

# Aspire Healthcare Limited Westholme

## Inspection report

61 Station Road  
Stanley  
County Durham  
DH9 0JP  
Tel: 01207 233386

Date of inspection visit: 7 January 2015  
Date of publication: 24/04/2015

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We carried out this inspection on 7 January 2015 and it was unannounced.

Westholme provides care and support for up to eight people who have a learning disability. At the time of our inspection there were seven people living in the home. All those living in the home had their own bedrooms with ensuite shower rooms.

At the time of our inspection the home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

We found the provider had policies and procedures in place for recognising and reporting abuse. We spoke with staff working in the home and found they were able to describe different types of abuse and how to report any concerns.

# Summary of findings

Care plans we looked at were person centred and contained appropriate risk assessments. Care plans were regularly reviewed with changes being made where required.

We saw the home was clean and tidy and the people who lived in the home were also well presented.

We saw the provider had a robust recruitment and selection process in place. We found appropriate pre-employment checks had been made including written references, Disclosure and Barring Service (DBS) checks, and evidence of identity had also been obtained.

The home had an appropriate medication policy in place. We saw staff who dispensed medicines had received training in the management and storage of medicines. We looked at the medication administration records (MAR) and found they were completed clearly and correctly.

Staff working in the home received regular supervisions and appraisals with records of discussions held recorded in their personal files.

There was a formal complaints procedure in place which was displayed in the home so it was visible to people who used or visited the home.

We saw some of the people in the home had access to advocacy services and information was available to show how these services could be accessed.

The provider had a quality assurance system in place which was used to ensure people who used the home received the best care.

# 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?

The service was safe.

There was enough staff to support people who used the service. Staff we spoke with had a good understanding of how to recognise and report any concerns of abuse.

There were robust checks in place to make sure staff were appropriately recruited. People received their medicines in line with the provider's medication policies and procedures. All medicines were stored, administered and disposed of safely.

The home was clean and tidy and staff had been trained in infection control.

Good



### Is the service effective?

The service was effective.

People received effective care and support to meet their needs. Staff received training to make sure they had the skills and knowledge to provide effective care to people.

People saw health care professionals to make sure they received appropriate care and treatment when needed.

People gave consent for care to be provided and this was recorded in care plans.

Staff had been trained in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Good



### Is the service caring?

The service was caring.

People were supported by caring staff who respected their privacy and dignity. Staff spoke with people and supported them in a caring and friendly manner.

People, who lived at the home, or their representatives, were encouraged to be involved in decisions about their care and support needs.

People who used the service had access to information about advocacy services and received support where they wanted to access services.

Regular meetings were held with staff to discuss concerns or suggestions.

Good



### Is the service responsive?

The service was responsive.

Plans were in place to enable people to carry out activities both inside and outside the home.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

When people were transferred between services information was accurately recorded and passed on. Professional advice was followed when recommendations for changes were made.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

People received care and support which was personalised to their wishes and preferences.

The home had an open door policy meaning people were able to talk to the staff when they wished.

The home had a culture of positive reinforcement and reassurance with support being given by staff that were trained to deal with behaviour that challenged the service.

The provider had a quality assurance system in place which was used to ensure people who used the service received the best care.

Good



# Westholme

## 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 was planned to check 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 home, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 January 2015 and was unannounced. This meant the staff and provider did not know we would be visiting.

The inspection was carried out by an Adult Social Care inspector.

Before we visited the home we checked the information that we held about this location and the service provider. This included reviewing statutory notifications submitted by the service, information from staff, members of the public and other professionals who visited the home.

During our inspection we spoke with one of the people who used the service and two staff. We reviewed records that were part of the provider's quality assurance process tool and tracked the cases of five people.

For this inspection, the provider was not asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not speak to the registered manager about planned improvements during this inspection.

# Is the service safe?

## Our findings

People who lived at Westholme were safe because the home had arrangements in place to protect people from harm or unsafe care. We spoke with one of the people who used the service who told us, “It’s very nice, they look after me.”

We looked at the care plans for five people who used the service. We saw risks had been clearly identified and strategies had been put in place to help keep them, staff and visitors safe. For example some of the people who used the service had been identified as having behaviour that may challenge the service. We saw each of them had information contained in their care plans which detailed what behaviour could be displayed and risk assessments gave staff instructions on how best to deal with that behaviour. This varied from person to person with some people wanting to be left alone and others wishing to spend time in the garden.

