Aspire Healthcare Limited

Westholme

Inspection report

61 Station Road
Stanley
County Durham
DH9 0JP

Tel: 01207233386

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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

Westholme provides care and accommodation for up to eight people. The home specialises in the care of people who have a learning disability. On the day of our inspection there were a total of seven people using the service.

We last inspected the service in April 2015 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

People who used the service made complimentary statements about the standard of care provided. They told us they liked living at the home, liked the people they lived with and they got along with staff who were friendly and helped them. We observed positive interactions between staff and people who lived at the service. Staff treated people with dignity, compassion and respect and people were encouraged to be as independent as possible.

The premises were clean and regular maintenance and periodic refurbishment was taking place. Repairs were made quickly when these were required. Checks and tests had been carried out to ensure that the premises were safe.

There were sufficient numbers of staff on duty in order to meet the present needs of people using the service. The provider had an effective recruitment and selection procedure and carried out background checks when they employed staff to make sure they were suitable to work with vulnerable people.

Accidents and incidents were appropriately recorded and risk assessments were in place. There were robust procedures in place to make sure people were protected from abuse. Staff had received training about the actions they must take if they saw or suspected that abuse was taking place. The registered manager understood their responsibilities with regard to safeguarding people at the home.

People told us they were offered a selection of meals and there were always alternatives available. Each individual's preference was catered for and people were supported to make their own meals if they preferred. Staff ensured their nutritional needs and tastes were met.

Staff training records were up to date and staff received regular supervisions, appraisals and training / development plans were also completed. This meant that staff were properly supported to provide care to people who used the service.

People were supported to take part in interesting and meaningful activities. The service supported people to have active, interesting and meaningful lifestyles. They took part in education, leisure and social events and staff were constantly looking for more opportunities for people to enjoy. The service supported people in their relationships with others outside the home and with the local and wider community links.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were always accompanied by staff to hospital appointments and emergencies.

People at the home were regularly asked for their views about the service and if there was anything they would like to improve. People we spoke with told us that they knew how to make a complaint, found the registered manager approachable and had no concerns about the service.

Medicines audits were carried out regularly by the registered manager and senior staff to make sure people received the treatment they needed.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards (DoLS). 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.

The registered manager and provider made regular checks to make sure the service was running as expected and took action where improvements were needed.

The registered provider was meeting the conditions of their registration. They were submitting notifications in line with legal requirements. They were displaying their previous CQC performance ratings at the service and on their website.

Further information is in the detailed findings below.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Westholme

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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.

This inspection took place on 21 and 24 April 2017 and was unannounced. This meant the registered provider and staff did not know we would be visiting.

One Adult Social Care inspector carried out this inspection. We spoke with six people who lived at Westholme and spent some time with them to gain their views of the service provided. We also spoke with three care staff, one maintenance staff and the registered manager.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits. We reviewed statutory notifications we had received from the service and information from people who had contacted us about the service since the last inspection, for example, people who wished to compliment or had information that they thought would be useful about the service.

We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided was used to inform the inspection.

Before the inspection we obtained information from a Strategic Commissioning Manager and Commissioning Services Manager from Durham County Council, a Commissioning Manager and an Adult Safeguarding Lead Officer from Durham and Darlington Clinical Commissioning Group, a Safeguarding Practice Officer and Safeguarding Lead Officer of Durham County Council, and a Lead Infection Control Nurse. None of the stakeholders we spoke with raised any recent concerns with us about Westholme.

Before the inspection, the registered provider completed a Provider Information Return [PIR]. This is a form that asks the registered provider to give some key information about the service, what the service does well

and improvements they plan to make. We used this information to inform our inspection.

We carried out observations of care practices in communal areas of the home. We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during the day. We also undertook general observations of practices within the home and we also reviewed relevant records.

We looked at three people's care records, staff recruitment and training records, as well as records relating to the management of the service. We looked around the service the bathrooms and the communal areas. Some people agreed to show us their bedrooms.

During the inspection we talked with people about what was good about the service and asked the registered manager what improvements they were making.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. One person told us, "There's no need to worry (the registered manager) will sort it out." Another person told us, "I ring them to let them know where I am and what time I'll be back so they know I'm safe and not to worry them." Some people demonstrated they felt safe at the home by their relaxed body language and confident actions (directing staff) around the home.

