

# Aspire Healthcare Limited

## Park House

### Inspection report

72 Bewick Road  
Bensham  
Gateshead  
Tyne and Wear  
NE8 1RS

Tel: 01914430055  
Website: [www.aspirehealthcare.co.uk](http://www.aspirehealthcare.co.uk)

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### Ratings

Overall rating for this service

Good ●

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?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 9 November 2017 and was unannounced. This meant staff did not know we were visiting.

We last inspected the service on 5 and 7 July 2016 and rated the service as Requires Improvement. At that inspection we found breaches of the Health and Social Care Act 2008 in relation to consent, maintaining the premises and governance of the service. The service sent an action plan to the Commission stating how they would meet outstanding regulations. At this inspection we found the service had met these breaches of regulation had improved to Good.

Park House is a seven bedded service that provides personal care and support to people with mental health issues and learning disabilities, and support to moderate or manage alcohol or substance misuse. Park 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. At the time of our inspection there were five people using the service.

The service had a registered manager in place who had been registered since June 2017. 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 saw that people's consent had been recorded, appropriate assessments of people's capacity had been undertaken and staff had received training in the Mental Capacity Act [MCA] and Deprivation of Liberty Safeguards [DoLS].

Leadership at the service had improved and the new registered manager showed us the improvement in relation to records, staff supervision and training they had undertaken. Staff and people spoke positively of the support and changes by the registered manager.

Issues in relation to the environment highlighted at our last inspection had been addressed but décor in some areas of the home looked tired and scruffy.

We saw that people received their medicines at the correct times and people were supported to manage their own medicines following assessment. We saw medicines were stored safely and were usually administered by staff who were trained and competent. One person administered their own medicines following an assessment. We saw "as and when required" medicines were in place for some people and there were no accompanying protocol records to ensure staff were clear on when and why these medicines should be administered. We discussed this with the manager who stated they would seek guidance

regarding these protocols and implement them without delay.

Staff and the management team understood their responsibilities with regard to safeguarding and had been trained in safeguarding vulnerable adults. People we spoke with told us they felt safe at the home.

Accidents and incidents had been appropriately recorded and monitored and risk assessments were in place for people who used the service and staff.

Care records showed that people's needs were assessed before they started using the service and they were supported to transition to the service as smoothly as possible.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Staff were suitably trained and training was arranged for any due refresher training. Staff received regular supervisions and appraisals and told us they felt supported.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to make choices about what they had to eat and we saw these were respected. People's likes, dislikes and preferences were reflected in their care plans.

We received good feedback about the caring and dedicated nature of the staff. People clearly felt very comfortable with staff members and there was a warm and positive atmosphere in the service and people were very relaxed. We saw people being treated with dignity and respect and people told us that staff were kind and professional.

People who used the service told us they were aware of how to make a complaint.

The service regularly used community services and facilities and had links with other local organisations. Staff told us they felt very supported by the registered manager and were comfortable raising any concerns. People who used the service and staff were regularly consulted about the quality of the service.

The service had a range of audits in place to check the quality and safety of the service and equipment at Park House and actions plans and lessons learnt were part of their on-going quality review of the service.

## 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.

People did not have 'as and when required' guidance in place to ensure staff managed their medicines safely.

People told us they were safe at Park House. Staff received regular training in safeguarding and understood their responsibilities to identify and report any concerns about abuse.

Individual risks to people connected to safe care and support were well assessed. Risk assessments were kept up to date through timely reviews.

### Is the service effective?

**Good** ●

The service had improved to good.

People told us staff understood how to provide effective care and support. Training records evidenced the provider ensured staff had the skills and knowledge they needed.

Staff understood the importance of offering people choice, and we saw evidence of this during the inspection.

People using the service were involved in setting menus, and preparing meals.

### Is the service caring?

**Good** ●

The service remained good.

### Is the service responsive?

**Good** ●

The service had improved to good.

Care plans were kept up to date through a process of planned reviews.

People were supported to maintain their preferred routines.

The provider encouraged people who used the service to give

feedback and express their preferences.

**Is the service well-led?**

**Good** ●

The service had improved to good.

Staff told us there was a good culture in the home. They said they felt consulted, listened to and informed.

There were effective systems in place to audit and monitor the quality of service delivery.

The provider consulted people who used the service and staff in order to drive improvement in the service.

