Aspire Healthcare Limited

Alexandra Villa

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

We carried out an inspection of Alexandra Villa on 21 December 2015 and 8 January 2016. The first day of the inspection was unannounced. We last inspected Alexandra Villa in September 2013. At that inspection we found the service was meeting the legal requirements in force at that time.

Alexandra Villa is a two bed care home that provides care and support to people with learning disabilities. Nursing care is not provided. At the time of the inspection there was one person accommodated there, with a second person accommodated on an emergency basis for one night at the time of our second visit.

The service did not have a registered manager in post. 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.

Summary of findings

The person living at Alexandra Villas told us they felt safe and were well cared for, although they wanted to move to a more independent setting. Staff knew about safeguarding vulnerable adults and to report concerns to a designated person within the organisation.

The home was domestic in scale and design. It was adequately decorated and maintained, but fire safety issues identified during August 2015 remained outstanding.

At the time of our inspection, the levels of staff on duty were sufficient to ensure safe care. However, because there were only two staff employed there this meant they worked three days on and three off over a continual basis; including sleep-ins. One staff member was working elsewhere, meaning there was one permanent member of staff. New staff were subject to thorough recruitment checks.

Medicines were managed safely with records completed correctly.

As Alexandra Villa is registered as a care home, CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found the overseeing line manager was familiar with the processes involved in the application for a DoLS, although we were told this was not required. Attempts by a staff member to impose restrictions on specific occasions had resulted in escalations in behaviour that challenged the service. Learning from these incidents appeared limited. Financial restrictions were subject to arrangements previously agreed with the Court of Protection.

The permanent worker had received no training since their recruitment in May 2015. Importantly, training on adult safeguarding, behaviour management, other care related topics and training on the Mental Capacity Act and DoLS had not been undertaken. They received supervision and support from a visiting line manager.

Staff kept nutritional records and helped support the person's health needs, working with external professionals where necessary. This ensured the person's medical needs were met.

Activities were arranged in the community, including volunteering and leisure activities which were regularly accessed. We observed staff interacting positively with the person living at Alexandra Villas. We saw staff were respectful and ensured privacy and dignity was maintained. The staff member was able to explain the person's needs and we saw care plans were person centred.

We found there were systems to assess and monitor the safety and quality of the service, which included feedback from the person receiving care. These required refinement to make them more effective and for reflection and learning from incidents to take place. There was no registered manager in post. We had not been notified of changes in management when the previous registered manager left this post and then later left the organisation.

We made a recommendation about staffing deployment.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to relating to safety, consent, staff training and governance. You can see what action we told the provider to take at the back of the full version of this report.

Summary of 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?

Requires improvement

The service was not consistently safe.

Changes to the building were required to ensure fire safety.

The person living at Alexandra Villa said they were safe. New staff were subject to robust recruitment checks. Staffing levels were sufficient to provide safe care.

There were systems in place to manage risks. Medicines were managed safely.

Is the service effective?

Requires improvement

The service was not consistently effective.

The person living at Alexandra Villa was cared for by staff who were adequately supported but who had not received suitable training.

The service was not meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Restrictions had led to escalations in behaviour that had challenged the service.

Staff supported access to healthcare professionals and where necessary actively worked with other professionals to promote the person's health.

Is the service caring?

Good

The service was caring.

The person living at Alexandra Villa made positive comments about one staff member but said they did not get on with another who no longer worked at the home. During our inspection we observed appropriate and friendly interactions.

Dignity and privacy was respected and the support available promoted the person's independence. Staff were aware of the person's individual needs, background and personality. This helped staff provide personalised care.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

The person living at Alexandra Villa was generally satisfied with the care provided. Activities were provided in house, employment opportunities were explored and trips out arranged.

Care plans were person centred and the person's abilities and preferences were recorded. There was ineffective learning from incidents of behaviour that challenged the service.

Summary of findings

Processes were in place to manage and respond to complaints and concerns. The person living at Alexandra Villa was aware of how to make a complaint should they need to.

Is the service well-led?

The service was not consistently well led.

The service did not have a registered manager in post. We were not notified about changes in the management of the home.

There were systems in place to monitor the quality of the service. These included regular audits, but they required refinement to ensure continual improvement. A feedback mechanism was in place to seek the views of the person using the service.

Requires improvement

Alexandra Villa

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 checked 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 21 December 2015 and 8 January 2016 and the first day was unannounced. The inspection was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service, including notifications.

