Aspire Health and Care Limited

Boden House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection visit was unannounced and took place on 29 August 2017. This was the services first inspection since their registration with us in February 2017. The service was registered to provide accommodation for up to 18 people. People who used the service had physical health needs and/or enduring mental health needs. At the time of our inspection 16 people were using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

When people lacked capacity there was not always an approach to record how the assessment had been completed and how the decisions had been made. We have asked the provider to review current guidance on this practice.

People felt safe at the service and staff understood the importance of reporting any concerns. Each person had their risks assessed to consider guidance and how the risks could be reduced or managed. Other risk assessments had been completed for the environment. There was sufficient staff to support people's needs and this was reviewed to ensure it reflected any changes. Medicines were managed safety.

Staff received training to support their role and had the opportunities to develop their learning. People had been supported with their meals and further developments were planned to consider how this could be improved. Referrals had been made to health care professionals when needed.

People felt their care needs had been met and they received care which was respectful and considered their levels of privacy, in relation to individual risk.

Care plans were individual and had been reviewed to reflect changes. They contained a range of information which enabled people to be supported in a way they wished and to understand their health care needs. There was a complaints policy available and people felt able to raise concerns directly.

The provider completed audits to reflect the changes in people's needs and to consider improvements. People had the opportunity to provide feedback on their care and how to develop the service. Staff felt supported by the provider and registered manager and they had a range of opportunities to seek guidance in their role. The registered manager understood their role and ensured we received notifications about events effecting people which occurred at 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?

Good

The service was safe
People's risks were identified and managed to keep them safe. Staff were suitably recruited and understood how to protect people from harm. Medicines were managed to ensure people received what they were prescribed and was flexible to people's lifestyle choices. There was sufficient staff to support people's needs.

Is the service effective?

Requires Improvement

The service was not always effective
When people lacked capacity there was not always an approach to record how the assessment had been completed and how the decisions had been made. The provider had considered when people were being unlawfully restricted and had made applications to the local authority. People were supported to maintain their specific diets, however there was not always the opportunity relating to the choice. Staff received an induction and training that was role specific and gave them the knowledge required to support people. People had access to health professionals when needed.

Is the service caring?

Good

The service was caring
People received care which supported them with their illness and enabled them to set goals in a trusted environment. Relatives were welcome and home visits had been supported. People's dignity was respected along with their time and space.

Is the service responsive?

Good

The service was responsive
People received care which was relevant to them as an individual. The care plans reflected their needs and preferences. Opportunities to engage in therapies and activities were

available and people had been encouraged with their own interests and hobbies. People felt able to raise any concerns and these were addressed in a timely manner.

Is the service well-led?

Good

The service was welled
People and staff felt there was a friendly inclusive atmosphere at the service. Audits had been completed to reflect how improvements could be made and the support on offer. Staff felt supported in their role. Systems had been improved to support the service.

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Detailed findings

Background to this inspection

We carried out this inspection visit 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 service, and to provide a rating for the service under the Care Act 2014.

Our inspection was unannounced and the team consisted of one inspector. This was the services first inspection since their registration on the 23 February 2017. The service is able to accommodate 27 people, however as part of our registration process we initially only granted registration for 9 people. The provider's registration has since been increased to register 18 people. The provider told us during the inspection they had requested to register the remaining 9 rooms to enable full occupancy of the service. Since our inspection visit the registration for the service has been increased to 27.

The provider completed 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 checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We used this information to formulate our inspection plan.

To support our inspection process we spoke with three people who used the service. We also spoke with three members of care staff, the nurse, administration support and the registered manager. We looked at a range of information, which included the training records to see how staff were trained, and care records for four people who used the service. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. One person said, "Having the staff around and friends here makes all the difference." Another person said, "Its safe here, staff are very supportive and caring at all times." We saw that staff had received training in safeguarding and understood the different possible signs of abuse around safeguarding and how to raise a concern. One staff member said, "We have a clear process here and I feel confident any concerns would be actioned."
The provider had established a link with the local authority so that any concerns would be investigated and reflected upon.

People's information was kept secure and safe in locked cupboards only accessible by the staff. Information relating to staffing and the business aspects of the service were kept secure in the office. We saw all computers had been password protected.

