

Aspire Healthcare Limited

Parkvale

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

About the service

Parkvale is a residential care home providing personal care for up to a maximum of seven people, some of whom have a learning disability and/or a mental health condition. At the time of inspection there were seven people in receipt of care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were encouraged to be as independent as possible and were actively engaged in the local community, including attending local colleges and employment opportunities. Staff supported people to follow their own interests and there was a full range of activities available for people to pursue.

People were positive about the support they received from staff. Staff treated people with dignity and respect.

People's care plans were detailed and very individualised to reflect the level of support required. People were involved with their care planning and had regular reviews of their support needs.

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.

Medicines were managed safely, and risk assessments were in place to keep people safe. The premises were safe for people living at the home. Staff followed best practice guidance and worked closely with other agencies to make sure people had continuous care.

Staff continued to receive regular training and were recruited safely. New staff received an induction which prepared them for their role. Staffing levels were appropriate to meet the needs of people.

The registered manager and provider continued to monitor the effectiveness of the service through robust quality and assurance systems. These systems allowed the provider to address issues, develop action plans and improve the quality of care provided to people.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills, accessing the local community and become more independent.

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 02 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor the service through information we receive from the service, provider, the public and partnership agencies. We will re-visit the service in line with our inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Parkvale

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and one assistant inspector.

Service and service type

Parkvale is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We also reviewed the information we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adults' teams and reviewed the information they provided. We contacted the NHS Clinical Commissioning Group (CCG), who commission services from the provider, and the local Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We reviewed documentation, inspected the safety of the premises and carried out observations in communal areas.

We spoke with two people who used the service, one relative and five members of staff including the registered manager.

We reviewed the care records for one person, medicine records for three people and the recruitment records for one member of staff. We looked at a range of records. This included staffing rotas, training records, meeting minutes, policies and procedures, environmental safety and information relating to the governance of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to help reduce the risk of abuse to people. The registered manager had appropriately raised all safeguarding concerns to the relevant authorities for assessment and possible investigation.
- People told us they felt safe living at the home and there was information displayed in easy-read format around who to contact if they had a concern.
- Staff continued to receive training around identifying abuse and knew what action to take if they had any concerns. One staff member told us, "If we have any concerns we log these and these are referred to the manager, if we have any major concerns we can report these further."

Assessing risk, safety monitoring and management

- Individual risks to people were fully identified, recorded and steps were in place to mitigate the risk. For example, risks around people accessing the local community. One person told us, "It is safe."
- Risks to people were regularly reviewed and risk assessments in place were updated to reflect any changes in need.
- The premises were safe for people living at the home. Environmental risk assessments were in place, for example for fire, and there were regular checks and testing of the premises and equipment.

Staffing and recruitment

- There were enough staff to support people in line with their assessed needs, but staff did comment that the number of permanent staff had reduced. We discussed this with the registered manager who told us about further recruitment of staff and using agency staff to support people in the meantime.
- Staff recruitment continued to be safe.

Using medicines safely

- Medicines continued to be managed safely.
- Staff had received training in safe medicine administration and had their competencies assessed.
- Some people were responsible for taking their own medicines and there were risk assessments in place to remove any identified risks associated with this.
- Medicines were audited regularly and were stored in a locked cupboard.

Preventing and controlling infection

- The premises were clean, and people were responsible for cleaning their own bedroom. People and staff worked together to keep communal areas of the house clean.

- Staff had received training around infection control and there was an infection control policy in place.

Learning lessons when things go wrong

- The registered manager reviewed all accidents and incidents regularly. Any trends identified were used to improve the quality of the care provided to people.
- Investigations into accident and incidents were clearly documented, lessons were learned, and outcomes were shared with people, relatives, staff and other partnership agencies where relevant.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs fully assessed by the service and they were regularly reviewed with people. People's assessments included social, emotional, cognitive and physical needs. One person told us, "I like to be involved and I am independent."
- People received support and treatment in line with best practice standards and guidance, for example the Mental Capacity Act 2005 (MCA).

Staff support: induction, training, skills and experience

- Staff continued to receive regular refresher training to meet people's needs and keep them safe. All staff had scheduled supervisions and appraisals. One staff member commented, "I have completed all of my training."
- New staff members were provided with a comprehensive induction by the provider. This induction provided staff with the knowledge and skills essential to their role.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to prepare their own meals, maintain a healthy balanced diet and worked with staff to prepare meals. People were encouraged to be as independent as possible and were able to go food shopping with staff support.
- There was a communal dining area where people sat together to eat their meals if they wished to. One person said, "I help lay the tables at meal times and I am happy here."
- People planned meals for the week and agreed the menus at meetings.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The staff worked in partnership with other health care professionals, for example the GP or behavioural team, to make sure people had a constant level of support that met their needs.
- Care records showed involvement from other agencies and care plans were updated to show the latest advice and guidance provided.
- If people's needs changed or staff were concerned referrals were made to the appropriate health care team, for example the GP.

