

Aspire Healthcare Limited

Westholme

Inspection report

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Stanley
County Durham
DH9 0JP

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Westholme is a residential care home providing care for seven people at the time of the inspection. The service can support up to eight people with learning disabilities. Accommodation is provided in a large end of terrace house over three floors.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People had lived in the home for several years and were comfortable in their environment. The atmosphere in the home was calm and relaxed.

Effective arrangements were in place to keep people safe. No one had experienced an accident since the last inspection. People's personal risks were well-managed and regular checks were carried out on the building. The provider carried out pre-employment checks on staff. Medicines were administered in a safe manner. The manager was open to learning lessons from audits to improve the service.

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

The design and decoration of the home required improvement. The provider confirmed improvements would be made.

Staff were kind to people. People used nods and gestures to confirm they liked the staff. Staff reviewed people's care with them at the end of every month to involve them in their care and promote their independence.

Care plans were very detailed and included people's preferences and wishes. They were regularly reviewed. End-of-life plans were in place. The service had a complaints procedure. No complaints had been made since the last inspection. Care plans described people's behaviour if they were expressing any dissatisfaction.

The registered manager and the staff worked in partnership with other professionals to meet people's needs. Staff felt they could approach the manager to discuss any worries or concerns.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The provider had recently introduced a new electronic system to monitor the quality of the service. The manager had begun to use the system and had identified actions to make improvements. The staff worked well with relatives and other professionals to support people's care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (report published 17 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Westholme

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Westholme is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The manager had begun their application process to register. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the provider, the manager and three care staff. We carried out observations of people interacting with the staff.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of how to safeguard people from abuse. They said they felt they could approach the manager with any concerns.

Assessing risk, safety monitoring and management

- The provider had ensured risks associated with the running of the building, for example fire safety had been identified and steps had been taken to prevent incidents occurring.
- Staff understood people's personal risks and the actions required to reduce them.

Staffing and recruitment

- The provider had safe recruitment practices in place to make sure they appointed suitable staff.
- There were sufficient staff on duty to meet people's needs.

Using medicines safely

- Medicines administration was safe. Staff knew the purposes of 'when required' medicines.
- The manager carried out annual medicines' reviews with each person's GP.

Preventing and controlling infection

- Infection control measures were in place. Staff used disposable aprons, to reduce cross infection.
- The premises were clean. Staff carried out daily cleaning duties.

Learning lessons when things go wrong

- The manager had identified lessons to be learnt through their auditing of the service.
- Systems were in place to monitor any incidents or accidents. There had been no accidents since our last inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The décor of the home was tired and in need of some refurbishment. Staff and people felt the home required improvements. The provider confirmed these will be carried out.
- Adaptations had been made to the home when necessary. The manager told us people had lived in the home for up to 30 years and there was no need to have signage in place to support people's orientation around the home.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Staff carried out pre-admission assessments in line with appropriate guidance before people were admitted to the home. They gathered information about a person's background and their needs and choices.

Staff support: induction, training, skills and experience

- People were cared for by staff who were trained and supported. Staff were enabled to familiarise themselves with the home and people's needs.
- The manager maintained a staff training matrix to check staff were up-to-date with their training. Staff confirmed they had received training.

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

- People were supported to eat and drink enough to maintain their health and well-being. People were involved in designing their menus and confirmed they enjoyed their meals. They were offered a choice of food and drinks throughout the day and at mealtimes.
- Staff assisted people with their meals when required and were aware of people's preferences. People told us they enjoyed their meals.

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

- Staff supported people to have access to healthcare services. One relative confirmed staff contacted the GP in a timely manner if a person became ill.
- Staff ensured people had annual health checks.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA.
- The manager had made applications to the local authority to deprive people of their liberty. The applications had been granted.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people well and with respect. Staff spoke to people in gentle tones and were patient with people. They engaged them in making choices irrespective of their abilities and respected their preferences.
- Staff understood how to promote people's well-being. They knew people well and understood what they liked to do. People confirmed they liked the staff. One person said, "Staff are well organised."

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

- Staff had engaged people and their relatives in discussing people's care needs. They listened to relatives as people's natural advocates. People's care plans included descriptions of people's behaviour when they were unable to communicate verbally.
- The service held meetings to engage people in the home. The minutes of meetings showed staff had discussed with people how to keep safe in the community and what to do if the fire alarm went off. People were supported to think about a new person coming to live in the home and how they needed to be kind to the person.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured personal care was carried out in private to protect people's dignity.
- Staff encouraged people to be as independent as possible. People were engaged in preparing meals, washing dishes and keeping their rooms tidy.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were detailed and person-centred. They described how people liked to be supported and to ensure their needs were appropriately met.
- Staff regularly evaluated the plans and updated them when changes were required. Keyworkers met with people at the end of each month to discuss what they would like to achieve.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The AIS standard was met. Staff had documented care plans to meet people's communication needs. They ensured people wore their glasses to enhance their communication.
- Information was available to people in pictorial forms such as how to make a complaint. The manager explained although they had pictures available to support people's communication, people preferred to communicate using speech and their own personal signs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to have contact with their families when it was important to them. Relatives told us how they were welcomed into the home.
- People were engaged in a range of activities including employment and were supported to access community facilities as they wished.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and process in place. There had been no complaints since our last inspection. Relatives confirmed they had not made any complaints.

End of life care and support

- Arrangements were in place for people's end of life care. Staff respected people's wishes when they did not wish to discuss this issue.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This was because the service management and leadership did not meet CQC's registration requirements.

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

- The previous manager had de-registered in August 2019. The current manager had started the registration process but had yet to submit their application to CQC.
- The manager knew people well. Staff and relatives were complementary about the manager. They felt the manager was approachable. One staff member said, "You can talk to her about anything."
- The manager understood the importance of people achieving their goals, no matter how small. People's care plans guided staff on how to promote good outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager demonstrated they understood the duty of candour and demonstrated they worked with people in an open and honest manner.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had recently introduced a new electronic monitoring system. The manager demonstrated how they were using the system to monitor the quality of the service. Audits carried out by the manager and the staff identified areas for improvement.
- The manager carried out a survey of people's views every second month. Their views about the service were positive.
- Staff were clear about their roles and the tasks for which they were responsible.

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

- The service worked in partnership with key stakeholders to enhance people's healthcare.
- The manager had involved staff in staff meetings. The meetings resulted in actions for everyone to take forward.
- Irrespective of people's age or disabilities, staff engaged people and their relatives to improve people's well-being.