We also saw risks had been identified for people who used the service when they left the home and also around personal relationships. Where risks had been identified people who used the service had been shown how to deal with these problems. For example we found there were risks to a person when they were visiting others. Staff had worked with the person to support them to identify the risks and encourage them to return to the home if they felt unsafe. This meant people who used the service were protected from harm because there were systems in place to educate and protect them.

We looked at the staffing levels in the home and found there were three care staff on duty during the day. This allowed staff to assist people who used the service with both personal care and their chosen activities. We were told by the service manager that staffing levels were always under review and changes would be made if people’s needs changed.

We spent time looking at staff records and the provider’s recruitment policy. We found there was a robust recruitment process in place and anyone who applied to work in the home was required to have checks carried out to ensure applicants were suitable for the role.

Disclosure and Barring Service (DBS) checks were completed for all staff, references were obtained and verified and interviews were conducted. DBS checks are used to help employers ensure the people they recruit are not barred from working with vulnerable people.

The provider had policies and procedures in place for recognising and dealing with allegations of abuse. Staff we spoke with were able to tell us different types of abuse and were confident about how to deal with concerns. We looked at the files of two members of staff. We saw the staff had been trained in safeguarding and the protection of vulnerable adults. This meant people who used the service were protected from harm because staff knew how to recognise and deal with abuse.

We looked at the providers policies for the storage, administration and disposal of medicines and staff were trained in how medicines should be administered and stored. We looked at the medication administration records (MARs) for people who used the service. We found the MARs had been correctly completed by staff when they gave people their medicines. We also saw the MARs had been completed to show when people had received ‘when required’ medicines.

People who used the service had annual medication reviews. These were carried out in cooperation with the GP to ensure people were not taking medicines that were no longer required.

Staff working in the home received training in cleanliness and infection control. We found the home was well maintained and saw regular checks were carried out to ensure equipment in the home was safe and in good condition.

The provider had a whistleblowing policy in place which allowed staff to raise concerns about the home or staff members. We asked staff if they were aware of the whistleblowing policy and how they could raise concerns. Staff told us they didn’t have any concerns but if something did bother them they would speak to manager first, and they were sure their concerns would be listened to and acted upon.

# Is the service effective?

## Our findings

Staff working in the home were required to participate in training to enable them to carry out their roles effectively. The registered manager told us that when staff started working for the company they were required to carry out an induction as well as mandatory training like infection control, safeguarding and food hygiene. Staff who were required to administer medicines also completed training in administering and handling people's medicines. We saw staff files contained certificates to show training had been completed and the date training was carried out.

We spoke with two members of staff who were on duty at the time of our inspection. Staff told us they received regular training and were able to request training in other areas if they wished.

Staff working in the home had regular supervision meetings with their line manager to discuss their progress, their concerns and their training needs. We looked at the staff files of three people who worked in the home. We saw staff had received supervision throughout the year and appraisals were also completed. We found records of supervision meetings and appraisals were documented to show what had been discussed and the records of these were kept in staff files.

We looked at the care records of five people who used the service. We saw in all the care records a pen picture of the person. This included a photograph, physical description, social history, personality and any concerns identified including where people were at risk of potential abuse. Care plans also included a 'circle of support' document which gave details of the people involved in the lives of those who used the service and also a forward planning document which gave details of what people wanted to happen in the event of their death.

People who used the service were involved in decisions about things that happened in the home. This included planning meals and activities. One of the people we spoke with told us they were going on holiday abroad. We saw staff and people who used the service had discussed the possibility and those who wanted to participate in the holiday had spent time planning the trip and working out how this could be achieved. We spoke with one of the

people who used the service who told us "I can do whatever I want", and "I go and see [person]." This meant people who used the service were encouraged to make choices and be independent.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The registered manager was aware of the responsibilities in relation to DoLS however at the time of our inspection there was no one in the home who was subject to a DoLS authorisation. Staff we spoke with told us they had received training in the Mental Capacity Act and DoLS.

