

Aspire Community Benefit Society Limited

Raynel Drive

Inspection report

9 Raynel Drive
Cookridge
Leeds
West Yorkshire
LS16 6BS

Tel: 01132626025

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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 inspected Raynel Drive on the 17 March 2016 and the visit was unannounced.

Raynel Drive is part of Aspire Community Benefit Society and provides 24 hour personal care and support for up to four people who have learning disabilities and complex needs. The care and support provided is respite (short term).

At the time of the inspection, the service had a manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

We looked at records relating to the personal care the service was providing and found care was well planned and reviews involved the people receiving care and their families.

At this inspection we found the provider had systems in place to protect people from the risk of harm. Staff understood how to keep people safe and knew the people they were supporting very well. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

There was enough staff to keep people safe. Robust recruitment and selection procedures were in place to make sure suitable staff worked with people who used the service. Staff were skilled and experienced to meet people's needs because they received appropriate training, supervision and appraisal.

We found there were systems in place to protect people from risk of harm. There were policies and procedures in place in relation to the Mental Capacity Act 2005.

Care was personalised and people were well supported. People's needs were assessed and care and support was planned and delivered in line with their individual care needs. People received good support to make sure their nutritional and health needs were appropriately met.

The service had good management and leadership. Safety checks were carried out around the service and any safety issues were reported and dealt with promptly.

We observed good interactions between staff and people who used the service and the atmosphere was happy, relaxed and inclusive. Staff were aware of the values of the service and knew how to respect people's privacy and dignity.

There were effective systems in place to monitor and improve the quality of the service provided. We saw

copies of reports produced by the registered manager and the provider. The reports included any actions required and were checked each month to determine progress. These ensured actions were completed to improve service delivery.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received. The people we spoke with told us they were aware of the complaints procedure and would have no hesitation in making a formal complaint if they had any concerns about the standard of care provided

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.

There was enough staff to keep people safe. Recruitment checks were carried out before staff started working for the provider.

Risk associated with people's care was identified and managed. Staff understood how to manage risk and at the same time actively supported people to make choices.

Staff knew what to do to make sure people were protected and people's medicines were managed consistently and safely.

Is the service effective?

Good ●

The service was effective.

There was a programme of training for all staff to be able to understand the care and support required for people who used the service.

The records we looked showed staff had completed training about the Mental Capacity Act (2005).

People enjoyed their meals and were supported to have enough to eat and drink.

Is the service caring?

Good ●

The service was caring.

People told us they were very happy with the care and support they received.

People looked well cared for and were very comfortable in their environment.

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed.

Is the service responsive?

Good ●

The service was responsive

People's care plans contained sufficient and relevant information to provide consistent, person centred care and support.

There was opportunity for people to be involved in a range of activities within the home and the local community.

Complaints were responded to appropriately.

Is the service well-led?

Good ●

The service was well led.

The registered provider kept staff informed about the business and the staff felt listened to. Staff we spoke with told us that they enjoyed their work.

Any incidents and accidents were recorded and addressed. The registered manager put actions in place to prevent re-occurrence.

A range of audits and quality assurance systems were used to identify areas of improvement.

Raynel 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.

The inspection took place on 17 March 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

At the time of the inspection there were four people receiving a service from Raynel Drive. We visited the home and spoke with three people, three members of staff and the registered manager. The staff at Raynel Drive were known as support workers. We spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at people's care and support plan and medication records.

We looked in detail at four care plans and the recruitment records of three members of staff. We looked around all areas of the home including living rooms, dining rooms, bathrooms and kitchen.

Before the inspection, the provider had 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 also reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. Healthwatch were contacted and had no comment because the service is respite. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

We spoke to three people using the service regarding the safety measures in place within the home. We asked if people felt safe. One person who used the service told us "I feel safe. All the staff are nice and I have friends." Another person said, "I like coming here, Its good."

People who stayed at Raynel Drive were safeguarded from abuse. The provider had a policy in place for safeguarding people from abuse. This policy provided guidance for staff on how to detect different types of abuse and how to report abuse. There was also a whistle blowing policy in place for staff to report matters of concerns. Safeguarding training was given during induction. We spoke with members of staff and the registered manager about safeguarding and found they had a clear understanding of types of abuse people may be at risk from and how to report any concerns.

There were risk assessments in place, to cover activities and health and safety issues, including, moving and handling and use of public transport for community activities. The risk assessments were supported by plans of care which detailed how staff should respond to any issues. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

Any accidents and incidents were monitored by the registered manager and the provider to ensure any trends were identified and acted upon. There were systems in place to make sure any accidents or incidents were reported. Support workers we spoke with were aware of their responsibility to report any accidents or incidents to the registered manager.