# Park House

## 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 was 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 9 November 2017 and was unannounced. This meant the provider and staff did not know we were coming. The visit was undertaken by an adult social care inspector and an Expert by Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority safeguarding and commissioning teams, the clinical commissioning group and Healthwatch, the local consumer champion for health and social care services. We used their comments to support the planning of the inspection.

During the visit we spoke with three staff including the registered manager, three people who used the service and prior to our visit we had feedback from one external professional who was a nurse and who had regular contact with the service.

We looked at a range of records including three people's care and medicines records, four recruitment records and other records relating to the management of the service.

# Is the service safe?

## Our findings

People who used the service said they felt safe at Park House. One person we spoke with said, "That's one thing about this place, it's a safe space."

On our last visit to the service we found an issue relating to emergency planning so staff may not be aware of how to respond in an emergency. On this visit we saw that staff and people were trained in fire safety and drills and a recent Fire Officer visit in September 2017 had confirmed they were satisfied with arrangements relating to fire safety at the home.

Both staff members we spoke with said they had received training in safeguarding and could tell us about how to identify various types of abuse. One staff member said, "I am protecting service users from any harm, abuse and dangers and I would have no issues with whistleblowing." They were clear about their responsibility to report any concerns and said they had confidence the registered manager would take appropriate action. Staff also knew they could report concerns to external bodies such as the local authority and the CQC. We looked at records which evidenced training in safeguarding was up to date.

The provider had policies and procedures in place to manage recruitment safely. Background checks including references and applications to the Disclosure and Barring Service (DBS) were undertaken by the provider's human resource team. The DBS is an agency which holds information about people who are barred from working with vulnerable people. Making checks with the DBS helps employers make safer recruitment decisions. We also saw people who used the service were involved in the interview and selection process and their views were considered. One person had said, "I like [Name] she made me laugh."

Care plans contained detailed, individual risk assessments covering a range of specific areas including getting lost, becoming distressed and mobility. The assessments were clearly signposted in the care plans and contained detailed guidance to assist staff in minimising the risk. These were reviewed regularly.

We saw the home was clean and tidy and there were cleaning schedules and equipment relating to good infection control practices in place. We noted that a communal toilet on the first floor had no hand wash provided as a person kept disposing of it. We discussed this with the registered manager who showed us they had already added this omission to the service improvement plan and had requested a wall mounted device. We noted that the corridors and landings had scruffy paintwork that was very chipped and worn and which may be difficult to keep clean. A healthcare professional we spoke with also commented negatively on the décor of the service.

Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance, 'Health and Safety in Care Homes' (2014).

Portable Appliance Testing (PAT), gas servicing and electrical installation servicing records were all up to date. Risks to people's safety in the event of a fire had been identified and managed, for example, fire risk

assessments were in place, fire drills took place regularly, fire doors were closed and not propped open and fire extinguisher checks were up to date. One person told us, "We do regular fire checks on a Thursday so I will show you where to go."

The service had an emergency and a contingency plan and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. This meant that checks were carried out to ensure that people who used the service were in a safe environment and systems were in place to ensure people could be evacuated in a timely manner in case of an emergency.

The provider had policies and procedures in place to ensure the safe management of people's medicines. Staff training in medicines administration was kept up to date and the registered manager made regular checks on staff practice. We saw Medicine Administration Records [MAR] were fully completed, and staff completed checks on stocks when giving out medicines and on handover. This meant any errors would be spotted and acted on in a timely fashion. We saw that some people were prescribed medicines to be taken 'as and when required' such as pain relief. There were not clear protocols in place to ensure these types of medicines were given consistently to reduce any risks. We brought this to the attention of the registered manager during the inspection and they told us this would be actioned without delay.

We saw that the registered manager addressed areas for improvements and any lessons learnt with the staff team. We saw that an incident had taken place when a person came into the room where medicines were stored whilst a staff member was administering medicines to another person. The person had picked up an inhaler and administered it as they had assumed it was theirs. Fortunately, the inhaler was the same content but it was not that of the person who had taken it. The registered manager spoke with the person about not entering the medicines room without knocking and also reviewed medicine administration with all staff and also with the individual staff member through a supervision session. This showed the service shared learning from experience.

Staffing levels were maintained at safe levels and we looked at rota records which showed that consistent staffing levels were provided by the provider's own staff team.



