

Aspire Healthcare Limited

30 Southview

Inspection report

30 Southview
Annfield Plain
Stanley
County Durham
DH9 7UB

Tel: 01207233649

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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? | Requires Improvement ● |

Summary of findings

Overall summary

About the service

30 South View is a small home providing care and support to up to three people who have a learning disability. Two people were using the service when we inspected.

People's experience of using this service

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.

People and staff told us they felt safe at the service. People received support to take their medicines safely. Risks to people's well-being were recorded and updated when their circumstances changed. Staffing was provided at safe and consistent levels that enabled people to go out and access the community when they chose to with support.

People's rights to make their own decisions were respected. People were supported to access healthcare services if needed. Staff had appropriate skills and knowledge to deliver care and support in a person-centred way. The service was keen to pursue any learning and development opportunities for staff and ensured training was well monitored.

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.

The emphasis of support was towards enabling people. People were complimentary about their staff and the positive relationships they had with them. The service ensured people's families and friends were involved and part of people's lives. Support plans were clearly written and ensured people received care and support as they preferred.

Whilst the service did not currently have a registered manager, the provider was reviewing the way this and nearby services were managed. We saw the service manager had made positive changes at the service in relation to record management and staff and people we spoke with felt supported by them. The values of the organisation of offering choice, inclusion and respect were embedded. This supported people to receive a positive service. Staff were aware of their roles and responsibilities. The service had a new quality assurance system in place and the service manager said they had received training in this. The service manager had ensured checks took place on the safety and quality of the service.

Rating at last inspection: Good (report published April 2017).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

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

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

30 Southview

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 undertaken by one inspector.

Service and service type

30 South View is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have a manager registered with the Care Quality Commission. The manager had begun their application process to register. A registered manager 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

This inspection was announced. We gave the provider 24 hours notice of our visit to ensure that someone would be able to meet us at the property.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 used all of this information to plan our inspection.

During the inspection

We spoke with both people who used the service. We spoke with one support worker and the service manager.

We reviewed a range of records. This included people's care records and medication records. We looked at two staff files in relation to training and staff supervision. A variety of records relating to the management of the service, including audit checks and meeting minutes were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff that supported them. One person said, "I like all the staff, they look after me well and help me."
- There were effective safeguarding processes in place. Staff had a good understanding of safeguarding. They understood their responsibilities for keeping people safe and the processes for reporting any concerns they had.

Assessing risk, safety monitoring and management

- Risks to people were assessed, recorded and updated when people's needs changed.
- People's risk assessments covered their health and care needs.

Staffing and recruitment

- Recruitment procedures were followed. that the service had carried out the appropriate checks and references.
- Staffing was consistent. Most of the staff had worked at the home over ten years. The rotas were managed so that people knew who would be supporting them and the service never used agency workers. One staff member told us, "[Name] knows who is working better than we do. They like to plan doing certain activities with certain staff members."

Using medicines safely

- Staff completed safe handling of medicines training; other checks were completed to ensure they were competent to give people medicines.
- People received the correct medicines at the appropriate times. Medicines were received, stored and disposed of safely.
- Audits were completed to check staff followed the correct procedures.

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment (PPE). We saw staff were regularly reminded through team meeting minutes to ensure good practice was followed.
- One person told us, "We wash our hands after we have been to the loo, that's the right thing to do."

Learning lessons when things go wrong

- When something went wrong action was taken to ensure that lessons were learnt to help prevent the risk of recurrence.
- Accidents and incidents were recorded and investigated thoroughly.

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 good. 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's needs were assessed to identify how their care and support should be provided.
 - Assessments of people's needs were thorough and people's goals or expected outcomes were identified.
- The assessment also considered people's religious, cultural or spiritual needs.

Staff support; induction, training, skills and experience

- Staff were well supported and received the training they needed.
- Training, supervision and appraisals were planned and staff said they felt they had the skills and support to carry out their roles. One staff member told us how they recently completed their NVQ Level 3 award, an achievement they were proud of.

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

- Eating and drinking care plans were personalised; They included details of people's preferred ways of being supported, such as what food people liked and how they liked to eat it.
- One person told us, "I go to the local café and I have a cooked breakfast, you cant do it every day as its not good for you but it's a nice treat every week."

