

Aspire Living Limited

Mill House

Inspection report

3 Mill Pond Street
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Tel: 01989765548

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
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

Mill House is a residential care home providing personal care for up to four people with learning disabilities. At the time of our inspection, there were three people living at the home.

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's experience of using this service and what we found

Upon taking over the service, the provider taken steps to identify and address significant risks to people's health and safety at the home. However, their quality assurance systems and processes had not enabled them to fully responded to identified risks associated with the fire and electrical safety of the premises. These risks had been highlighted through an independent electrical inspection and fire risk assessment commissioned on the premises, and inspections by the provider's health and safety manager. Some essential works had been done, but others were being negotiated with the owners of the property. Although we found no evidence people had been harmed, this placed people at an increased risk of harm.

Staff understood how to identify and report any abuse involving the people who lived at the home. The risks associated with people's individual care and health needs had been assessed, recorded and addressed. The provider adhered to safe recruitment practices. Staffing levels at the home enabled people's care needs to be met safely. The provider monitored any accidents or incidents involving the people who lived at the home. People were protected from the risk of infections.

People's individual needs were assessed and kept under review, in order to meet these effectively. Staff had ongoing training and good management support to enable them to succeed in their roles. People had enough to eat and drink and were supported to make choices about their meals. Staff worked effectively with a range of community health and social care professionals to achieve positive outcomes for people. 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.

Staff supported people in a caring and compassionate manner. People were encouraged to express their views about the care they received. People were treated with dignity and respect at all times.

People's care plans were individual to them, and were read and followed by staff. People had support to participate in a range of social and recreational activities they enjoyed. People knew how to raise any

concerns about their care. People's wishes and choices about their end of life care were explored with them, in order that these could be addressed at the appropriate time.

The provider and registered manager promoted a positive and inclusive culture within the service, based upon open communication with others. Staff felt valued and well-supported in their work. Staff understood the need to promote equality and diversity in their work and consider people's protected characteristics.

Rating at last inspection

The last rating for this service was Good (published 25 August 2016). Since this rating was awarded the registered provider of the service has changed.

Why we inspected

This was a planned inspection based on the change in registered provider of the service.

Enforcement

We have identified a breach in relation to the safety of the premises where people lived at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of safety. We will return to visit as per our re-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?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always Well-led.

Details are in our Well-led findings below.

Requires Improvement ●

Mill 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Mill House 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 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

The inspection was unannounced.

What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority and local Healthwatch. 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 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.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We also spoke with the registered manager and two senior care workers. We reviewed a range of records. This included two people's care records, medicines records, staff induction records and selected policies and procedures. We also reviewed a variety of records relating to the safety of the premises and management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also looked at staff training records and staff recruitment information. We spoke with one care staff and one senior care staff. We also spoke with three community health and social care professionals about their experiences of care provided.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Upon taking over the service in August 2018, the provider had commissioned independent assessments on the safety of the premises, to protect people's health, safety and wellbeing.
- Whilst some essential work had been completed to address identified risks associated with the safety of the premises and equipment within it, other essential work was outstanding.
- A periodic inspection of the home's electrical systems and installation in November 2018 had identified multiple remedial actions to meet current electrical standards. The large majority of the observations made during this inspection were categorised as 'potentially dangerous - immediate remedial action required'. At the time of our inspection visit this electrical work had not been completed.
- In addition, the provider had not fully implemented the actions identified during an independent fire risk assessment completed at the premises on 16 August 2019, within the recommended timescales.
- We discussed these issues with the provider. They informed us they had been in negotiations with the property owner, over a number of months, to clarify responsibility for completion of this outstanding work. They had also reached an agreement with the local fire and rescue service to extend the deadline for completion of identified fire safety actions until 31 July 2019.

We found no evidence that people had been harmed. However, the provider had not ensured the premises where people lived fully complied with current safety standards. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection visit, the provider confirmed the required work on the home's electrical and fire safety systems had been arranged and would be completed within a two-week period.

- Most people told us they felt safe living at the home. One person raised a concern regarding the security of the home. This related to the home's front door being left unlocked during the day. We discussed this with the registered manager, who took prompt action to address this issue. They introduced a new procedure for securing the front door and installation of a new thumb-turn lock, which could be easily operated by the people who lived at the home.
- The risks associated with people's individual care and support needs had been assessed, reviewed and plans put in place to manage these. This included an assessment of people's health, nutrition, personal care, mobility and communication needs.
- Staff confirmed they read people's risk assessments and were updated on any changes in the risks to people. One staff member explained, "If something has changed risk or support plan-wise we have a staff 'sign-off file' ... We also have a staff communication book, monthly team meetings and we do a detailed

handover sheet."