# Is the service effective?

## Our findings

At our previous inspection we rated this key question as requires improvement. We identified a breach relating to the need for consent. At this inspection we found that improvements had been made and the provider had ensured good outcomes for people in relation to consent and ensuring people's rights were upheld.

On our last visit to the service in July 2016 we found staff were not always supported by regular supervision or training specifically in the needs of people using the service. We also saw information relating to people's mental capacity and consent was not fully recorded. On this visit we saw these issues had been fully addressed.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. The registered manager told us, "Before I came there were no supervisions or appraisals so I hope you can see a difference. I am happy we are doing it right now." Both staff we spoke with said they felt supported by the registered manager. Supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. We saw records to confirm that staff had received an annual appraisal. We saw the supervision process reviewed staff achievements, problems, actions, objectives and training in relation to their roles and both the registered manager and staff member showed considerable involvement in the process.

People who lived at Park House received effective care and support from well trained and well supported staff. One person told us, "We have got nice staff here."

Staff members were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff members we spoke with told us they received mandatory training and other training specific to their role. Mandatory training is training that the provider thinks is necessary to support people safely. This included: food hygiene, fire awareness, infection control, manual handling, medication administration, safeguarding and first aid. Staff had received training specific to the needs of the people they supported from the community nursing team. The community nurse told us, "The staff I gave a little behavioural training session to were very keen to take on the theory of person-centred assessment and care planning." We also saw that all staff were shortly commencing a 12 week distance learning course in mental health and they were also having breakaway training to ensure staff could manage conflict more effectively.

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 authorisation 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. 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. Everyone at the service had an up to date assessment of their capacity in their care records.

Staff had received training in the MCA and the registered manager was aware of their responsibilities with regard to the MCA. One person had a Deprivation of Liberty Safeguards authorisation in place and there was a specific plan explaining the restrictions in place and that best interests' decisions had been taken with this person in relation to attending healthcare appointments. We found the service was working within the principles of the MCA.

People were encouraged to be involved in the planning, shopping and cooking of meals. Staff told us the biggest challenge was motivating people to help, and staff shopped for food and drink items accordingly and food was prepared by staff in the kitchen of the service. One person told us, "We are having chicken curry tonight" and they explained that everyone at the house liked to have boiled eggs in the curry as this had been something they had enjoyed as a child and they had shared with everyone. We saw that where anyone suggested a meal choice that this was responded to in writing by the registered manager to show people's choices had been acknowledged and put in place by the home.

The home had made some recent improvements in relation to the lounge area with new windows and soft furnishings and a new cooker had been installed in the kitchen. The registered manager told us that one person was in the process of having their bedroom decorated and new soft furnishings and a chair was being purchased and they had been involved in choosing the colour scheme.

## Is the service caring?

### Our findings

People we spoke with all described the staff as being caring and dedicated to supporting people well. One person said, "I take my hat off to the staff here, they are all great." An external professional we spoke with told us, "The service users are given good opportunities to get out and about and are treated with dignity and respect. I experienced care with humour, respect and compassion."

We saw that following a death at the service earlier in the year, people and staff had created a memory area with photographs of their friend. We saw that people had been supported with a meeting about this event and that people and staff were given the opportunity to talk about their feelings together or on a one to one basis.

We asked staff how they would support someone's privacy and dignity. They told us about knocking on people's door before entering rooms and always asking before they helped somebody with a task. We observed that staff asked people's consent and explained what they were doing throughout our visit.

Staff also told us how they promoted people's independence by allowing them to do things for themselves if they were able, such as cooking their own breakfast. We found staff were aware of the importance of involving people and their relatives in decisions and listening to their views about what they wanted.

Information was available in care records which helped to identify people's preferences in daily living, their hobbies, and important facts about their lives prior to moving to Park House. This meant staff were able to provide support in an individualised way that respected people's wishes.

We saw lively interactions which people enjoyed. During the inspection, we saw people who used the service and those from the provider's neighbouring service coming into the kitchen / dining area to chat with the registered manager and staff. People and staff clearly knew each other well, which contributed to a homely, friendly and informal atmosphere throughout the service. The staff team were well established at the home which meant people received consistent care.

# Is the service responsive?

## Our findings

At our last inspection we found that the service did not record episodes of aggressive behaviour directed towards staff and people. We saw that staff recordings were not always consistent or detailed enough to support learning from these incidents.

