

# Aspire Community Benefit Society Limited

## Cross Heath Grove

### Inspection report

2 Cross Heath Grove  
Leeds  
West Yorkshire  
LS11 8UQ

Tel: 01132718194

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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?	Good ●

# Summary of findings

## Overall summary

### About the service

Cross Heath Grove is a short break residential care service which aims to provide a holiday style atmosphere for up to five people who have a learning disability. Accommodation is in a purpose-built house with five bedrooms, each with en-suite facilities. Communal lounges, kitchen and dining areas are provided. In total the service provides care for 41 people. At the time of our inspection the care home was providing care for two people.

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 the service

People said they felt safe and systems were in place to ensure they were protected from possible harm or abuse.

Medicines were managed safely and protocols for 'as required' medicines were in place. Staff had received competency assessments and medicine training to ensure safer medicines management.

Initial assessments were carried out and pre-admission reviews were held with people to ensure their care needs were known prior to people staying in respite.

Risk assessments had been completed and were regularly reviewed. There were procedures and systems in place to manage incidents and accidents effectively; lessons were learned to prevent future risks.

Staff had the skills and were experienced to meet the needs of people who used the service. Staff completed training and supervisions.

People said staff listened to them, were kind, caring and made them laugh. Staff treated people with respect and maintained their dignity. People and their relatives were involved in decisions about their care. People's right to privacy was maintained by staff.

Staff understood people's preferences and people were offered choices about their care. Staff were provided with specific guidance for how to communicate with people effectively.

People were involved in meal choices and supported to maintain a balanced diet. Health needs were regularly monitored, and staff accessed advice from health care professionals when required.

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.

People told us they knew how to complain. There were policies and procedures in place to manage any complaints effectively. The service had not received any formal complaints since our last inspection.

The provider used internal audit systems to monitor the quality and safety of the care provided. People were asked for their views and staff engaged with other services within the provider's organisation to improve their knowledge of good practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for the service was requires improvement (published 7 December 2018).

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Cross Heath Grove

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Cross Heath Grove 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.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did

Before the inspection, the provider sent us a 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. This information helps support our inspections. We reviewed information we had received about the service, such as details about incidents the provider must notify CQC about, for example incidents of abuse.

We also reviewed all other information sent to us from stakeholders such as the local authority and members of the public. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people and two relatives to ask about their experience of the care provided. We looked at three people's care records and six medicine records. We spoke with the registered manager and two staff members. We looked at three staff files for recruitment, supervision and appraisal and training records. We also looked at quality monitoring records relating to the management of the service such as audits and quality assurance reports.

# 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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- At the last inspection we found medicines were not always safely. At this inspection we found improvements had been made and medicines were managed safely.
- Medicine administration records (MARs) were accurate and contained the relevant information to support safe administration by staff. However, we found there were no codes on the MARs to identify reasons as to why a medicine may not have been administered. The registered manager took immediate action to address this.
- Some people were prescribed 'as required' medicines. Protocols were in place to guide staff on when these should be administered.
- At the last inspection medication competency assessments had not been carried out. The provider has now ensured all staff have had their competencies assessed to ensure safe practice.
- Audits and stock checks were carried out on medicine administration records to prevent errors.

### Systems and processes to safeguard people from the risk of abuse

- People remained safe whilst accessing respite care. One person said, "Yes, I feel safe when I come here."
- A safeguarding policy was in place and staff were suitably trained to identify and respond to any safeguarding concerns.
- Staff had a good awareness of safeguarding procedures and knew how to report any witnessed or allegations of abuse.
- One staff member said, "If I have a concern or if anyone came to me with a safeguarding concern I would report it to my line manager. For example, physical or financial abuse. Possible signs we could see may be differences in a person's behaviour when they come to stay, for example, if someone is more withdrawn or quiet."

### Assessing risk, safety monitoring and management

- Risk assessments were carried out to minimise risks to people and these were regularly reviewed.
- Some people with epilepsy had sound monitoring sensors in their rooms so staff could be alerted in the night should they require support and to prevent possible injuries from occurring.
- One person wore specific shoes to aid their mobility and minimise pain due to their physical condition.
- Health and safety checks were carried out within the service to ensure the environment remained safe. Fire drills with people and staff were completed.

### Staffing and recruitment

- People said there were always enough staff to meet their needs. One person said, "There are always staff around. I know most of the staff and if I don't they always introduce themselves to me."