We found people were protected from the risks associated with their care because staff followed appropriate guidance and procedures. We looked at three people's care plans with staff who explained to us how each person's care took place. Each person had an assessment of their care needs which included risk assessments. Risk assessments included areas such as accessing community facilities and traveling. Risk assessments were used to identify what action staff needed to take to reduce the risk whilst supporting and promoting people to be independent and still take part in their daily routines and activities around the home and in their community. Some people's risk assessments were complex and the registered manager had sought advice and guidance from social workers and other professionals. Staff said the service was safe because they had 'looked at what people did that might be a risk and then seeing if anything could be done to make them safer.'

Each individual care plan had guidance on how to respond to emergencies such as a fire or flood damage. This ensured that staff understood how people who used the service would respond to an emergency and what support each person required. We saw records that confirmed staff had received training in fire safety and in first aid.

There were sufficient numbers of staff on duty to keep people safe. We discussed staffing levels with the registered manager and looked at staff rotas. The registered manager told us staff absences were always covered by the permanent staff and the service did not use agency staff. Staff did not raise any concerns regarding staffing levels at the home and people who used the service told us there were enough staff to support them when needed.

At the time of inspection the provider had carried out a programme of maintenance and refurbishment to the building which included redecorating bedrooms, communal areas and bathrooms as well as replacement of carpets and furnishings in some areas. External maintenance had also taken place. Adaptations had also been made to the hot water system to ensure the temperature was safe for people to use without risk of scalding. Further development including a possible relocation of the laundry, presently accessed through the kitchen, was being considered by the provider.

The registered provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed staff to ensure staff were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and

vulnerable adults.

Staff told us they had received safeguarding training. When we spoke with staff about people's safety and how to recognise possible signs of abuse; these were clearly understood by staff. The staff described what they would look for, such as a change in a person's behaviour, mood or any unexplained injuries. They were able to describe what action they would take to raise an alert to make sure people were kept safe. Training in the protection of people had been completed by all staff including the role of the local authority. Staff had easy access to information on the home's safeguarding procedures and a list of contact numbers was available. The registered manager was aware of their responsibilities to report any concerns to the local authority and ensure the immediate safety of people living at the home.

Staff told us they had confidence that any concerns they raised would be listened to and action taken by the registered manager or others within the organisation. There were arrangements in place for staff to contact management out of hours should they require support. We saw there was a whistleblowing policy in place. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice or the organisation. Staff knew and understood what was expected of their roles and responsibilities and they said they would feel confident in raising any concerns with the registered or senior managers.

Medicines were stored safely and procedures were in place to ensure people received medicines as prescribed. We saw there were regular medicine audits undertaken to ensure staff administered medicines correctly and at the right times. We saw there were protocols for medicines prescribed 'as and when required', for example pain relief. These protocols gave staff clear guidance on what the medicine was prescribed for and when it should be given.

Good

Is the service effective?

Our findings

People living at the home said things like, "I can do what I want and I can rely on the staff to help me if I need a hand" and "They have a good way of talking; I have done well since I came here and I'm very happy – that's down to them really."

Staff said they felt the home was effective because they worked closely with people to be independent and made sure their preferences and choices were promoted.

People were supported by staff who had the opportunity to undertake training to develop their skills and knowledge. Staff told us the training was relevant and covered what they needed to know. Two staff members told us they completed many training courses with the provider and this had helped them to develop the skills they needed to support people and gave them confidence when working with people at the home. The registered manager showed us that the training planned and accomplished by staff which ensured they were appropriately trained for their role.

Staff were supported in their role and received regular supervisions. A 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. Staff received annual appraisals and they had been carried out on time and future meetings planned. This showed that the registered manager made sure that staff were supported and any issues or concerns were discussed.

The staff we spoke with knew people's preferences and habits very well. Staff described how they supported people in line with their assessed needs and preferences and they understood that these were important aspects of people's lives without which they would be unhappy. Some staff had worked with people at Westholme for over 10 years and knew them very well. We saw that staff took time to listen to what people told them, and explored ways to support them in the way that people wanted.

People had access to nutritious food at the home. Staff told us menus were based on people's preferences and their likes and dislikes. If people didn't want what was on the menu then an alternative was always available. Some people told us they monitored their own weight and we saw that staff also helped people to weigh themselves so they could look for any significant weight loss or gain. We saw staff encouraged people to eat healthily when planning and preparing meals. People could access the kitchen area at the home at any time to prepare meals or snacks. Some people had favourite meals which they preferred and the staff were aware of how they liked these to be cooked and presented. Staff told us, "We have recently had a house meeting where we asked everyone about their favourite meal which we now cook over the seven days of the week to make sure everyone gets their turn." One person told us, "We sometimes have takeaways as well for a change."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). All necessary DoLS applications had been considered, or were in the process of being completed or authorised. We found in care plans that necessary records of assessments of capacity and best interest decisions were in place for people who lacked capacity to decide on the care or treatment provided to them. The registered manager explained how they had arranged best interest meetings with other health and social care professionals and independent advocates to discuss people's on-going care, treatment and support to decide the best way forward. This showed the service was working within the principles of the MCA.

