Aspire Health and Care Limited

Chilwell House

Inspection report

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Tel: 01158540373

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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

This inspection visit was unannounced and took place on 17 January 2017. At our previous inspection visit on 27 January 2016 we asked the provider to make improvements in relation to the support when people lacked capacity, notifications and audits to develop the home. The provider sent us an action plan on 15 March 2016 explaining the actions they would take to make improvements. At this inspection, we found some improvements had been made.

The service was registered to provide accommodation for up to 17 people. People who used the service had physical health needs and/or were living with dementia. 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.

The provider had not completed audits in relation to accidents and incidents to consider any trends or address any areas of improvement. The care plans had not been reviewed to reflect the overall needs of the person. .

Staff felt supported and they received supervision and the opportunity to expand their roles through a peer support group.

People felt safe and staff understood the importance of reporting any concerns to avoid people coming to any harm. Risk assessments had been completed and further developments had been planned to encompass the identifying of wider risks and any triggers or guidance needed. People received their medicine as required in a safe way and referrals were made to health care professionals when required. .

People using the service had the capacity to make their own decisions. When required some people received the support of an advocate or guardianship to support more complexed decisions. There were sufficient staff to support people's needs and the provider had increased the staffing to support areas of identified needs and reduce the risks. When staff were recruited checks were completed to ensure they were safe to work with people who used this service. Staff received an induction which provided the training and guidance they needed. Further training was provided to support the staff's role.

People enjoyed the food and had the opportunity to cook meals for themselves or others. The staff treated people with respect and people told us the staff made time for them when they needed the support. People knew how to raise a complaint and any received had been responded to. People had the opportunity to contribute to the development of the service.

Care plans had been completed with the person to identify their needs. Further developments were being made to make this information more individual and more integral with the person. Activities were established on an individual basis and provided the opportunity to develop life styles and a focus on learning new skills.

We saw that the previous rating was displayed in the reception of the home as required. The manager understood their responsibility of registration with us and notified us of important events that occurred at the service; this meant we could check appropriate action had been taken.

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 felt safe and staff understood the importance of reporting concerns to protect people from harm. Risks to people's safety had been assessed and support and guidance provided. There was sufficient staff to meet people's needs, and checks had been completed to ensure staff were safe to work with people. Medicines were administered in line with the appropriate guidance.

Is the service effective?

Good

The service was effective
People had capacity to make their own decisions. When required people had been supported with advocates or a guardianship. People enjoyed the food and had a choice and the opportunity to cook for themselves. Staff received training to enable them to support people and develop their role. Support from health professionals was requested and available when needed.

Is the service caring?

Good

The service was caring
People had established relationships with staff and felt they supported them. There was mutual respect between the people and staff. Relationships and friendship that were important to people were maintained.

Is the service responsive?

Good

The service was responsive
People had been involved in the planning of their care needs. Activities, therapies and opportunities to develop life skills were available and promoted. People's views were sought and listened to. Complaints had been responded to formally.

Is the service well-led?

Requires Improvement

The service was not always welled
Audits had not been completed to reflect any trends of areas of improvement. Care plans had not been routinely reviewed. Staff felt supported and listen to and able to develop their knowledge. The manager understood their role in meeting the regulations.

Chilwell House

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 and a specialist advisor. A specialist advisor is a professional who has expertise in a specific area; our specialist had knowledge and expertise in care for people with mental health conditions.

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 also spoke with the local authority who provided us with their current monitoring information. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us 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. However, we offered the provider the opportunity to share information they felt relevant with us during the inspection visit.

We spoke with six people who used the service, so they could tell us their experience of their life in the home, we also observed how the staff interacted with people in communal areas.

We also spoke with two members of care staff, two therapists, the clinical lead and the registered managers. We reviewed two staff files to see how staff were recruited. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the care records for two people to see if they were accurate and up to date. We 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 felt safe when they received care, one person said, "I feel safe here, the staff know all about safeguarding." We saw that staff had received training in safeguarding and understood the importance of recognising when to raise a safeguarding alert. One staff member said, "I have raised a safeguarding alert and it was responded to straight away." They added, "We need to keep people safe and if we are unable to keep them safe here, then action needs to be taken." The provider had established a good relationship with the local authority and we saw any concern had been investigated and any learning shared with staff at the peer sessions or through the staff meetings.

We saw and people confirmed they signed a code of conduct when they entered the service. Part of the agreement was about setting boundaries. A staff member said, "With social media it's important people understand the boundaries." For example, they told us a person had requested for them to be friends on a social media site. They had to decline the request and explain to the person the reason why. The staff member said, "It had to be discussed delicately as it can change the relationship, when you have established a connection."

We saw risk assessments for the environment and any individual's risks had been recorded and guidance provided. The clinical lead had developed a new risk assessments document which they felt was more suitable for the people using this service. They told us, "This risk assessment covers all the aspects we need, it reflects individual risks and provides sections to add the detailed triggers and guidance." This was planned to be implemented over the next few months.

When required, staff had received a risk assessment in relation to their health needs. For example, one person was pregnant and had received a risk assessment to agree the areas of support they could offer people and ensure their safety. This means the provider ensured the safety of the people and staff working at the home.