Supporting people to live healthier lives, access healthcare services and support

- Support plans noted any support people needed with their health care and relevant professionals' guidance for staff.
- Staff supported people to attend health care appointments when appropriate.
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Records showed that appropriate DoLS applications had been submitted and best interest decisions taken in a multi-disciplinary forum where they were needed.
- Staff had a good understanding of the MCA and their responsibilities. Staff understood the importance of gaining a person's consent before providing any care and support.

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

- The service was appropriately designed and adapted for people living there.

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 good. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People spoke positively about the support they received from staff; they described staff as kind and caring. Comments included, "Yes I like them all," and "I like living here its a very nice place to live."
- Staff understood the importance of treating people as individuals and referred to people in a respectful way. When we met with two people living at the service had their supporting staff members encouraged them to speak openly with us and to talk about any worries or concerns they had. The staff members checked with people before showing us their support plan and asked permission before showing us their private spaces.
- Staff were proud of where they worked. They told us it was a caring service and said they were proud of the teamwork and values they promoted.

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

- 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. For example, one person had very clear information in their support plan about their level of understanding of written communication to ensure staff did not assume their level of comprehension.
- The service supported people to maintain relationships with friends and family. We saw both people were well supported to maintain relationships with friends and family.
- People were supported to express their choices and make decisions. During our visit, one person asked a staff member to go with them to town to support them to buy a present for someone. The staff member immediately agreed and the person and staff member went shopping together.
- Information about advocacy services was available; staff supported people to access these services when needed.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff told us how they would uphold people's privacy if supporting them with personal care.
- Personal records about people were stored securely and only accessed by staff on a need to know basis. Staff understood their responsibilities for keeping personal information about people confidential.

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 good. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us staff knew their needs well. Staff knew people's likes, dislikes and preferences. They used this detail to support people in the way they wanted.
- Staff were responsive when people's needs changed. They were proactively working with healthcare professionals to ensure people had the right support to anticipate their future care and support needs.
- Support plans were person centred, up to date and reviewed regularly. People were involved in their reviews. One person said, "I have my meeting every month and we talk about how I have been getting on."
- Plans guided staff to focus on the person's wellbeing and what outcomes and goals they wanted to achieve by using a model called Outcome Star.
- People were supported to access a range of activities. The service actively supported people to attend volunteer and day centre opportunities locally. People told us about a range of evening activities they enjoyed going to, where they had a wide network of friends. One person said, "I am going to Butlins this weekend for a 70's music event, I can't wait."

Improving care quality in response to complaints or concerns

- People knew how to make complaints should they need to. One person told us, "I'd tell the staff if I wasn't happy, they would listen to me."
- Information about the complaints procedure was available in various formats, such as easy read and pictorial.

End of life care and support

- People had the opportunity, if they wanted, to discuss their future care wishes. We saw one person had recorded their end of life wishes in their support plan with the help of staff.

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 deteriorated to requires improvement. This was because the service management and leadership did not meet CQC's registration requirements.

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

- The previous manager had de-registered in August 2019. The current manager had started the registration process but had yet to submit their application to CQC.
- The service manager and staff understood their responsibilities for ensuring risks were quickly identified and mitigated. Risks to people's health, safety and wellbeing were effectively managed through ongoing monitoring of the service.

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

- The service manager demonstrated they acted openly and professionally.
- All appropriate reporting had been carried out to alert us and local authorities when incidents occurred.

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

- The service manager was clear about their role and responsibilities and led the service well. They had worked for the provider for over ten years and they had very positive relationships with staff and people they supported.
- Staff praised the support they received from the management and said, "I feel well supported, we all know each other well."

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

- People's feedback was sought regularly and acted upon. Both people told us they met each month to decide about activities and they took it in turns to choose evening and lunchtime meals.
- Staff told us they had opportunities to provide feedback about the service and meeting minutes showed staff had raised issues relating to rostering that had been listened to and actioned by the provider.

Continuous learning and improving care

- There was an effective system in place to check on the quality and safety of the service. All aspects of care and support were audited regularly by the service manager and by the area manager.
- The service used a new electronic recording system that would assist their monitoring of incidents and would enable the provider to analyse trends and provide support more effectively. The service manager

told us this had only been in place for a week and that they had received training on the new system.

- Actions arising from audits were captured in ongoing action plans with target dates for completion.

Working in partnership with others

- The service manager and staff worked well with external health and social care professionals.
- We saw the service actively supported people to be involved in local groups and as part of their local community.