Through our observations and discussions we found there were enough staff with the right experience to meet the needs of the people staying at the home. The registered manager said staffing levels were kept under review and adjusted according to the dependency levels of people who were staying at the service.

We saw the home followed safe recruitment practices. We looked at the recruitment records for three staff members. We found relevant checks had been completed before staff had worked unsupervised at the home. We saw completed application forms, interview records, evidence of identification, references received and evidence that a criminal record check had been completed in the staff files we looked at. We saw there was a staff disciplinary procedure in place to ensure where poor practice was identified it was dealt with appropriately.

We looked at the systems in place for managing medicines in the home and found there were appropriate arrangements for the safe handling of medicines. Arrangements were in place to assist people to take their medicines safely. People's care plans provided guidance to ensure staff understood how to administer medicines to meet their individual needs. Staff who administered medicines told us they had completed training which had provided them with information to help them understand how to administer medicines safely, and the records we looked at confirmed this.

Is the service effective?

Our findings

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 understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. The staff we spoke with told us they had completed MCA training and the records we looked at confirmed this. One staff member said, "Everyone who comes here can make their own decisions and find ways to communicate."

We saw people who used the service had given consent to record information during their assessment and to share this information with others involved in their health care. People spoken with told us their consent was sought by staff before any intervention or provision of care and/or support. One person said, "They always ask me." We saw staff gave people an explanation and waited for them to respond before they helped them to undertake care or support tasks.

Staff we spoke with confirmed they had regular supervision which gave them an opportunity to discuss their roles and any issues as well as identifying any training needs. During our inspection we looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. The staff files we looked at showed that each member of staff had received supervision on a regular basis. We saw staff had received an annual appraisal in 2016.

We observed the tea time meal in the dining room and saw people were not rushed and they were given time to eat their meal. We noted the atmosphere was calm and relaxed. We observed staff working as a team to help support people to eat their meal. People who used the service said they enjoyed the food. We saw that people had the ability to influence the food served at the home. For example, people were involved in menu planning and wherever possible went with their support worker to the local shop or supermarket to purchase food. We found that people's dietary needs were being met and staff encouraged people to eat a varied and balanced diet.

People were supported with health care needs whilst at the service. People had hospital passports which contained information to inform health professionals.

Is the service caring?

Our findings

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. One person said they could make their own choices about care and day to day events. "I am able to say what I want."

Care plans contained detailed information as to people's likes and preferences they were all written in the person's voice, for example using phrases such as 'I like' and 'I prefer' rather than '[name of person] prefers.' Information emphasised people's individual character and was arranged under headings such as 'What people like and admire about me', 'What is important to me', and 'How best to support me.' Staff we spoke with told us they found this information useful in forming positive relationships with people who used the service and we saw evidence that it was reviewed and updated regularly.

We saw that all care plans and documents relating to individual people were securely stored thereby providing a good degree of confidentiality

We saw that where documents required signing by the people this had been done by them or their families. People we spoke with told us they knew they had records which the home kept about their care and they had been involved in developing their care plans.

People who used the service looked well cared for. They were relaxed and comfortable in the presence of staff throughout our visit, and we saw staff were patient and focused on the person they were assisting or socialising with. People were free to choose how and where they spent their day, for example some went to day centres and some spent time in the home and or went out with staff.

Some people staying at the home had difficulty communicating verbally but our observations indicated people were happy with the care and support they received. One person told us, "I really enjoy going out with my support worker, we have a laugh and have a good time".

The staff we spoke with were able to tell us how individuals preferred their care and support to be delivered. They also explained how they maintained people's dignity, privacy and independence. They told us about the importance of knocking on doors before entering people's bedroom and making sure curtains were closed when supporting people with personal care. This demonstrated the staff had a clear knowledge of the importance of dignity and respect when supporting people and people were provided with the opportunity to make decisions about their daily life.

We observed care in the dining room and lounge area and saw people received very good support and enjoyed the company of staff. People received person centred care, and were engaged in different activities. Staff were caring when they provided assistance and demonstrated a kind and compassionate approach. There was a good balance between giving people their own space and making sure they were comfortable and happy.

Staff talked about spending time with people and how they enabled people to be independent but at the same time ensured they received appropriate assistance. All the staff we spoke with were very confident people received very good care. One member of staff said, "I love to care for people in the way I would expect to be cared for myself."

Is the service responsive?

