

Aspire Healthcare Limited

Alexandra Villa

Inspection report

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Date of inspection visit:
11 August 2016

Date of publication:
12 October 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 21 December 2015 and 8 January 2016. Four breaches of legal requirements were found at that time. These related to breaches of regulations regarding safety, restrictions imposed on a person which were not subject to appropriate legal authorisation, staff training and governance (management) arrangements. After the comprehensive inspection the provider wrote to us to say what they would do to meet legal requirements.

We undertook this focused inspection on 11 August 2016 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to these requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alexandra Villa on our website at www.cqc.org.uk.

Alexandra Villa provides accommodation and personal care for up to two people with needs related to their mental health or learning disability. Accommodation is provided over one floor in two single bedrooms. At the time of the inspection there was one person accommodated in the home.

The service had a manager who had commenced the process of becoming registered with CQC. At the time of this inspection they were on extended leave. After the inspection the provider notified us that a registered manager for another service would oversee this home on an interim basis. 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.

We found the provider had met most of the assurances they had given in their action plan and were no longer in breach with the majority of the relevant regulations.

Inappropriate restrictions were no longer imposed and the person concerned told us they could come and go freely. Staff training had commenced and a new manager had been appointed and was in the process of registering with the CQC. Some fire safety improvements had been implemented, although further work was required to ensure the fire alarm system was audible in all areas of the home. Quality and risk assurance arrangements had failed to incorporate and prompt improvements in relation to fire safety.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found some action had been taken to improve the safety of the service.

A new partition and door had been fitted to ensure 30 minute fire protection between the kitchen area and the bedrooms. The fire alarm system remained inaudible in the bedroom area if triggered at the rear of the property. Although up to date, the fire safety audit did not make reference to this shortcoming, identified by the local Fire and Rescue Service in 2015 and highlighted in our last inspection report.

We could not improve the rating for: 'Is the service safe?' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service effective?

We found some action had been taken to improve the effectiveness of the service.

Inappropriate and unlawful restrictions placed on a person living at the home were no longer being imposed. Improvements had been made to care planning and behaviour support arrangements to help promote independence.

Training had been provided to staff working at the home, with further training planned.

We could not improve the rating for: 'Is the service effective?' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service responsive?

We found some action had been taken to improve the responsiveness of the service.

The frequency of incidents occurring in the home had reduced since our last inspection. Altercations triggered by restrictive

Requires Improvement ●

practices were no longer apparent. The one complaint recorded had been responded to and acted upon.

Staff had updated a care plan and risk assessment relating to behaviour described as challenging.

We could not improve the rating for: 'Is the service responsive?' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

We found some action had been taken to improve the leadership of the service.

A manager had been appointed who had commenced the process of becoming registered with CQC. Staff completed audits to examine key quality and safety aspects of the service. Although largely effective, staff had not identified or acted on all of the fire safety issues identified by the local Fire and Rescue Service.

We could not improve the rating for: 'Is the service well led?' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement 

Alexandra Villa

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Alexandra Villa on 11 August 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider had been made after our comprehensive inspection on 21 December 2015 and 8 January. We inspected the service against four of the five questions we ask about services: 'Is the service safe?' 'Is the service effective?' 'Is the service responsive?' and 'Is the service well led?' This was because the service was not meeting four legal requirements at the time of our initial 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This inspection was undertaken by one adult social care inspector. During the inspection we spoke with one person who used the service, one staff member, the provider and the operations director. We reviewed a sample of care records. We looked at one person's care plan, their progress notes, risk assessments and review records. We examined training and audit records.

Is the service safe?

Our findings

At our last inspection in December 2015 a breach of legal requirements was found. This breach related to fire safety arrangements. At the time of our last inspection arrangements for assessing fire safety, the absence of effective fire resistant partitioning between the kitchen and bedrooms and the inaudibility of the fire alarm system meant fire safety arrangements were inadequate. This had been previously highlighted to the care provider by the local Fire and Rescue Service in a letter sent to them in August 2015.

We reviewed the action plan the provider sent to us in April 2016 following our comprehensive inspection. This gave assurances that action was being taken to ensure fire safety was more effectively assured.

During this inspection we found some improvements had been made. A new partitioning wall and fire resistant door had been fitted between the kitchen and the bedrooms. This meant if a fire started in the kitchen or utility areas of the home its spread would be more effectively controlled.

However, we found previously identified shortcomings with the fire alarm system had not been addressed. Fire detectors were of a battery operated type commonly used in domestic properties. These were not interlinked, meaning if an alarm sounded in one part of the home, an audible alarm was not triggered or sounded elsewhere in the property. We requested staff trigger an alarm at the rear of the home and we could not hear this at the front of the home where bedrooms were situated. This meant there was an increased risk that people living at the home would not be alerted promptly should a fire occur.