Using medicines safely

- People told us they received the help they needed to take their medicines, and we found the self-administration of medicines was actively supported. One person described the support staff gave them each Sunday which enabled them to manage their own medicines for the coming week.
- The provider had systems and procedures in place designed to ensure people received their medicines safely and as prescribed. However, we identified a concern in relation to the security of people's medicines at the home. This related to the handling of the key to the home's medicines cabinet. The registered manager took prompt action to address this issue.
- Staff received training in, and felt confident following, the provider's medicines procedures.

Systems and processes to safeguard people from the risk of abuse

- Staff received training on and understood how to recognise and report any abuse involving the people who used the service. They gave us examples of the potential signs of abuse they would look out for, such as unexplained bruising or marked changes in people's behaviour.
- The provider had procedures in place to ensure the relevant external agencies were informed of any abuse concerns, in line with local safeguarding procedures.

Staffing and recruitment

- People told us there was a staff member available to help them when they needed support.
- Staff felt the current staffing arrangements at the home enabled them to work safely and effectively.
- The provider followed safe recruitment practices to check prospective staff were suitable to work with the people who lived at the home.

Preventing and controlling infection

- Staff made appropriate use of the personal protective equipment provided (e.g. disposable gloves and aprons) to protect people from the risk of infections.
- We found appropriate standards of hygiene and cleanliness were maintained throughout the home.

Learning lessons when things go wrong

- Staff understood the provider's procedures for reporting any accidents or incidents involving people who used the service.
- The registered manager and provider reviewed all reports of this nature to monitor any patterns and trends, and took action to reduce the risk of reoccurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated as 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 individual care needs were assessed and kept under review, to enable the provider to meet these.
- The registered manager kept themselves up to date with current legislation and best practice guidelines through, for example, further training, internal bulletins and attending meetings organised by the local authority.

Staff support: induction, training, skills and experience

- People had confidence in the knowledge and skills of the staff supporting them.
- New staff completed the provider's induction training to help them adjust to their new roles. This included initial training, the opportunity to work alongside more experienced staff and time to read through people's care plans.
- Staff received an ongoing programme of training, which reflected their duties and the needs of the people living at the home. Staff spoke positively about their training with the provider. One staff member told us, "The quality of the training means I always come away from training feeling inspired." Another staff member described the benefits of a recent training course on how to reduce challenging behaviours. They said, "It [training] really made me think how we interact with and respond to people."
- Staff attended regular one-to-one meetings ('supervisions') with a senior colleague or the registered manager to receive feedback on their work and discuss any additional support or training needed.

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

- People told us they had enough to eat and drink, and that the meals and drinks provided reflected their choices and preferences.
- Any risks or complex needs associated with people's eating and drinking were assessed, reviewed and plans put in place to manage these. Where necessary, staff maintained food and fluid intake charts for people, to assist healthcare professionals in monitoring their diets.

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

- People told us staff were quick to pick up on any changes in their health, and helped them seek professional medical advice and treatment whenever needed. One person said, "They [staff] would offer me comfort and help me contact my GP if I was unwell."
- Staff worked effectively with a range of community health and social care professionals to ensure people's health was monitored and their care needs met. The community professionals we spoke with talked very positively about their working relationships with staff and management. One community professional told

us, "There was good joint-working between our team and them [provider]. I had confidence they would carry out any of our recommendations." They had recently been involved in one person's end of life care at the home.

- People's care plans addressed their long-term health conditions and explained the role of staff in managing these.

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

- People told us they felt comfortable in their home and liked their bedrooms.
- The home had a homely feel and had been decorated in a manner reflecting the tastes and preferences of the people who lived there.
- People had sufficient space to socialise with one another, receive visitors and eat in comfort, both indoors and in the home's peaceful garden.

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.

- The registered manager and staff we spoke with understood people's rights under the MCA. We saw a best-interests meeting had been organised to consider a significant decision about one person's safety.
- Staff described how they supported and respected people's decision-making on a day-to-day basis, and people confirmed they felt listened to 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.

This is the first inspection for this newly registered service. This key question has been rated as Good. 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 told us they liked the staff, as they treated them well. One person said, "They [staff] give me help if I'm worried about anything ... They are caring and kind."
- Staff knew people well and spoke about their care needs with respect and compassion.
- Staff addressed people in a friendly and professional manner, adjusting their communication to suit people's individual needs.
- Staff understood the need to promote equality and diversity in their work and consider people's protected characteristics.