We saw capacity assessments had been carried out to establish if people were able to make decisions about their care and these assessments were recorded in people's care files. Where people did not have the capacity to make decisions we saw evidence of 'best interest' meetings taking place. This meant people's rights and choices were respected because proper steps had been taken to establish their ability to make decisions.

We spoke with the registered manager about the home's policy on restraint. We were told, restraint and seclusion were never used in the home because staff had been trained to deal with behaviour that challenged the service in other ways. We did however see one care record that detailed how someone was 'escorted to their room' and that the person had spent time 'crying and shouting for staff'. We asked the registered manager about this and were told that the person was not locked in their room but was told they needed to 'spend time in their room'. We told the registered manager this could lead people to believe they were not allowed out of their rooms and could be viewed as seclusion. We spoke with the registered manager about this and she told us that people were not locked in their rooms and were allowed to leave if they wished. The registered manager told us they stop this practice immediately.

People living at Westholme had been diagnosed with different conditions. These conditions meant they were unable to verbally communicate and therefore alternative methods of communication were used. We saw pictures were used where necessary, and because staff new people

## Is the service effective?

who used the service well they were often able to anticipate what was required. This meant people who used the service were able to communicate their needs and ask for assistance without the need to speak.

Some of the people who used the service needed help at mealtimes. We found people's needs had been identified and care plans gave staff clear instructions on what help

was required. Where there were concerns about people's weight we saw weights were regularly checked and recorded and where needed dieticians were involved. We saw some people had been prescribed fortified drinks to help ensure they had a good nutritional intake, others were shown to need some weight loss and we found people were supported to manage both of these.



# Is the service caring?

## Our findings

We spoke with one of the people who used the service about how staff supported them. We were told “They’re nice” and “Anything we want, we just ask.”

During our inspection we saw staff spent time with people who used the service and saw staff treated people in a caring and friendly manner. We saw staff were kind and respectful taking time to listen and respond appropriately to requests for assistance.

People who used the service were fully supported to lead their lives independently. We found people were encouraged to help around the home and to socialise independently where they were able. We saw some people spent time at a day centre and others independently visited local shops members of their family and friends. We also found activities had been organised and people who used the service told us they had visited places like Coronation Street and Cadbury World.

Care records for people who used the service were kept in the staff office. All the information which related to people’s history and care was kept together meaning people’s records were kept securely and personal details remained confidential.

We looked at the care records of five people who used the service. We found care records were comprehensive and person centred, and looked at people as individuals. We saw people’s preferences and views were recorded along with daily routines and weekly activity plans. For example one person liked to visit the local café for breakfast on Wednesday mornings.

People who used the service were encouraged to participate in planning their care and their wishes were recorded in care plans. One person told us “My keyworker talks to me about my care.” We saw people were encouraged to have relationships outside the home and we saw evidence of visits to family and friends, as well as people visiting the home. One person told us “I like to go and see [person’s name].”

One of the care plans we looked at showed that sometimes the individual needed emotional support after going out to visit someone. The care plan contained information about how staff could monitor the mood of the individual and how to support them. This meant people’s mental health was being cared for.

We saw information in the home about advocacy services and how people could access services if they were needed. Some of the people who used the service had advocates acting on their behalf and this was clearly recorded in the care records so staff were aware. In addition we saw some people had representatives who had lasting power of attorney (LPoA) which gave them the ability to make decisions on behalf of the service user.

We saw evidence in people’s care plans about visits to health professionals like GPs, dentists, opticians and podiatrists and letters following appointments were kept in the care records.

Recommendations from healthcare professionals were recorded in people’s care plans and where needed tests were carried out to ensure people’s ongoing health needs were monitored.

# Is the service responsive?

## Our findings

People who lived at Westholme received care and support that was personalised and was responsive to their changing needs.

We looked at five care plans in detail and found they were person centred and provided clear information to staff about people's needs and how to support them in the way they preferred.

We saw care plans were written with areas which included areas like medication and challenging behaviour. We saw one person had a care plan which related to behaviour they displayed and how it could be managed. The care plan included things that could trigger certain behaviours and methods which could be used to de-escalate the behaviour. In addition the care plan included charts which were used to record episodes or patterns of behaviour.