During the inspection, we used a number of different methods to help us understand the experiences of the person who lived in the home, including observations of the care provided. We spoke with the person who used the service. We spoke with a visiting line manager, and one other member of staff who was on duty on both occasions.

We looked at a sample of records including care plans and other associated documentation, medication records, two staff files, staff training and supervision records, policies and procedures and audit documents.

Requires improvement

Is the service safe?

Our findings

The person who used the service confirmed they felt safe at Alexandra Villa and were comfortable with the staff member on duty. They said "I am happy here," although they continued, "but I want to move on." They told us they knew who to contact if they were concerned, including contacting social work staff who worked with them. The person expressed dissatisfaction with one of the staff and this situation was being managed by the care provider at the time of this inspection.

The staff member we spoke with was clear about the procedure they would follow should they suspect abuse. They were confident the visiting line manager (overseeing this service on a temporary basis) would respond to and address any concerns appropriately. The staff member said, "If needed I'd contact (name of visiting manager) or any other manager 'on-call'." The staff member said they were due to attend training on safeguarding people from abuse, but due to circumstances at the home were not able to attend that day. We reviewed the records we held about the service and saw there was one alert received in the last year. The allegation was reported to the local safeguarding team, the police and to the Care Quality Commission (CQC). The manager was clear about the requirement to report safeguarding incidents and allegations to the local adult safeguarding team and to notify CQC.

Arrangements for identifying and managing risks were in place to keep the person safe and protected from harm. When reviewing the person's care plans we saw risks to their safety and wellbeing in areas such as accessing the community, use of alcohol and finances, were assessed. Where a risk was identified, there was guidance included in the care plan to help staff support them in a safe manner. The risk assessments and care plans were reviewed at regular intervals to ensure they remained accurate and up to date. The staff member we spoke with told us they would deal with specific risks, such as trying to diffuse situations where behaviour described as challenging might be apparent. The staff member had not received training in this area of care.

Routine safety checks to the electric and gas systems were carried out by approved external contractors with certificates available. A report regarding the safety and condition of the electrical installation was forwarded to us after the inspection. Following a visit from the local Fire and Rescue Service in August 2015, several deficiencies were identified. These included an inadequate risk assessment, a lack of suitable fire warning in the bedrooms and the need for suitable 30 minute fire resistance between bedrooms and the kitchen area. Although the provider told us there were plans to address this, no work had commenced at the time of this inspection. The risk assessment kept at the home pre-dated the fire officer's visit, so had not been updated to reflect the actions required by the Fire and Rescue Service.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Before staff were confirmed in post the provider received an application form, with a detailed employment history. Other checks were carried out, including the receipt of employment references and a Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions. We looked at the recruitment records for two staff members, one of whom had transferred from another service operated by the care provider. We found appropriate documentation and checks were in place.

We spent time during the inspection observing staff care practice. The staff member had sufficient time to chat and build a positive relationship with the person living at Alexandra Villa, in addition to carrying out other care tasks and duties. The staff member expressed the view that staffing levels were sufficient to provide safe and effective care for the one person living at the home. We saw from the staffing rota that there were two staff employed to provide cover, working three days on and three off, including sleep-in time. One had recently transferred to another service and their post was being covered on a temporary basis.

The person we spoke with told us they received their medicines when they needed them. The staff member on duty had yet to complete medicines training, although their competency to undertake the task had been assessed.

Staff helped the person using the service to manage their own medicines. A monitored dosage system (MDS) was used to store and manage medicines. MDS is a storage

Requires improvement

Is the service safe?

device designed to simplify the administration of medication by placing the medicines in separate compartments according to the time of day. Medicines were given to the person in weekly 'packs', with staff checking these periodically. Staff recorded the medicines given to the person each week and checked stocks twice a week. There was a medicines care plan in place, which detailed the level of support needed. This meant there were measures in place to help ensure medicines were safely managed and administered as prescribed.

Requires improvement

Is the service effective?

Our findings

The person who used the service expressed mixed views about the staff. The visiting manager told us they were planning to ensure the person living at the home was more actively involved in selecting staff who worked there in future. The person told us about the food provided and about their meal preferences. They continued by telling us, "I've done a food hygiene course on-line."