At this inspection we saw that care plans provided detailed information for staff to support people in relation to behaviour that may challenge. There were clear strategies to de-escalate behaviour when people were becoming anxious or upset and clear strategies to reduce the risk to people, staff and others when anyone did become aggressive. The service had undertaken training with staff in relation to conflict management and support had been obtained from the community nursing team. One community nurse we spoke with said, "In the times I have visited Park House this year I have been made to feel professionally welcomed, staff appear to be doing their best in what I guess is a difficult environment with some quite behaviourally challenging individuals with some quite severe mental health problems(from my professional perspective)."

We saw evidence that care plans were regularly reviewed to ensure people's changing needs were identified and met. The registered manager told us, "When I first started, the staff struggled to understand the principles around reviews. So we had a staff meeting and I still refer to the minutes from that meeting sometimes to just prompt the staff to ensure they really capture well what has been going on for people."

The care plans we looked at were person centred, by this we mean the individual needs of the person, their wishes, preferences and routines were identified and staff only intervened when agreed or the need arose to protect their safety and welfare. We saw everyone had an 'Outcome Star' page which is an approach for people with mental health conditions to focus on their recovery and which measures and supports change. Everyone had a one page profile which meant key information about people and how they wished their care and support to be delivered was in place.

Care plans contained information relating to medical conditions and names of key health professionals involved in the person's care, meaning staff had access to information to enable them to respond to changes in people's health quickly.

We saw activities were regularly discussed at 'house forum' meetings and two people we spoke with said, "There is usually something happening," and "We talk about where we want to go but sometimes people change their mind." Staff we spoke with also told us that people sometimes lacked motivation to be involved but we saw the service had access to a minibus and people had been to the seaside and to the cinema recently.

People who used the service told us they would raise any concerns with the staff and they were confident their concerns would be listened to and acted upon. The registered manager was proactive in recording feedback from people to ensure that all concerns were addressed. They told us, "I write to people if they come up with a suggestion or a comment so they know they have been listened to and responded to, it's

important." We saw for example, someone had suggested they would like liver and onions for tea. The registered manager wrote to them telling them they had ordered the meat and this would be on the menu for a particular day with the usual second choice. The formal complaints process was displayed in an easy read format around the service.

# Is the service well-led?

## Our findings

At our last inspection we found leadership in the service was not always effective. Issues relating to supervision, consent, emergency planning and support to manage behaviour that may challenge had not been fully identified as part of quality monitoring and addressed at our last inspection visit. We saw at this visit with the arrival of the full-time manager who had subsequently registered with the Care Quality Commission that the breaches of regulations had now been fully met.

At the time of our inspection visit, the service had a registered manager in place who had become registered in June 2017. The registered manager told us about future plans for the service which included improving the environment and supporting staff to develop skills in relation to leadership.

The registered manager was open and transparent about the previous issues in the service as well as new issues going forward and supported the inspection process, providing documents promptly when requested.

Our observations were very positive. One person we spoke with said, "You can speak to any staff member with any issues and you will always be listened to." Staff all communicated in a kind and friendly manner and there was a welcoming and warm atmosphere within the service. People were clearly comfortable with the registered manager and spoke with her at length in the communal areas of the home. We saw that through the 'in house forum' meetings that people were listened to and their views respected. People told us they talked about, "Being nice to each other," and "Talking about what gets on your nerves so it gets sorted out."

We saw records to confirm regular meetings took place with staff. Staff we spoke with felt supported by the registered manager and told us they were comfortable raising any concerns. They told us, "I would feel no hesitation to speak to [registered manager]," and "I can go to [Name] about anything." Staff also told us they met regularly to discuss training and other issues relating to the service. We were told that the meetings talked about people using the service, keyworkers, safeguarding and health and safety topics as well as an update from the registered manager.

The registered manager told us of various audits and checks that were carried out on the environment, health and safety and care plans. We saw records of audits undertaken. The quality director visited the service regularly and also carried out quality checks on records, the environment, policies and health and safety. The registered manager told us that they regularly spoke with other managers from the provider's nearby services and said, "We ring each other and it's a great support."

Any accidents and incidents were monitored by the registered manager to ensure any trends were identified. This system helped to ensure any trends in accidents and incidents could be identified and action taken to reduce any identified risks.

The law requires that providers send notifications of changes, events or incidents at the home to the Care

Quality Commission. We had received appropriate notifications from the service. We saw that records at the service were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's personal information could only be viewed by those who were authorised to look at records.