Risks relating to individual's had been assessed to acknowledge the different range of risks associated with each person. For example, some people were at risk of causing harm to themselves, usually as a way to help cope with difficult or distressing thoughts and feelings. We saw that the risk assessment had identified this and provided staff with the guidance they needed to support the person with distraction techniques. One person told us, " Staff help me manage my risks, they use a range of things." The person shared with us the different techniques and how overtime these had been reviewed. We saw for each person there was an individual risk plan which had been reviewed to reflect changes in people's risks.

Environmental risks were also assessed to ensure that people were protected. We saw that there was a signing in and out book which provided the staff with information should there be an emergency and the need to evacuate the building. Each person had a personal evacuation plan which identified any personal aspects of support they would require if there was an emergency. The service was purpose built and had a structured maintenance arrangement. For example when one of the rooms had flooded. it was refurbished and repaired and the person using the room was relocated to another room. The registered manager said, "We have a good arrangement with the maintenance and they address things quickly."

There were sufficient staff to support people's needs. One person said, "You can usually find someone." Staff felt there was enough staff and they received the support from other staff members. One staff member said, "Staff are always open to discussing how to support and care for people." Another staff member said, "We have a task sheets which help to ensure all the tasks are completed, but they also give some flexibility in case people's needs change." The registered manager had a good understanding of the staffing levels and reviewed them in relation to the people using the service. We saw there was a weekly meeting with the senior staff to discuss any new people entering the service and the staff support they would require. This was then reflected in the current staffing levels and recruitment was considered. The registered manager told us, "As we now have the two locations we can be flexible with transitioning staff between the locations to support the needs of the services." Staffing levels showed when additional support was required, for example, to support people at an appointment or with an activity this was reflected in the allocated staffing

levels. This demonstrated that staffing was flexible to meet the needs of people that used the service.

We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to support people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. One member of staff told us that they had to wait for their DBS check to come through before they started working. This demonstrated that the provider had safe recruitment practices in place.

People told us they were supported to take their medicine. One person said, "Staff always make sure I have my medicine on time. They are constantly reminding me to take them and that's important." The provider used an electronic record system which identified when medicine was required and if any had been missed. Staff told us, "It's a good system and reduces the risk of anything being missed." All the staff that used the system had received training in medicine administration and their competency had been checked before they could independently support people with their medicines. We saw if there had been any medicine errors a form was completed and any actions taken recorded. For example, staff receiving a reminder on the system or further training. Some people required their medicine to be dispensed as they visited family away from the service or to participate in other life choices. One person said, "If I am out staff always make sure my medicine is ready and that I take it when I return." We saw the service was developing a recording system to manage this safety.

Some people required medicine on an as required basis. (known as PRN) We saw for these people there was an identified approach. One person told us, "If it's for pain they give it you straight away, if it's for anxiety then they try to distract you first." We saw that this information was linked to people's individual behaviour and risk plans. Medicine brought over the counter for pain relief had been recorded separately. These medicines were being added to the new electronic system so that all medicine could be monitored. This showed that the provider reviewed their practices to make improvements to ensure medicine was managed safety.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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 Deprivation of Liberty Safeguards (DoLS).We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

We saw that restrictions relating to DoLS had been considered and referrals made to the authorising authority. When people had received an authorised DoLS this was recorded in the person's care plan and risk measures implemented to reflect the authorisation. For example, to ensure people's safety when out and to ensure support to cross the road. However we identified that other restrictions had not been considered and a capacity assessment and best interest decision had not been made. For example, staff informed us that some people had not got the capacity to manage their own cigarettes or finances and restrictions were in place; these were not included within the DoLS and their capacity had not been assessed to determine whether a best interest decision was needed. We discussed this with the registered manager and explained the importance of the assessments to reflect different decisions and to consider how the current DoLS may need to be reviewed.

We recommend that the provider seeks advice on best practice, to assess people's capacity in relation to specific decisions for people living at the service.

There was a mixed feeling about the meals. Some people felt they had the flexibility to manage their own meals and others felt there could be some improvements. One person said, "Meals are often decided by staff, some choices don't always happen." Another person said, "The meals are good, I enjoy them." A staff member said, "We could do with a review of the menu planning, some weeks it does not work." We discussed the meals with the registered manager. They told us it had come up in their weekly meetings and they would continue to monitor and reflect ways to improve the meals.