Staff had regular contact with visiting health professionals to ensure people were able to access specialist advice and treatment as required. Care records contained evidence of visits to and from external specialists including GP, hospital appointments, district nurses, healthcare reviews and hearing appointments. People's health care needs were supported for example; annual health checks at the person's GP, eye tests every two years and an annual dentist appointment. People told us staff supported them with these appointments and they appreciated their help. The service contacted relevant health professionals including doctors, specialist epilepsy nurses and occupational therapists if they had concerns over people's health care needs. This meant people who used the service had access to healthcare services and received on-going healthcare support.

Good

Is the service caring?

Our findings

During our inspection, we saw staff respected people's wishes by listening and acting upon what they said. We observed people being treated with dignity, compassion and respect. We saw people were relaxed in the company of the staff on duty; there were lots of friendly interactions between staff and people who used the service. People told us, "They treat me well, with respect and help if I'm not well." and "(Staff member's name) is a good girl."

Staff were caring when they talked to us about their relationships with people. They said things like, "The people here are like my family, I help them and make sure nothing bad is going to happen to them and they have happy lives" and "I couldn't do any other job because I'd miss the people I work with too much."

We saw staff interacting with people in a caring and professional way. There was a warmth from the staff's approach which was clearly appreciated by people living at the home. Where people had their own phrases they liked to say staff gave the expected responses. We saw people at the home smile with pleasure when staff gave the correct response and the conversations continued.

The registered manager and staff that we spoke with showed genuine concern for people's well-being. It was evident from discussion that all staff knew people at the home very well, including their personal preferences, likes and dislikes and had used this knowledge to form very strong, therapeutic relationships. We saw all of these details were recorded in people's care plans.

Throughout our visit we observed staff and people who used the service engaged in general conversation and enjoyed humorous interactions and friendly banter. Every member of staff that we observed showed a caring and compassionate approach to the people who used the service. This caring manner underpinned every interaction with people and every aspect of care given. Staff spoke about their desire to deliver good quality support for people and were understanding of their needs. We found the staff were friendly and focussed on delivering supportive care.

We found people were involved in the running of the home and were supported to take up opportunities to make decisions and choices during the day. For example, people chose what to eat, what to do around the house and what activities to take part in. We also saw people were comfortable to assert their views and preferences and were empowered and encouraged to be in control of their lives.

We spoke with the registered manager who gave examples of how they respected people's choices, privacy and dignity. We saw this being put into practice, for example, staff treating people with respect, actively listening to them and responding to their gestures and requests appropriately. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for and told us that this was a fundamental part of their role. For example, staff ensured people's personal care was conducted in private and helped people to maintain their personal appearance.

The registered manager told us the people who lived at Westholme had capacity to make decisions in some

areas of their lives. For more complex issues, they also consulted social workers, family members (when available), staff and advocates to make sure decisions made were in the person's best interests. We found the service spoke up for people in their care. We looked at records and found people were involved in making decisions at the home. For example, meetings were held so people could decide and agree about decisions affecting their home such as activities, redecoration, meal choices and holidays.

The staff showed excellent skills in communicating verbally and through signs, gestures and body language. Observation of the staff showed that they knew the people very well and could anticipate their needs very quickly. For example, staff acted promptly when they saw the signs of anxiety and were skilled at supporting people to deal with their concerns.

Good

Is the service responsive?

Our findings

People received consistent, personalised care, treatment and support. People themselves and where possible family members, advocates and social workers were involved in identifying their needs, choices and preferences and how they would be met. One person told us, "I work in a shop and they (staff) know it is important for me to go to work." Another person said, "I go all over the place with (person's name). I come and go as I want to. I have a routine and they know what it is."

Staff said that they were responsive because they 'were confident they could respond to what people needed or wanted' and they 'knew people well so could plan to do things they liked.'

People's care, treatment and support was set out in written plans that described what staff needed to do to make sure personalised care was provided. Person centred planning is a way of enabling people to think about what they want now and in the future. It is about supporting people to plan their lives, work towards their goals and get the right support.