The one permanent member of staff had not received sufficient training relevant to their role. They were receiving support and supervision from an external manager registered in respect of other services operated by the care provider. The staff member told us, "I'm loving it and I get satisfaction from helping (name)." They told us they had tried to commence working through the provider's e-learning package but this had been problematic. They had also met with an assessor so they could undertake a formal care qualification. There were no training records to inspect as none had been completed and the staff members induction records were not available on either of the days we visited. This meant that there were no records to demonstrate that staff had the appropriate skills, knowledge and training.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff member spoken with told us they were provided with supervision and said, "I get all the help I need." They described formal supervisions as, "useful." The visiting manager undertook these supervision meetings periodically; with records indicating these had been carried out in June, August and December 2015. Regular supervision meetings provided staff with the opportunity to discuss their responsibilities and to develop in their role. The records of these supervision meetings contained a summary of the discussion and the topics covered were relevant to staff's role and their general welfare.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the visiting manager.

The visiting manager told us there were no DoLS authorisations in place. An assessment of the person's capacity to make decisions for themselves had been carried out by their social worker prior to the move to Alexandra Villa. No further assessments were carried out regarding specific decisions including initial restrictions on accessing the local area unaccompanied, financial management arrangements or restrictions imposed on alcohol consumption. The staff member on duty told us they had not received training on DoLS, but that supporting information was available to them. Notifications were received which highlighted incidents that had occurred when restrictions had been attempted. This meant arrangements either to identify where a DoLS authorisation may have been needed or ensuring restrictions to the person's liberty of movement were lawful had not been appropriately applied.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The person living at Alexandra Villa told us about the food they liked and their meal time preferences. They said, "I like pizza and takeaways." They confirmed they got enough to eat and were supported to be independent in this area. There were suitable stocks of fresh and ready-made food, including fresh fruit and vegetables. The person's dietary preferences and needs were outlined within a care plan, and staff told us about how they would encourage positive meal choices.

The person using the service had registered with a GP and other primary healthcare services, such as the dentist and optician. Their healthcare needs were considered within the care planning process. We saw assessments had been

Requires improvement

Is the service effective?

completed on physical and mental health needs and health needs were included in monthly review of care, ensuring this area of need was monitored and good health promoted.

Good

Is the service caring?

Our findings

The person using the service told us they were happy at Alexandra Villa. We observed a relaxed and comfortable atmosphere during our inspection. The person told us, “It’s okay here.”

Privacy and dignity was promoted. The staff member we spoke with understood their role in providing effective, caring and compassionate care and support. The staff member was seen to be polite and they were able to explain the steps they would take to preserve privacy, such as by knocking on doors and awaiting a response before entering. The staff member was aware of the need to protect confidential information. They were able to describe practical examples of how they would preserve confidences and uphold privacy and dignity. The person using the service told us they were involved in planning their own care.

On a tour of the premises, we noted the home was furnished with personalised items. The person had brought their own possessions to the home. This contributed to a domestic style and atmosphere. Practical steps had been taken to preserve privacy, such as door locks fitted to bedrooms, toilets and bathrooms.

The person who lived at the home was encouraged to express their views as part of daily conversations, during review meetings and when professionals visited the service.

The staff member was aware of their individual needs, background and personality. They explained how they involved the person in making decisions. We observed the staff member ask the person for their opinions on various matters, such as activities and future care needs. Staff arranged monthly reviews where items such as employment, health needs and family contact were considered. The person confirmed they could discuss issues of their choice and their views were sought. Their involvement in the care plans was also recorded and they were individually tailored and person centred. We saw individual preferences had been clearly recorded.

The person expressed strong views about where they would like to live and certain aspects of their care, such as staffing. An advocate was not currently involved to help speak up for the person, however they were in regular contact with their social worker to enable their future care needs to be discussed. The visiting manager acknowledged that advocacy support could be beneficial and undertook to support the person to research potential sources of advocacy advice and support.

We observed the member of staff on duty encouraged the maintenance and building of independent living skills. The staff member was able to provide examples of how they supported community access and the use of local facilities, including shops and leisure facilities. We saw the staff member interacted in a kind, pleasant and friendly manner. This meant they adopted a caring and courteous approach.

Requires improvement

Is the service responsive?

Our findings

The service was not consistently responsive to the needs of the person using the service. Staff identified and planned for the person's specific needs through the care planning and review process. We saw staff had developed individual care plans to ensure the team had the correct information to help maintain the person's health, well-being and individual identity. Before the person had come to live at the home an assessment of their needs had been undertaken. From this assessment a number of areas of support had been identified by staff and care plans developed to outline the support needed from staff.