People had an opportunity to make light snacks in their own flats using a toaster or microwave. Each flat contained a cooker. These were not switched on until the person had received a risk assessment with the occupational therapist. This was to ensure peoples safety; however people were encouraged and supported to make their own meals within the communal kitchens.

We saw that staff understood people's dietary requirements and measures had been put in place to support people, as needed with their nutritional intake. For example, the staff had supported one person by following the guidance provided by a health care professional. The person has since improved and the

supplement and monitoring was no longer required. We saw people's weights were monitored and specialist diets had been supported. This showed that there were systems in place to monitor people's health needs when required.

Staff had received training for their role. We saw that the mandatory courses had been completed by all the staff and other role specific training had been made available. One staff member said, "I came with little knowledge of mental health (MH). The training courses have been good, MH is not what you expect, in a good way. I have learnt the different elements."

The manager was aware of the national care certificate which all new staff had completed. One staff member said, "A lot of it was common sense, but it was good to review my knowledge." The care certificate sets out common induction standards for social care staff and was introduced for new employees. New staff we spoke with told us they had been supported to work with experienced staff ahead of them working independently. One staff member told us, "Staff have been really supportive and I know where to go if I need anything and I understand everyone's role."

Other training courses were available to staff. For example, the registered manager had commenced a higher qualification in management and other staff had access to courses to support their role. We saw a course about self-harm had been planned. This was to be completed by senior staff who would cascade the learning. One staff member said, "It will be interesting as it's the first of its kind." Self-harm is when a person causes harm to themselves, usually as a way to help cope with difficult or distressing thoughts and feelings.

People told us they had access to healthcare professionals when needed. One person said, "I make my own appointments and then if I want staff to come with me they will do." We saw that people were supported with their wellbeing and some people required support to make referrals to health care professionals. We saw that any guidance provided was recorded and people were encouraged to follow it to maintain their health.

Good

Is the service caring?

Our findings

The service had a keyworker approach to supporting people. One person told us, "It took me a while to settle, but having a keyworker helps." They added, "I feel I can trust them." The staff we spoke to also felt the keyworker system worked. One staff member said, "It's important to get to know the person as this enables you to help them more." We saw how the keyworkers had supported people with setting goals. Each goal was specific to the person. One person said, "Having a goal helps me focus and it has worked before." The staff member told us, "We look at how we can focus on other things and make the reward something to achieve. We saw the goals had been recorded and positive achieves celebrated with the person.

Other people told us how staff had supported them. One person said, "They manage my MH well. I think the managers are careful about the team they pick and the mix of people using the service." Another person said, "I have a good relationship with the staff." Some people had small pets in their room. One person told us, "I love my animals, they help me." We saw and people told us they had been supported to take care of their pets and that facilities were available in the garden. For example, an outdoor pen for guinea pigs. People also had access to a sensory room. There were planned sessions in the room; however people could access the room if they wanted some relaxation time. One staff member said, "It can be spontaneous or we sometimes use it to reduce peoples anxiety instead of medicine."

People told us they felt their privacy and dignity was respected. One person said, "Staff have to check on me and I understand that, but I can lock my door and the staff always knock and shout out before they come in." Another person told us, "I feel staff respect me in terms of my illness and respect my space." They added, "Staff knock on my door and wait for an answer before entering." This demonstrated that staff respected people and provided enough support to ensure they were safe.

Relatives were welcomed at the service. We saw that relationships had been encouraged and people had the opportunity to spend time with their family. One person said, "They give me the right amount of freedom."

Good

Is the service responsive?

Our findings

People told us they had been included in the development of their care plans. One person told us, "I have seen my care plan and checked the information with my keyworker." They added, "I feel the plan provides the information for staff." We saw that people who mattered to the person had been included in discussions and decisions at their request. The care plans provided details about the care the person required and any personal preferences. There was a 'pen portrait' which provided details in a summary format. Some people also had a communication passport. This is a book which provided details about how the person communicates which included some basic hand signs. Staff we spoke with felt there was enough information. One staff member said, "The information is all there." We saw that people's care plans had been reviewed. One person said, "It's reviewed every couple of weeks with the provider."