- Staff told us staffing levels were sufficient. One staff member commented, "The levels [of staff] are ok. Some people have one-to-one from other agencies coming in and taking people out. We sometimes struggle with night staff as we only have two permanent staff and sometimes need to use agency staff."
- The registered manager said they sometimes used agency workers or staff from the providers other services when required.
- The provider had robust recruitment checks in place to ensure staff were suitable to work in the care industry.

#### Preventing and controlling infection

- Staff wore personal protective equipment when supporting people with personal care or dietary needs.
- There was an infection control policy which staff followed and audits carried out to prevent against infectious diseases.

#### Learning lessons when things go wrong

- The registered manager told us there had not been any incidents within the last 12 months. The service recorded near misses and we saw actions had been taken to prevent potential incidents from occurring. For example, one person set off a fire alarm box causing the fire alarm to go off. This person was then provided with one-to-one support when they next attended to prevent further incidents.
- The registered manager said, "Staff would report an incident to the support leader and if they were not available they would ring me. The support leader would always inform me of any incidents, so I can check the right actions have been carried out. Serious incidents are discussed at the senior management meeting every week."
- Lessons were learnt from incidents within the providers organisation. The registered manager said, they discussed any issues within team meeting, debriefs and at hand overs.

# 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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Initial assessments were carried out to ensure the service could meet people's needs and provide person centred care. Reviews were carried out with people before each stay to ensure their needs had not changed.
- Care and support was delivered in a non-discriminatory way and respected people's individual diverse needs. Care plans included information about people's religious beliefs, marital status, next of kin and ethnic origin.
- One person followed the Muslim faith and their specific needs had been recorded. The nutritional care plan stated, 'I only eat Halal meat. I do not eat any pork products. I do not drink alcohol.'
- Staff offered people choices. Comments from relatives included, "They always ask [Name] which room they would like to stay in when they go" and "They take [Name] out, do the shopping. They buy the types of food [Name] likes."

Staff support: induction, training, skills and experience

- Staff had received the relevant training to carry out their roles. Refresher training was made mandatory by the provider, so staff remained up to date with current practices and legislations.
- We saw evidence staff members had received supervisions to support their development and identify any training needs.
- One staff member said, "We are encouraged to do training. We can pick and apply to do specific training if we want to. We do annual training. We are pretty well trained and do refreshers. Yes, I have regular supervisions and appraisals. We can talk about any issues or concerns. Issues are managed well. You are constantly learning."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were involved in meal choices and supported to maintain a balanced diet. Staff held meetings with individuals when they came to stay and asked them what they would prefer to eat.
- One person said, "I choose what meals I'm having. I'm making sausage and mash today and then a curry tomorrow which staff are helping me to make."
- Care plans recorded how people could be offered choices when unable to verbally communicate. For example, 'I like to be offered a choice of foods visually, I may or may not point to what I prefer. I will often just stare at my food and need staff to verbally prompt me to start eating my meal.'
- Nutritional assessments had been carried out with people to identify if a person required input from

speech and language services for additional support with their nutrition.

- Staff were guided to ask people about their oral care to promote good health. For example, one care plan stated, 'I brush my teeth morning and night. Sometimes I forget, please remind me.'
- Staff worked closely with health care professionals and arranged support for people when it was required.
- Hospital passports were completed, so people's needs could be met should they need to attend appointments or stays in hospital.

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.

- At the last inspection DoLS authorisations had not been completed for those people with specific restrictions in place to keep them safe. At this inspection all the necessary DoLS applications had been completed.
- Capacity assessments and best interest decisions had been carried out. One person had a best interest decision in place to keep them safe when they experienced a seizure. The provider placed a sound monitor in their room, so staff could be alerted if the person needed support.
- Staff used different methods of communication with people when carrying out capacity assessments. This was to ensure people that were unable to verbally communicate still had the ability to consent to their care. For example, they used picture cards and signage to communicate with one person to check their capacity as they were unable to verbally communicate.