We looked at three care records of people who used the service to see how their needs were to be met by care staff. The care plans we looked at included people's personal preferences, likes and dislikes. We found every area of need had very clear descriptions of the actions staff were to take to support them. We saw information had been supplied by other agencies and professionals, such as a community psychiatric nurse or social worker. This was used to complement the care plans and guide staff about how to meet people's needs. This meant staff had the information necessary to guide their practice and meet these needs safely.

We watched as staff supported people and engaged with them about familiar places, people or recent occasions and activities. Staff gave us examples of the different ways they worked with people depending on their preferences. We looked at people's care plans which confirmed these ways of working had been written so staff would be able to give consistent support. For example, people had goals they were working towards and staff had agreed ways of working with them to help these to be met.

Every month people's views about their care plan and whether the support of staff remained appropriate or needed to be changed was discussed. The results of people's views were drawn as a graph to make them easier to understand and compare with previous reviews. This showed that the provider and staff considered people's views about the ways in which their care and support took place.

People were supported to have meaningful and interesting lifestyles. They took part in individual activities in the community and were encouraged to maintain hobbies and interests. Activities were personalised for each individual. Each person had a detailed weekly activities plan that had been designed around their needs and wishes. Sufficient staff had been provided to enable people to consistently access community opportunities.
When people used or moved between different services this was properly planned. Where possible, people or those that mattered to them were involved in these decisions and their preferences and choices were respected. There was an awareness of the potential difficulties people faced in moving between services

such as hospital admission and strategies were in place to maintain continuity of care and ensure people were not unduly stressed by this experience.

We checked complaints records on the day of the inspection. This showed that procedures were in place and could be followed if complaints were made. The complaints policy was seen on file and the registered manager when asked could explain the process in detail. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. People we spoke with said they would make a complaint to the registered manager if they were not happy with the home or their care. The staff we spoke with told us they knew how important it was to act upon people's concerns and complaints and would report any issues raised to the registered manager or provider.

Good

Is the service well-led?

Our findings

The home had a registered manager in place who had worked at the home for over ten years. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People who lived at the home said they liked the manager and were sure they did a good job. One person told us, "Well yes, if there is anything going on that's not alright and (manager's name) gets to know about it, it will be sorted out." Another person said, "She (registered manager) knows everything that's going on, absolutely everything and she likes it like that."

A staff member told us, "Since coming to this home (registered manager's name) has helped me to really understand how we should be working to make sure people are well looked after and have a quality of life." Another staff member said, "We are supported by the manager and the rest of the team. You are never left feeling isolated and it's okay to ask someone if there's something you're not sure about." One member of staff told us, "It's the best job – if I won the lottery I would still come to work - probably."

During the inspection we saw the registered manager was active in the running of the home. We saw they interacted and supported people who lived at Westholme. From our conversations with the registered manager it was clear they knew the needs of the people who used the service very well. We observed the interaction of the registered manager with staff and saw they worked together as a team. For example, we saw staff communicated well with each other and organised their time to meet people's needs.

The registered manager told us how all staff from the home worked alongside social workers and healthcare staff to help ensure people's changing needs were met. We saw the registered manager worked in partnership with a range of multi-disciplinary teams including the community nursing service, GP's, learning disability team, community psychiatric services, social workers and speech therapists in order to ensure people received appropriate care at the home.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service. We saw risk assessments were carried out before care was delivered to people and there was evidence these had been reviewed and changes made to the care plans where needed. In this way the provider could demonstrate they could continue to safely meet people's needs.

We saw there were procedures in place to measure the success in meeting the aims, objectives and the statement of purpose of the service. The registered manager showed us how they carried out regular checks to make sure people's needs were being effectively met and how they could be supported to achieve their lifestyle aspirations. We saw the checks identified areas of successful practice and areas where improvements could or needed to be made.

Audits were also carried out which looked at the general environment, health and safety issues such as fire risk assessments to make sure these were up-to-date, equipment to make sure it was safe, and administration of medication. We saw records which showed where action was taken following any issues identified through this process. When it was identified that the water temperature could be too hot for people to bathe safely the registered provider took immediate remedial steps to make sure it was safe.

The registered manager had in place arrangements to enable people who used the service, their representatives, staff and other stakeholders to affect the way the service was delivered. The registered provider gathered information about the quality of the service and used the information to improve outcomes for people. We found that the registered manager understood the principles of good quality assurance and used these to critically review the service.

The registered provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A statutory notification is information about important events which the service is required to send to CQC by law.