We found risk assessments had been written and were linked to the care plans that were in place. Risk assessments are used to identify events or places that may compromise the safety of people who used the service and ways in which the risks could be mitigated while maintaining independence. For example we saw one person had a risk assessment in place which related to how they spoke to the opposite sex. The care plan and associated risk assessment show that the person should have regular meetings and discussions with staff. There is also a note that firm boundaries need to be set and counselling should be provided if required. This meant people were helped to remain independent but steps were taken to protect them and those around them from potential harm.

Risk assessments and care plans were regularly reviewed to ensure the most up to date information was held and where changes had occurred with people's health or care needs, the care records were adjusted to ensure the changing needs were taken into account. This meant staff were able to appropriately respond to when care needs changed.

We saw evidence of health assessments from other services. Some of the medicines that people were prescribed could have adverse affects on health. In order to minimise the risk blood tests were carried out and the results of these were used to make adjustments to the dosage of medicines. We looked at the MARs and also the instructions relating to the dosage. We found changes had been made in line with these instructions and the MARs had appropriate annotations to show the dose given. This meant changes were made when needed because staff responded to changes that were requested.

People who used the service had appointments with specialists like consultants, occupational therapists and speech and language therapists. We found care records contained letters from these specialists which gave information about people's health problems and any changes to care that were required. We saw care plans accurately reflected these recommendations and changes.

The provider had a formal complaints procedure in place and this was displayed in the home. We looked at the complaints log however, at the time of our inspection, no complaints had been recorded. We were told by one of the people who used the service that they knew how to make a complaint but they were happy with the home and did not want to make a complaint. We were told, "I have no reason to complain about anything."

People in the home were encouraged to personalise their rooms and people who used the service had chosen to have things like DVD players, televisions and music equipment in them.

We looked at activities that were available to people who used the service. We found that people went to the cinema, the library, on walks and there were writing sessions. In addition one of the people who used the service told us that they were knitting a blanket for the bed. This meant people were given the opportunity to take part in activities in a group or alone.

# Is the service well-led?

## Our findings

At the time of our inspection the home had a registered manager in place.

Staff working in the home told us they felt supported by the registered manager and they would feel comfortable speaking with them about anything that they were concerned about.

We saw there was a culture of enablement in the home with independence being promoted and people who used the service being encouraged to take calculated risks.

We saw records that showed staff meetings were held every three months. This was confirmed by staff we spoke with and also minutes of meetings held. Meetings included discussions about people who used the service, training, policy updates and safeguarding concerns. Staff were also able to add items to the agenda, meaning they were able to raise concerns or issues which they felt were important. We also found regular meetings were held with people who used the service. Minutes of these meetings showed discussions included activities, house rules and holidays.

The provider had a quality assurance system in place which was used to ensure people who used the service received the best care. We saw audits were carried out regularly and found evidence of monthly care plan audits, medications and MAR audits and infection control. We also saw regular checks had been carried out to ensure fire safety equipment like fire extinguishers and smoke detectors were in working order and properly maintained.

The home employed a maintenance person who was responsible for carrying out general repairs around the home. A maintenance book held details of any work that needed to be carried out and the date it was recorded. We

found portable appliance testing was carried out to ensure electrical items in the home were safe and working correctly. This ensured people who used the service and the staff working in the home were protected from the danger of using unsafe equipment.

After audits had been carried out we saw the registered manager used them to identify areas where improvements were needed and an action plan was put in place to ensure changes were made. In addition we saw regional quality assurance visits were carried out allowing the provider to consistently monitor quality throughout the homes in the group. This meant the provider was working toward continuously improving the home.

We looked at the accidents and incidents book held in the home. We saw accidents and incidents were recorded as they occurred. Records were reviewed regularly and the registered manager used the information in order to establish if there were any trends or patterns, and if any were identified changes could be made within the home to limit the possibility of recurrence. This meant the provider was taking steps to keep people safe.

We saw the provider sought the views of people who used the service and their families. People were asked for their views on how the home was run with surveys given to people where they were asked about how they were treated by staff, whether they were treated with dignity and respect, whether care and support needs were regularly reviewed and if they met the needs of the individual. People were also asked if they knew how to make a complaint and if they felt safe in their environment. The results of surveys are collated and used to identify where improvements could be made. This meant the provider took people's views into account and used them when considering changes.