There were sufficient staff to support people's needs. One person said, "The staff are good, there are enough around." We saw that the provider had adapted the staffing shifts following feedback from the staff. For example, the night shift was previously one waking staff and one sleeping staff. This had been changed to two waking staff. One member of staff told us, "It feels safer having the two waking staff as you have the support if there is a problem." People told us the provider had also introduced a twilight shift from 4.00pm to 11.00pm. One member of staff told us, "This has improved the evenings." Another staff member said, "This was introduced to support some evening activities and reduce the risks of incidents." Staff said the staffing could be flexible. One staff member told us, "The other week we had an extra staff member on duty as a person had an all-day appointment." This meant the provider reflected on the staffing levels to support the needs of the people and staff.

We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to work with 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. We saw that any students completing work experience had also received a DBS before they commenced their placement. This demonstrated that the provider had safe recruitment practices in place.

People received support with their medicine. The provider used an electronic system to record all the medicines people required, the time they required them and when they had received them. The staff member told us, "It's a brilliant system and it has cut down on the medicine errors." We saw that all staff had received the training and one staff member said, "The training is intense, but that's good as it's important to get it right." There was a designated care staff who took responsibility for booking in the medicine and checking the system on a weekly basis. All medicine was stored in accordance with the appropriate guidance.

Good

Is the service effective?

Our findings

On our previous inspection visit in January 2016, we identified concerns with how people were able to make decisions where they lacked capacity. We also identified that people may be subject to restrictions and applications to ensure any restriction was lawful had not been made. These issues constituted a breach of Regulations 11 and 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found the required improvements had been made.

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.

People using the service had the capacity to make their own decisions and therefore did not require an assessment under the Act. People told us staff asked their consent before supporting them. One person said, "Staff always ask; they never force you." People received a range of therapies to help them with their decision making. A staff member we spoke with told us, "You have to work around someone's needs and guide them on occasions." We saw that some people had an appointed guardianship to support their decision making. Guardianship is established by a court order. The court grants the guardian authority and responsibility to act on behalf of another person in their best interest.As people had capacity, no one at the home was subject to a DoLS. The manager understood when they should make a referral to the local authority and we saw they had previous made applications. Some people were not restricted; however for safety reasons required the support of staff when they used the community. The level of support required had been discussed with the person and documented as part of their support plan, to ensure they were safe.

Staff told us they received training to support their role. One staff member said, "We have recently done some training about personality disorders. It was really good, I learnt so much about the one condition." We saw that staff had received updates on mandatory training and they had access to other training courses to support their role. For example, training on behaviours that challenge.

When new staff commenced their employment they received an induction pack. One staff member said, "This covered what to wear, fire safety and a whole range of things" The manager told us each new staff member had a 12 week induction which included completing the care certificate, shadowing experienced

staff and time to read the polices and care plans. One staff member told us, "It was a good induction and gave me time to get to know people individually." The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

People enjoyed the meals. One person said, "You cannot please everyone but there is a choice." We saw people had been asked what they wished to have for their meal and they received what they had requested. People were supported and encouraged to cook meals. Each day one person received a budget and they cooked a meal of their own choice. One person told us how they had cooked the Christmas dinner and how they are able to have a say in what is cooked each day. People's dietary needs were considered and we saw staff encouraged people to consider healthy food choices.

People had access to health care professionals they needed for their wellbeing. We saw that people were supported to attend appointments and any guidance or actions were followed up. When people were considering moving into the home, we saw that people received a phased introduction. For example, one person had a day visit, and then overnight stay and then longer periods until they felt comfortable. Throughout this period health care professionals were consulted to ensure the support that person needed was available.

Good

Is the service caring?

Our findings

People knew the staff well and had established relationships with them. One person said, "There are some standing jokes and good humour to be had. If you want staff to be serious they can be." One staff member said, "It takes time to establish a relationship, you have to make time to gain peoples trust."

People felt the staff supported them. One person said, "The staff are available if you want to talk through issues." Another person said, "They help you through things and continue to help you." Staff told us how they enjoyed seeing people move forward. One staff member said, "One person now smiles more and had learnt to trust people." One staff member said, "The best thing is to see someone move on from here, most people know where they are going next." Another staff member said, "It's a lovely job, it can be difficult and upsetting at times, but when you see people developing it makes it worth it."

We saw that interactions between staff and the people who used the service showed mutual respect. For example, one person asked a staff member to go to the shop for them. The staff member said they would be happy to support the person to go to the shop; however they could not go for them. The person respected this and then made other arrangements for the item they required from the shop as they did not wish to go out. One staff member said, "It's having awareness for the individual and not talking down to them." Staff understood the importance of supporting people to maintain their life skills and encourage them to be independent. We saw people being encouraged to do tasks for themselves. For example, laying the table for dinner or clean and tidy their room.

Relatives were encouraged to visit and we saw that regular visit home to family and friends were included in their weekly plan. One person told us, "My family come regularly and home visits are part of my programme." This meant people were able to maintain their relationships with people that mattered to them.

Good

Is the service responsive?

