progress towards reaching the goal could be measured. Examples of goals included attending events and going on holiday.

People said they were opportunities to participate in activities if they wanted. One person commented, "We do bingo and board games sometimes." Another person said, "We do bingo and dominoes." A third person told us, "I like jigsaws and painting. I can do that as much as I want. I get my own choices." One care worker said, "We try to keep people occupied, they like baking." During our inspection we observed people spending time together playing board games. One of the people commented, "We have lots of games in here."

People were supported to access the local community and maintain links with relatives. One person said, "Sometimes I go out for a car ride or go out shopping." Another person told us, "I went to my sister's (home) yesterday." A third person commented, "I go for a walk, I go out every day. In the summer one of the staff takes us out for a car ride." A fourth person told us, "I went to the pantomime last week. I am going to a party next week. I go to [day centre] on a Wednesday. We play games, snooker and table tennis. Tomorrow I am going to the [name of club]. I play bingo, I enjoy it."

There were regular opportunities for people to share their views and suggestions about the home. We viewed the minutes from the most recent 'residents' meeting' which confirmed seven out of eight people attended. The meeting was used to raise awareness of safety issues. People discussed a scenario dealing with what action they should take if a stranger came to the front door. Other topics discussed included people views about the meals provided in the home and suggestions for activities.

People did not have any concerns about their care. They also knew how to make a complaint if they were unhappy. One person said they would talk with "the manager or a member of staff." They also said, "I would feel comfortable doing that." Another person commented, "I have no concerns, (If I did) I would talk to the staff." There had been no complaints made about the home since our last inspection.

Good

Is the service well-led?

Our findings

During our last inspection in September 2015 we found the provider had breached the regulations relating to good governance. This was because quality assurance checks were not robust or effective. There were also no records kept of quality assurance visits carried out by the provider's representative.

Following our inspection the provider sent us a report of the actions they planned to take to become compliant with this breach. The actions included the area manager recording all visits and employing a full time quality manager to carry out future monitoring of the provider's care services.

During this inspection we found the quality assurance processes in the home had improved. Regular provider visits were being carried out with a report produced following each visit. We viewed the most recent report following the visit carried out on 30 November 2016. The visit covered a range of areas including health and safety, care planning, the knowledge and attitude of staff, medicines practices and the environment. Actions had been identified from the audit including reviewing all care plans in January 2017. The provider's conclusion from the audit was the people's 'care needs were being fully met'.

A range of other monthly audits were carried out consistently. These included infection control and medicines audits. Records of the findings from these audits were available to view. These had not identified any areas of concern requiring specific action to be taken.

The home had an established registered manager. We had not received any statutory notifications since our last inspection as there had not been any reportable incidents at the home. People gave us positive feedback about the registered manager and described them as approachable and friendly. We observed that when the registered manager arrived at the hone people were keen to chat to them. One person commented, "[Registered manager] is very nice, I can talk to her." Another person told us, "[Registered manager] is nice."

People told us the home was a nice place to live. One person described the home as "quite good, usually very happy". Care workers described the home as happy and homely. One care worker said, "We have a dance and a sing song, we have a laugh." Another care worker told us, "It is lovely, a nice comfortable home."

People were consulted periodically to gather their views about the home. People indicated they were happy with the home. In particular, they were happy with the quality of the meals and being able to go out.

Care workers had opportunities to give their views and make suggestions to improve the home. They told us staff meetings took place "every two to three months". One care worker said, "I would speak up." We viewed the minutes from a recent meeting which showed the meeting had been used to raise awareness of important areas of care practice. These included training, care plans and infection control.