Care plans covered a range of areas including; diet and nutrition, psychological health, personal care, managing medicines and complaints. Care plans were reviewed regularly and were sufficiently detailed to guide staff care practice. The input of other care professionals had also been reflected in individual care plans.

When staff reviewed the person's health and social care plans, a note was made of any changes needed. Review comments were meaningful and useful in documenting the person's changing needs and progress towards specific goals.

Risk assessments had also been developed; linked to the care plans. These were aimed at both keeping the person safe and in promoting community involvement and independence. Examples included accessing the community, cooking and money management. Progress notes were maintained. These were written factually and linked to a range of monitoring records, such as food and fluid charts, medicines records and weights.

The staff member had a good knowledge of the person living at the home and could clearly explain how they provided care that was important to them. However, incidents were recorded on documents called 'ABC charts'. Clear themes were apparent from our review of these, but corrective actions had not been effective as the incidents were repeated. Reviews of staffs' practice were not apparent. Incidents were triggered when staff attempted to impose restrictions and controls on the person using the service. These resulted in escalated behaviour and the eventual input of the police. This meant the systems to review and improve the standard of care were not always effective.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff member was readily able to explain personal preferences, such as those relating to employment opportunities and leisure pastimes. A range of activities and pastimes were encouraged. The person using the service had voluntary employment and was proud of the training they had attended.

A specific care plan was in place regarding complaints. The person confirmed to us that they knew who to raise concerns or complaints with, and these were used as a means of encouraging improved dialogue between the person and the staff team and to reduce incidents of challenging behaviour. The person was able to explain to us how they could raise complaints and who they would speak to outside the organisation if they continued to be dissatisfied. Complaints related to common themes gradually being addressed by the service.

Requires improvement

Is the service well-led?

Our findings

At the time of our inspection there was not a registered manager in place. A person was registered in respect of the service, but they had left the providers employment and had not been carrying out day to day oversight of the service prior to this. No statutory notification was sent telling us about the change in management arrangements at the home. We have written separately to the provider about this. The visiting manager told us a person had been identified to take on the post but had not yet taken this up. The visiting manager told us they would pop in for short visits every other day. The visiting manager was registered in respect of two other locations and also had an area management role for the provider. This meant there was limited direct management or oversight of the service. Referring to the visiting manager, the staff member commented, "If I need any information or help with any concerns (name) gives me the advice and information I need."

We saw the visiting manager carried out a range of checks and audits at the home. Areas audited included aspects of the service such as, food provision, safeguarding, infection control, medicines, the environment, fire safety, service user's monies, complaints and suggestions and care planning. We sampled some of these areas. The medicines audits completed by the visiting manager cross referenced paper audits done in the home. This included checks on stocks and the training received by staff, which had yet to be received. The fire safety audit cross referenced routine checks and gas safety, but did not highlight the outstanding actions identified from the Fire and Rescue Service's inspection report. The visiting manager informed us that corrective action would be highlighted by leaving as marked 'open', purchase requests made to the care provider. They continued by informing us that there was a review of company-wide audit and quality processes.

The views of the person using the service were formally sought through a questionnaire based survey. Concerns, similar to those expressed during incidents of challenging behaviour, were raised by the person through this process. These were not addressed in a timely manner. This meant there was an absence of prompt review and learning from events to improve care practices.

We asked about arrangements for staff to meet together as a team. The visiting manager informed us that team meetings had not taken place, although meetings with individual staff occurred on a monthly basis. They told us that to date these had not been documented.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed our records as well as records of incidents held at the home. The visiting manager was aware of the need to notify the Care Quality Commission of certain incidents, in line with the current regulations. With the exception of the change in management, relevant incidents were reported.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had not ensured the premises used by the service provider was safe for use for their intended purpose and used in a safe way. Regulation 12(2)(d).

Regulated activity	Regulation
	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment A person who used the service was not protected against the risks of improper treatment because acts of control were not a proportionate response to a risk of harm posed to the service user or other individuals. Regulation 13 (4)(b)

Regulated activity	Regulation
	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person had not assessed, monitored or improved the quality of the services provided. They failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users who may be at risk. Regulation 17 (2)(a)(b)

Regulated activity	Regulation
	Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Action we have told the provider to take

Persons employed by the service provider in the provision of the regulated activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

18(2)(a)