Our findings

People had been involved in their care planning. One person said, "I discussed my needs with the staff." We saw that the service had developed a new support plan. One staff member told us, "I have [name]'s support plan. I will go through the plan with them and see if they wish to add anything or make changes." Another member of staff told us, "We developed this new plan to make it more personal and easier to read and understand."

People were supported to stay at the home for as long as they needed the support. The home offered three independent flats on the same site which people could progress to. They were supported to develop skills they needed to become independent ahead of moving to supported living. The manager told us, "It is totally on the individual. " We saw that the manager had regular meetings with the commissioners and health care professionals which included the person to ensure any next steps were what the person wanted and would meet their needs.

There was adaily handover to collate any concerns which had been raised through the night. A further handover with the support workers was also completed and the tasks for the day were allocated. They told us, "If someone had been unwell they may require some additional support and this is allocated at this time, along with appointments or activities." This meant people received responsive care which met their changing needs.

People enjoyed the drama therapy. One person said, "Amazing, it's like a breath of fresh air." Other people we spoke with told us they enjoyed the therapy. One person said, "They are good at engaging with the conversation and developing the situation." The manager told us they had an art therapist joining the home and they were employing an Occupational Therapist to develop areas of support in the kitchen and within the community. They told us, "It gives more opportunities for people and helps support peoples recovery."

People were encouraged to be independent and had made choices about how they filled their time. Each person had their own programme which had been developed with them and the activity coordinator. They told us, "I use the 'recovery star' model which enables us to look at what is working and what is not." They added, "It also helps with goal setting and looking at their strengths." The recovery star is a method use to consider how the person perceives the situation, which can then be revisited to see if there had been any improvements or developments. We saw that the programmes of activity were reviewed. For example, one person had refused to attend the gardening group. When they discussed it with the person it was established they don't like getting their hands dirty. The staff member purchased some gloves and was happy to continue the activity. Other people had changed activities as they felt they did not wish to continue and had chosen another activity. This meant people were supported to reflect on the activities they participated in.

People had been encouraged to participate in educational courses in areas they were interested in or which could support them with future job opportunities. For example, one person had completed a food hygiene

course and emergency first aid in the workplace. One staff member said, "We like to encourage people to get back into the community." We saw that the latest adult education courses were displayed on the notice board and some people had already signed up to attend. One staff member said, "They offer a stepped approach so we can support people to build up their skills."

Some people had jobs volunteering. One person said, "They are nice people I work with and the manager is very understanding." This meant people were encouraged to engage in activities and had the opportunities to develop skills for employment.

People felt able to raise any concerns and the home had a suggestion box which had been used. For example, a person had asked the times when medicine was administered. We saw the newsletter reflected the time frames for medicine administration was noted. We saw that people's views had been obtained through weekly meetings. Other outcomes of the meetings were noted on a newsletter. For example, people had requested when they celebrated 'Christmas jumper day' the money raised went to a mental health charity not a children's one. The newsletter recorded the amount of money raised and the charity they had supported which was in line with people's choice. This demonstrates people's views were acknowledged and responded to. There was a complaints procedure in place; and we saw when the provider received a complaint this was investigated and responded to formally.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection in January 2017 we found that the provider was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was in relation to notifications relating to events at the home. At this inspection we found that the required improvements have been made. The provider had notified us of events and ensured we were informed of events and their outcome.

At the previous inspection we found the provider was not always completing areas of auditing and analysis. We reported on these in our last report. During this inspection we found that the provider had not always completed the relevant auditing required to identify any trends or analysis. . For example, we saw that accidents and incidents had been recorded; several incidents related to the same person, however there was no analysis of the events. This meant we could not be sure the provider had considered any reoccurring themes and how to minimise or reduce the risks.

The care plans had not been routinely reviewed to consider all aspects of the person's support Although we saw some areas had been reviewed, for example activities, though other areas had not. For example, people received an annual check up from the GP; however the provider had not reviewed the person's health needs unless an event occurred. We discussed these areas with the manager and the clinical lead. They acknowledged these areas and the auditing were areas they needed to address.

The provider had completed other audits to support the safe running of the home. These related to medicines, fire and health and safety. The provider had systems to ensure these were reviewed and appropriate action taken to address any concerns.

Staff had received support in relation to supervision. One staff member said, "I received regular support, it covers any issues and my role." Another staff member said, "The management are good, cannot fault them." Staff told us they were able to suggest ideas and felt listened to. A member of staff told us they wanted to put some art work on the walls. We saw some people and the staff had painted a 'Tree of hope' which was to reflect peoples, 'positive and inspirational quotes.' People who had been involved in the art work and one person told us, "I enjoyed painting on the wall and creating it."

Staff felt support in the development of their role. One staff member said, "They provide guidance and explain information. They make time if you need it." Peer groups had been developed to support staff with their role. These groups offered an opportunity for staff to ask questions about a health condition or obtain guidance on how to support a person or situation.

We saw the manger held monthly meetings with staff and these were recorded and made available in case staff were unable to attend or wished to reflect back on any areas discussed. The manager told us they received support from the provider with regular meetings. They said, "They are always at the end of the phone and very responsive when needed."

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating or offered the rating on their website