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

- Staff had the time to listen to people and involve them in decisions that affected them.
- People confirmed they made their own choices, such as how to spend their time on a day-to-day basis and what they wanted to eat and drink.
- The registered manager showed good insight into the sources of independent support and advice available to people, such as advocacy service, and helped people to access these.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with respect. On this subject, a community professional said, "They [staff] were always very respectful in their interactions with people ... They always negotiated with them around choices."
- Staff understood people's rights to privacy and dignity, and gave us examples of how they promoted these on a day-to-day basis. One staff member said, "It's about being person-centred and letting them [people] take the lead with their care and show you their choices."
- People's care plans explained how they were able to assist with, or take the lead in, aspects of their personal care.
- People spoke to us about how they maintained their independence. This included going out into the local town on their own, helping to prepare their own meals and keeping their bedrooms tidy.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as Good. 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 told us the care and support provided reflected their needs and wishes. One person said, "It's excellent here; the staff really do try hard." Another person told us, "They [staff] do a very good job."
- Community professionals praised the manner in which the service responded to people's changing needs, including changes in people's health.
- Staff confirmed they read people's care plans, and that these gave them the guidance they needed to meet their care needs. At the time of our inspection, the management team were fully reviewing all care plans to make these more accessible and person-centred.

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 individual communication needs had been assessed and kept under review.
- The provider had the facility to produce information in alternative, accessible formats people could most easily understand. For example, we saw people's emergency evacuation plans had been developed in a pictorial format.

Supporting people to develop and maintain relationships to avoid social isolation

- People had support to take part in social and recreational activities, providing them with opportunities to develop and maintain valued relationships.
- People spoke to us about the number of ways in which they enjoyed spending their time. These included attending coffee mornings and services at the local church, helping to grow fruit and vegetables at the local community garden project and participating in the local 'knit and natter' group.

Improving care quality in response to complaints or concerns

- People told us they would speak to staff if they had any concerns about their care.
- The support people needed to make a complaint had been assessed and recorded, to ensure they were easily able to raise concerns about their care.
- The provider had a complaints procedure designed to ensure complaints were handled consistently and fairly.

End of life care and support

- At the time of our inspection, the service was not supporting anyone with end of life care.
- Community professionals spoke very positively about the key role staff and management had played in meeting the end-of-life care needs of a person who had recently passed away at the home. One professional told us, "They (provider) were very person-centred in the approach and keen to support this individual to enable them to die in their home, which is what everyone wanted." Another professional said, "I was really impressed with their (provider's) commitment to [person] They couldn't do enough to support them with their complex needs."
- The provider had procedures in place to explore people's wishes and choices regarding their end-of-life care, in order that these could be addressed at the appropriate time.

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.

This is the first inspection for this newly registered service. This key question has been rated as Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The provider had quality assurance systems and processes in place, designed to enable them to monitor and improve upon the quality and safety of people's care. This included regular audits and checks on key aspects of the service, including standards of health and safety, infection control practices, care planning, the management of medicines and staff training.
- The provider worked closely with the group health and safety manager in assessing risks to people's health, safety and welfare and developing plans to address these.
- The provider had been in negotiations with the property owner regarding identified risks associated with the fire and electrical safety of the premises. They had also obtain quotes for the work required to address these safety issues. However, at the time of our inspection visit, they had not fully addressed significant risks associated with the safety of the premises. This had placed people at an increased risk of harm.

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

- Staff spoke about people's care and support with enthusiasm and a desire to work in person-centred and caring manner. They described the strong sense of teamwork and positive morale amongst staff that benefited the people who lived at the home.
- Staff and community professionals commented on the inclusive culture within the service, led by a registered manager who was approachable and prepared to listen. A community professional told us, "[Registered manager] has done a fantastic job in maintaining the positive culture and homeliness of the home, whilst raising standards." A staff member said, "[Registered manager] is very approachable and very trustworthy ... I don't ever feel afraid to ring her for advice."

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 registered manager demonstrated a clear understanding of their responsibility to be open and honest with people and relevant others if things went wrong with the care provided.

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

- The registered manager and staff we spoke with were clear what was expected of them at work.
- The registered manager worked closely with the provider's senior management team, and maintained good communication with staff, to maintain a shared understanding of quality issues and risks within the

service. A staff member told us, "We have an action plan in place for the home which we've all sat down to discuss and we have delegated tasks."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The provider sought to engage effectively with people, their relatives, staff and community professionals, and involve them in the service. As part of this, they distributed annual feedback questionnaires as a means of encouraging feedback on the service. Staff forum meetings were held on a quarterly basis, to enable staff representatives to raise key issues and put forward staff's views and suggestions.
- Staff felt their work efforts and views were valued by the provider and registered manager. They told us they were well-supported in their roles. One staff member described how the provider's chief executive officer had taken the time to mentor them through their foundation degree.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured the premises where people lived fully complied with current fire and electrical safety standards.</p>