Although staff had updated the fire risk assessment since our last inspection, neither the care provider, nor staff acting on their behalf, had included the audibility of the fire alarm system within the assessment document. Furthermore no corrective action was identified to ensure this risk was effectively managed.

We therefore found the assurances the provider had given in the action plan with regard to fire safety had not been fully met. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

At our last inspection in December 2015 breaches of legal requirements were found. One breach related to restrictions imposed on a person when leaving the home at certain times of the day. The other breach related to the provision of training for staff.

At the time of our last inspection we found the one permanent member of staff employed at the home had not received training relevant to their role. At that time 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.

We reviewed the action plan the provider sent to us in April 2015 following our comprehensive inspection. This gave assurances that action was being taken to ensure staff received appropriate training.

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 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 were being met.

During this inspection the person living at the home confirmed there were no longer restrictions imposed regarding their leaving or returning home. They also explained to us how they had been able to travel more widely, stating, "Yes, I've been to the metro (centre) on my own." We observed the staff member on duty encourage the person living at the home to go out to Newcastle. The staff member worked with the person; building their confidence and agreeing appropriate pre-arranged strategies should they become lost or lack confidence about where they were.

We found the assurances the provider had given in the action plan with regard to removing restrictions had been met. This had resulted in a more positive lifestyle for the person concerned and reduced the levels of conflict with staff.

Since our last inspection staff had undertaken training relevant to their role. This was primarily training

completed on the computer. Topics included areas relevant to people's needs and general safety. The courses listed were drug awareness, first aid, COSHH (control of substances hazardous to health), moving and handling, infection control, equality and diversity, medicines awareness, food safety, mental health, health and safety, fire awareness, distressed reactions and behaviours, MCA / DoLS and safeguarding. Three staff had completed the majority of these courses; one staff member had completed only one. We saw the need to undertake relevant training had been highlighted to this person during their most recent supervision meeting. The staff member on duty during our inspection told us they had completed an induction when they commenced work for this provider. We saw another member of staff had completed the care certificate to further increase their skills and knowledge in how to support people with their care needs. The care certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care.

We found the assurances the provider had given in the action plan with regard to ensuring staff received relevant training had been met.

Is the service responsive?

Our findings

At our last inspection in April 2015 a breach of legal requirements was found. This related to complaints and other expressions of dissatisfaction that had not been adequately responded to.

At the time of our last inspection we found recorded incidents had clear themes, but corrective actions had not been effective as the incidents were repeated. Reviews of staffs' practice were not apparent. Incidents had been triggered when staff attempted to impose restrictions and controls on the person using the service. These resulted in escalated behaviour that challenged the service and the eventual input of the police. This meant the systems to review and improve the standard of care were not always effective.

We reviewed the action plan the provider sent to us in April 2016. This gave assurances that action was being taken to improve arrangements for reviewing and acting on incidents.

During this inspection we found improvements had been made to the way incidents and other feedback, such as that from complaints or suggestions, was responded to. The person using the service told us they could speak with their social worker, with staff or a manager about things that mattered to them. They said a named staff member; "Will sort thing out for me." Staff had recorded a reduced level of incidents since our last inspection. There were no longer themes apparent related to restrictions and controls placed on the person. Furthermore, there was evidence that suggestions made, for example with redecoration of the building and trips out, had been acknowledged and acted on.

We found the assurances the provider had given in the action plan with regard to acting on feedback had been addressed.

Is the service well-led?

Our findings

At our last inspection in December 2015 a breach of legal requirements was found. One breach related to the governance (management) of the service. At the time of our last inspection arrangements for assessing, monitoring and improving the services provided were not adequate.

At that time 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. In addition 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 reviewed the action plan the provider sent to us in April 2016 following our comprehensive inspection. This gave assurances that action was being taken to ensure governance arrangements would be improved.

During this inspection we found improvements had been made. A new manager had been appointed and they had commenced the process of becoming registered with CQC.

We reviewed records detailing incidents of challenging behaviour. We found the concerns of the person using the service, expressed in previous quality questionnaires, had not been repeated. We observed staff working in a more encouraging and enabling, rather than controlling manner. We also saw that the person's welfare and incidents of behaviour described as 'challenging', were reviewed each month. We therefore found the assurances the provider had given in the action plan with regard to reviewing and acting on concerns had been addressed.

The manager and an external line manager undertook periodic audits. These included audits of medicines arrangements, infection control and general health and safety. We did not identify any additional concerns in these areas. However, the fire safety audit had not identified the need to address shortcoming with the fire alarm system. This was highlighted to the care provider at the time of the inspection so that this could be addressed in a timely manner. We therefore found the assurance the provider had given us about improving audit arrangements had not been fully addressed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others.</p>