When people first come to the service the support plan was completed with all the information that was available. The nurse told us, "It's a starting block for staff to read and get to know the person." We saw that the information had been updated. The nurse added, "The support plan then becomes more individual and the staff take ownership to add new information." We saw that the staff received a handover before they commenced their shift. This involved a summary of any events or incidents which had occurred and any aspects of care for people which needed to be considered.

There was a range of therapies available. A full time occupational therapist and drama therapist provided supported across the two locations owned by the provider. One person said, "There is a weekly planner, sometimes hard to keep to. However it a good guide." We saw each person had been supported with an individual plan along with open activities available Monday to Friday. There was a reading group run by one of the people which had been supported and linked to the local library. External providers also supported people with arts and crafts and some people accessed activities in the community. For example, horse riding and clubs. Some people felt there needed to be some more therapies which were specific to their mental health. We discussed these with the nurse and registered manager. They confirmed a specific therapist would be supporting the service. They would complete their own assessments to evaluate who they felt was ready for the support or who they were able to support. This was due to start in the next few months.

Some people felt there should be activities at the weekend and in the night. We discussed this with the nurse and registered manager. They told us, "The service is to support rehabilitation; therefore we try for the weekends to reflect 'real life' along with many people visiting family and friends at a weekend. With regard to night time support, people are encouraged to have 'sleep hygiene' to promote people to have a good sleep pattern to help with their coping mechanisms." We saw some people had a planned approach to sleeping patterns within the care plan as part of their care needs. This showed the provider understood people's needs and encouraged them to seek a variety of therapies and activities to support them.

People felt able to raise any concerns. One person said, "I feel I can go to anyone and if its serious I would go to the manager, I feel confident they would do something." There was a complaints procedure in place;

however the registered manager had not received any formal complaints. There was an open door approach and we saw throughout the day people felt able to speak with the manager if they had any concerns or worries. People who used the service had a weekly meeting chaired by the occupational therapist. We saw this was documented and areas raised had been actioned. For example, people had asked for a trampoline. However there was not enough room for this to be installed safely. People had then asked for a punch bag. We saw this had been ordered and was to be installed. This showed people were given the opportunity to provide feedback on the service and it was responded to.

Good

Is the service well-led?

Our findings

People told us they found the service to be kind and friendly. One person said, "Staff are kind and the location is good." Another person said, "It's one of a kind so I feel pleased to be here." Staff felt supported by the manager. One person said, "The manager has her finger on the pulse and responds when needed." There was a clear process in place to cascade information about the service. We saw that staff had regular staff meetings and they had the opportunity to have peer support groups. One staff member said, "The peer groups are useful, if you are struggling in an area you can get some advice and support." Another staff member told us, "The staff meetings are useful, the provider and manager attend and we get the minutes on email."

Staff told us they had received support in relation to supervision. One staff said, "We cover all sorts of things, like how I am, the people and staff concerns and how we can make improvements." They added, "I feel they listen to me and are always accommodating, I asked for better first aid training and it was provided." The registered manager talked about how the service was run. The clinical lead over saw the care and therapy aspects of the service. They said, "It works well as a model as we develop the service over the two locations." The nurse told us the clinical lead had an umbrella view of the two locations, they said, "It works well, they have knowledge of the people and any concerns." The manager felt supported by the provider. They told us they had regular meetings with the provider and had a clear vision on the plans for the business.

We found there was a system in place to monitor the safety and ongoing improvements to the service. Audits had been completed to recognise trends and identify areas of concern, for example, incidents. The registered manager told us, "We look for clusters of incidents and see if there is a pattern, this is then discussed with the clinical lead and the provider. This could reflect a change needed from the community consultant, or the person's medication or therapy." The nurse told us they had also commenced a record of the time the incidents occurred. This was to be used to reflect the level of staff at this time and in conjunction with other information to ensure that people were being supported with their needs. We saw all incidents recorded any actions taken to review measures to reduce the incident reoccurring. This showed that information was used to support peoples changing care needs.

In the PIR the provider had told us they were implementing a new computer system. We saw this had been installed. The registered manager told us, "The new system enables me to access information off site through a secure network. This means I can access information from other locations." We saw the system had access levels dependent on staff roles within the organisation which meant information was kept secure and only used fairly and lawfully as required by data protection.

The provider was aware of their responsibilities under their registration and ensured we had been notified about important information affecting people and the management of the home. For example, when people absconded and had to be supported back to the service or when people had an injury that required medical assistance.