Our findings

The care records contained a clear assessment of the person's needs made before they started to receive care. This included the types of assistance needed, how the person liked to receive assistance and at what time. The provider information return we received before our inspection stated; 'All customers have full assessments of their needs, these are reviewed at every respite stay. Before every respite stay staff contact the customers/carer's on a pre-admission call, to request information on any changes or request they may have for their stay.' We saw evidence this had taken place. We saw that the care planning policy contained guidance for staff to enable them to make the person feel 'comfortable and secure' before starting the process. This included maintaining eye contact and engaging in conversation about the person's life.

The staff we spoke with told us the daily routines of the home were flexible and based around people's individual needs. Care plans recorded what each person could do independently and identified areas where the person required support. When people come to use the service detailed assessments took place which ensured people's independence was maintained.

We saw records confirmed people's preferences, interests, likes and dislikes and these had been recorded in their care plan. People and their families were involved in discussions about their care and the associated risk factors. Individual choices and decisions were documented in the support plans and reviewed on a regular basis.

Each person's records included a daily record of care and support given. The record showed personal care; activities participated in, independent living tasks such as cleaning their room, observed mood and behaviour, appointments with other health care providers and incidents. The record was signed by the staff participating in the person's care.

The staff we spoke with told us they had input in to the care planning process system and used the care plans as working documents. The staff we spoke with demonstrated a good knowledge of people's needs and how individuals preferred their care and support to be delivered.

We asked people whether they were supported by members of staff with the right skills and experience. One person said, "Yes they are good, I like them." Another person said, "Yes, they know how to look after me."

We spoke with three people who told us of their social and leisure activities in the local and wider communities. They were clearly happy with these activities. Their individual care plans recorded these events and the resulting therapeutic benefits. This showed that people were actively encouraged to participate in a range of appropriate social, educational and leisure activities.

Over the last 12 months, the service has had seven written compliments. The themes for compliments were around customer support, relatives happy with service and thanks for support given.

People we spoke with told us they had no complaints. They said they could approach any member of staff

with a concern and it would be taken seriously.

We looked at the complaints records. There had been three complaints and we were able to see a clear procedure that had been followed when complaints had been investigated. There was information recorded about the outcome or actions taken. We also saw the complaint information was reviewed on a monthly basis, which helped the service make improvements where necessary. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We noted the complaints policy and procedure was in the file of the people who used the service and gave step by step guidance on how to make a complaint and the procedure the service followed when managing complaints.

Is the service well-led?

Our findings

Staff spoke positively about the registered manager and said they were happy working at the service. They knew what was expected of them and understood their role in ensuring people received the care and support they required. Staff told us they were encouraged to put forward views and make suggestions to help the service improve. One member of staff said, "We all work very closely together and try hard to make sure everyone has a good time here."

There was a registered manager in place. The registered manager had good knowledge of the support needs of the people who used the service and could describe the service well.

The registered manager ensured staff had an opportunity to attend meetings to discuss operational issues and contribute to the running of the service. We saw these meetings happened regularly and we looked at the minutes of the most recent meetings. There was a comprehensive standard agenda which covered items including infection control, training and shift cover. Meetings also evidenced discussion and open communication about incidents and other current issues within the service. Minutes were produced and circulated which ensured transparency and good communication within the service. We saw the registered manager asked staff to sign to confirm receipt of an agreement with the minutes. Staff told us they found the meetings useful and felt they could speak openly. One member of staff told us, "We are able to speak freely and the manager takes note of what is said." This meant that staff were being kept up to date with changes to the service and were able to contribute to its development.

We saw support worker meetings were held monthly between staff members and people staying at the home.

Staff we spoke with confirmed if any incidents occurred within the service this information was shared to ensure lessons were learnt. Staff we spoke with said important information was communicated to the team.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and the provider. The reports included any actions required and were checked each month to determine progress. These ensured actions were completed to improve service delivery.

The registered manager told us they met with family carers whenever requested plus held drop-in events providing opportunities for discussing the service plans.

There was a range of audits in place to ensure service improvement. Audits included; medication, care records and reviews. The provider had a development manager who undertook a monthly audit of the service to check on the quality of the service delivered. The audits reviewed any action that had been identified at the previous audit to ensure completion; they then identified any action that needed to be taken. We saw that were actions had been completed and this had been recorded.

The registered manager told us they devised questionnaires to give to people who used the service and

professionals to gain their views of the service. We saw several which had been returned and these showed overall satisfaction with the service. Comments included "Completely satisfied with the service and general helpfulness of friendly staff."

We also saw key worker meetings were held monthly between staff members and people staying at the home.

Our examination of care records indicated the registered manager submitted timely notifications to CQC indicating they understood their legal responsibility for submitting statutory notifications.