# 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

- People and their relatives said staff were caring, kind and made them laugh. One person said, "Staff are really funny, they are cheerful. They all listen and talk to me."
- Relatives comments included, "[Name] loves going there and has a brilliant relationship with staff. They know [Name] so well" and "The staff are wonderful. [Name] knows them all by name. Staff are all very very nice. I am absolutely delighted with Cross Heath Grove. [Name] likes to go and looks forward to going. When I leave [Name] there I know they will be safe and looked after. I don't know what I would do without it."
- Staff knew people's preferences and used this knowledge to care for them in the way they wanted. For example, one person had a preference to stay in a downstairs bedroom when accessing the respite service due to their mobility difficulties with stairs.
- The service held weekly 'customer meetings' when new people came to stay in respite to discuss people's preferences for activities and food for the duration of their stay.
- People's religious, spiritual, sexual and cultural choices were met and recorded in support plans.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff.
- Care plans advised staff on how to maintain people's dignity. One care plan stated, 'I like to be supported discreetly by one member of staff. The staff members to promote [Names] dignity and ensure that their dignity is maintained by covering [Name] up as much as possible when supporting with showering.'
- Staff were proactive and encouraged people to remain independent. Care plans guided staff on what people's abilities were.
- The registered manager said they supported one person to become more independent by supporting them to do their own washing, cooking and enabling them to use the TV. This meant the person could then move into a supported living environment.
- The person's relative said, "I just wanted to say thank you for everything you've done for [Name] whilst they have been having respite at Cross Heath Grove. They have always loved coming to stay with you and it's been a great help to us. You have helped to develop their independence which is why they are now ready for the next stage in their life."

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

- People said they were involved in care planning. One relative said, "We have reviews and I'm involved in that."
- The registered manager told us should anyone wish to have an advocate they would support people to find

a local service. An advocate is a person who can support people to raise their views, if required.

# 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 personalised and regularly reviewed. Pre-admission reviews were done a week before people came into respite care to ensure any changes in care were known.
- One-page profiles were used to inform staff of people's preferences, likes and dislikes. For example, 'I like walking, bingo and going to the pub.'
- People were encouraged to have full control of their lives. For example, one person preferred to stay in respite at the same time as their partner. This was arranged by the provider.

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

- People's relatives were involved in the care planning process and staff said they maintained a good working relationship with family members. One relative said, "We always get feedback from the staff on how they have been at the end of each stay."
- Staff encouraged people to remain as active as possible within the community. Staff supported people to day services and activities of their choice. For example, going shopping in Leeds city centre or out to local pubs for dinner.

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.

- People's communication needs were assessed and recorded in care plans.
- One person whose first language was not English had a care plan written in both their native language and in English. The registered manager said staff read the care plan in the persons preferred language to help them understand the care they received.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of the care they received. They felt confident any feedback would be managed effectively. One person said, "I could speak to [Name of staff member] if I had any concerns."
- There was a complaints management system in place. The provider had policies and procedures in place to guide staff in how to manage complaints.
- No formal complaints had been received since the last inspection. Gripes and grumbles had been recorded

and actions taken to address these. One person requested not to be in respite with another person and this was arranged by the provider.

#### End of life care and support

- The service was not providing end of life care to anyone at the time of this inspection.
- The registered manager said they would discuss with people their preferences and wishes for end of life care should this be required.

# 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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and the staff we spoke with demonstrated their understanding of providing person-centred care and placed people at the centre of everything they did.
- One staff member said, "The management are great. I get on well with them and they are approachable. The registered manager comes here a lot and we have their contact details. If there are any problems, they come in quickly."
- Internal audits were carried out by the support lead on a regular basis. The registered manager also carried out audits twice yearly to ensure there was oversight of the service. External audits were carried out by the local authority to enhance learning and development.
- During the inspection, the management team were open and transparent towards the evidence we presented and were proactive in their response to our findings.
- People told us they knew who to contact should they wish to raise an issue. One person said, "I would speak to [Name] if I had any concerns."
- The registered manager was clear about their responsibilities for reporting certain events and incidents to CQC and they understood the regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had a positive culture that was person-centred, open and inclusive. Staff told us they felt supported by the manager, and they were comfortable raising any concerns.
- Staff meetings took place and bi monthly city-wide staff meetings which included staff from all the provider's services, had taken place on a frequent basis.
- Surveys were carried out to gather people and their relatives' views. However, these were not specific to the respite service and reflected the views from people in all the providers services.
- To gather people's views there was a customer involvement officer who attended the service to ask people about their experiences. This was then fed back to the provider, so improvements could be made.

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with other services and had positive community links.
- The registered manager also attended meetings with other services owned by the provider to share good practice and celebrate successes.

