

Aspire Health and Care Limited

Chilwell House

Inspection report

24 Wilmot Street
Ilkeston
Derbyshire
DE7 8BD

Tel: 01156976210

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Chilwell House is a residential care home providing regulated activity of personal care to up to 15 people. The service provides support to people with mental health needs. At the time of our inspection there were 8 people using the service.

Chilwell House accommodates people in a building and flats all on the same site, each bedroom has ensuite facilities, the main home and flats share an outside garden which is accessible and has several seating areas.

People's experience of using this service and what we found

People and their relatives told us they felt the service was safe. Staff were recruited safely and there were sufficient numbers of staff to meet people's needs. Medicines were managed safely and risk that affected people's daily lives was regularly monitored and assessed. We were assured that the provider had sufficient infection, prevention and control measures in place.

Since our previous inspection, improvements had been made to the quality and safety monitoring systems in place. We found the systems in place to be robust and identified areas for improvement which were then actioned. There was a positive person-centred approach to the delivery of people's care and people were included and involved in the day to day running of the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 1 August 2019)

Why we inspected

This inspection was prompted by a review of the information we held about this service. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chilwell House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Chilwell House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

Chilwell House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Chilwell House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with 1 person who used the service and 8 members of staff including the registered manager, team leaders, support workers and the provider's quality assurance lead. We also spoke with 1 relative about their experience of the care provided.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training in how to safeguard people from abuse. Staff understood how to report any concerns they had to relevant professionals.
- Safeguarding incidents had been correctly reported, recorded, and investigated. We found that appropriate actions and referrals to relevant professionals had been made to reduce the risk of reoccurrence.
- People and their relatives told us they felt the service was safe. One relative told us, "Yes its safe, I have no complaints and can't fault how they look after [person]."

Assessing risk, safety monitoring and management

- Risks which affected people's daily lives were documented and known by staff. The management team monitored and regularly assessed these risks and took appropriate actions to ensure people received care in a safe and consistent way.
- People had individual care plans in place which detailed information and advice that had been sought from external professionals. The care plans provided guidance for staff on how to positively support people in the event the person experienced feelings of distress.
- Environmental risks were well managed, regular checks had been carried out which included water temperature checks and fire safety.

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- Staff were recruited safely. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Baring Service (DBS)

and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- There were enough staff to keep people safe and meet their individual needs. The registered manager monitored and reviewed the staffing levels, which reflected the needs of the people using the service.
- People and their relatives confirmed staff were always available. One relative told us, "[Person] has one to one support, there is lots for [person] to do, they also give extra support when its needed."

Using medicines safely

- Medicine was administered by trained staff who received regular checks and direct observation of their practice to ensure medicines were administered safely.
- People were empowered and supported to take control of their own medicines in line with their understanding and ability. For example, some people were able to administer their own medicine, staff monitored this and adapted the level of support when required.
- There was clear guidance for staff for safe administration of 'when required medicines' (PRN). This meant people received these medicines when they needed them.
- Audits of medicine administration records were conducted regularly by the management team and appropriate actions had been taken to address issues in shortfalls they identified.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider ensured visiting was facilitated safely and in line with people's preference and choice. This had been risk assessed and appropriate safety control measures were found to be in place.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and investigated by the management team. We found appropriate actions had been taken to reduce the risk of re-occurrence.
- The registered manager regularly analysed accidents and incidents to identify any emerging themes or patterns in order to improve the care provided and access support from external agencies.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since our previous inspection, improvements had been made to the quality and safety monitoring systems in place. We found the systems in place to be robust and identified areas for improvement which were then actioned.
- The provider and registered manager had a good oversight of the service through their structured schedule of audits which checked all aspects of the service. In addition to this, the provider's quality assurance lead also carried out a bi-monthly audits of the service.
- Staff were clear about their role and responsibilities. Staff had received training which ensured they provided care and support to the required standard.
- The registered manager was committed to continuously improving the service. For example, they had identified an area of the service which could be enhanced by creating a sensory area for people to use and also in consultation with people using the service introduced 'thank you' days where external professionals were celebrated and invited in to learn about the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a positive person-centred approach to the delivery of people's care. People were supported to identify individual goals and detailed plans were developed for staff to follow, these were regularly reviewed and evaluated, and people's achievements had been recognised and celebrated.
- Staff, people and their relatives spoke positively about the registered manager. A relative told us, "[Registered manager] is great, invites me to all the meetings I feel involved." A staff member told us, "[Registered manager] is approachable, I am really comfortable in talking to them anytime about anything."
- People were supported to maximise their independence and to take part in activities of interest to them, we saw evidence that people had been supported to access further education.
- The registered manager was knowledgeable about the duty of candour, they had not had to put this into action, however they were able to explain the steps they would take.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had regular opportunities to provide feedback on the service in various ways through meetings and surveys. The registered manager had analysed the feedback received and had an action plan in place to

address points that had been raised.

- People were involved and included in the day to day running of the service. A daily meeting was facilitated by staff, where people discussed and planned their day. People were also invited to attend the provider's training for staff which gave people an insight of the training provision and what to expect in terms of staff approach, skills and knowledge.
- Staff meetings took place regularly and staff had regular supervisions. Staff told us they felt supported in their roles and felt communication in the service was good. One staff member told us, "We have daily meetings and monthly staff meetings, we get to know any changes straight away, communication is really good."

Working in partnership with others

- The service worked in partnership with other professionals such as pharmacists and GP's to support people to access healthcare when they needed it which had improved people's outcomes.
- The provider also employed a psychologist which people could access to support their wellbeing and discuss any concerns they had. People told us they enjoyed the talking therapy these sessions provided.