Adapting service, design, decoration to meet people's needs

- The service was adapted to meet people's needs. The registered manager told us how people lived as 'flat mates' and came together to do activities or spend time in the communal lounge or dining area if they

wished to.

- People made choices about how they wanted their bedrooms and the premises decorated.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- For people who did not always have capacity, mental capacity assessments and best interest decisions had been completed for any restriction placed on them.
- Staff had received training in MCA and DoLS. Staff asked people for consent before providing support and asked for people's choices for their care.
- For people who did have DoLS in place, these were appropriate and being followed by staff.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about the approach of staff and the support provided. One person said, "Staff look after us."
- One staff member told us that people decided what they wanted to do and could change their minds about what they wanted to do that day. They said, "There is flexibility here which is good for the service and people."
- Equality and diversity policies were in place at the service for staff to follow to promote people being treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care

- People and staff worked together to create personalised care plans that reflected people's choices and objectives. People were fully involved in making decisions around their care.
- Care plans were very in-depth and individual to reflect the person. One staff member commented, "People's care plans are detailed, and we read these a lot."
- People told us they were happy about the care they received and that it met their needs. One person said, "Everyone is well looked after here."
- The provider promoted advocacy and there was information available for people and relatives to access these services if they wished to.

Respecting and promoting people's privacy, dignity and independence

- People were supported to remain as independent as possible and staff treated people with dignity and respected their privacy.
- People were supported to be part of the community and increase their independence. People told us that they were encouraged to be as independent as possible, but staff were always on-hand to provide guidance or support.
- People were pleased with what they had achieved, for example carrying out voluntary jobs and visiting the local area independently. One person told us, "This is a positive environment."
- Staff helped people plan what they wanted to achieve and what goals they wanted to build towards. A member of staff said, "We are here to enable people and support them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records detailed their personal choices. One staff member told us, "People living here are in control, they are able to decide what they want to do. We are here to support them."
- People were involved in their care planning and records showed involvement from people, staff and other agencies where appropriate.
- People's needs were regularly reviewed, and care plans were updated to reflect any changes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were detailed in their care plans and staff were able to tell us specific ways to communicate with individual people. For example using illustrations.
- Staff discussed care needs with people to make sure they understood all of the information they were given.
- There were easy-read guides and information available for people to access if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were asked what they wanted to do and what they wanted to achieve.
- Staff supported people to undertake activities that they enjoyed. For example, one person had recently been involved in a cycling event to raise money for charity.
- Some people were supported to attend local colleges and were working on achieving qualifications.
- Staff worked with the local community to find voluntary working opportunities for people to increase people's independence and social inclusion.
- One person told us they had always wanted to learn to drive and staff were supporting them with this.
- People were encouraged to maintain relationships important to them. For example, relatives were asked to participate in activities with people at the home. One relative told us, "I'm always welcomed into the home."

Improving care quality in response to complaints or concerns

- The registered manager fully investigated all concerns in line with the provider's complaints policy.

- People and their relatives knew how to raise a concern, they told us who they would approach and said they had access to the complaints policy.
- Lessons learned from complaints were used to improve the service.

End of life care and support

- People's records showed that staff had held conversations with them around their end of life wishes.
- Staff had received training around delivering end of life support to people.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had worked with staff to create a positive staff culture within the service to positively increase the quality of care provided to people.
- One staff member told us that there was clear leadership at the service and said, "We are here to enable people and support them."
- The provider worked hard to make sure everyone's needs were met physically, socially and emotionally.

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; Continuous learning and improving care

- If things did go wrong the provider offered apologies to people and these were used as learning points for the service.
- The registered manager used all lessons learned from investigations, feedback and the quality and assurance systems in place, to improve the service provided to people.

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

- The registered manager was fully aware of their legal responsibilities and was working to improve the service.
- During the inspection we saw the registered manager and staff interacting positively with people.
- There was an effective quality and assurance system in place used by the registered manager to monitor the quality of care provided to people.
- The registered manager and provider were aware of their legal responsibilities and reported all incidents to the Commission appropriately inline with their registration regulations.

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

- People, staff and relatives were asked regularly for their feedback about the service.
- Staff told us there were regular meetings to share information and provide feedback. One staff member said, "Communication is good, we have handovers and meetings to discuss what is going well and what to improve."
- Staff engaged with the local community to provide opportunities for people which had positive outcomes

on their well-being.

Working in partnership with others

- The service worked in partnership with external agencies where necessary to deliver a high standard of care to people to help them stay as independent as possible.
- We saw evidence of involvement from other health care professionals in people's care records and people told us about visits they had made to these professionals too.