

Aspire Mental Healthcare Limited

Chilwell House

Inspection report

24 Wilmot Street
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Derbyshire
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Tel: 01158540373

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

This inspection was unannounced and took place on 27 January 2016. Chilwell House is a recovery and rehabilitation service registered for people with mental health conditions. The service offers accommodation to 17 people. There is a main house which can support 14 people with recovery and three self-contained flats within the grounds to support up to 3 people. These flats are used to support people to transition into the community. At the time of our inspection 13 people were using the main house and one person was using the flats.

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.

Some records were not up to date and did not reflect the care required to support the individual to ensure their safety. The provider had not notified us of significant events which related to the service. Where people did not have the capacity to make their own decision; a best interest assessment had not been completed.

People felt supported at the home and the provider ensured the staffing levels were reflective of the needs of the people living in the home. Staff knew people well and were able to respond to people's needs as they changed. Staff had received training which was appropriate and staff told us they had implemented their learning to enhance the support they provided to people.

People felt safe in the service and staff understood what constituted abuse or poor practice. There were systems and processes in place to protect people from the risk of harm. Medicines were managed safely and in accordance with good practice.

Staff felt supported by the manager and provider. They had regular opportunities to identified areas of further support to develop their skills, or aspect of the environment to enhance the experience for the people or the staff's wellbeing.

We saw staff discuss things with people and support them in their decision making in their daily living. People were encouraged to cook and prepare a range of food and drink that met their nutritional needs. The service had links with healthcare professionals to maintain people's health and wellbeing.

Staff were caring in their approach and people felt their privacy and dignity was respected. People felt confident they could raise any concerns with the manager or provider. There were processes in place for people to express their views and opinions about the home.

You can see what action we asked them to take at the back of the full version of the report.

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 ●

People felt safe at the service. Risk assessments were assessed and managed to protect people from harm. There were sufficient staff to support people's individual needs who were suitably recruited. Medicines were managed and administered safely.

Is the service effective?

Requires Improvement ●

People who did not have the capacity to make decisions had not received an assessment to reflect how the decision had been made in the person's best interest.

Staff received training and had used these skills to support the people using the service. People told us they were supported to maintain a healthy diet. Referrals were made to health care professionals as required and people felt able to contact their linked professionals directly

Is the service caring?

Good ●

Staff knew people well and were able to support the people to establish their goals in meeting their individual needs. People made choices and were encouraged to have a focused on the day to day routine. Staff promoted people's privacy and supported them to maintain their dignity.

Is the service responsive?

Good ●

People told us they received care in response to their needs and support in relation to developing their longer term goals. Care plans covered all aspects of the person's life and needs to support the care needs required by the service. People's complaints were investigated and responded to.

Is the service well-led?

Requires Improvement ●

The provider did not have suitable arrangements in place to monitor and improve the safety of the service. The manager had not notified us of events as part of their regulation requirements. Staff told us they felt supported by the manager. Feedback from people was sought and used to enhance people's experience at the service.

Chilwell House

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 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 two inspectors.

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 we had received from the public. We also spoke with the local authority who provided us with 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.

We spoke with five people who used the service and reviewed four care plans. We observed how the staff interacted with people in communal areas. We also spoke with three members of care staff and the manager. We reviewed three 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 systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

All the people using the service and visitors had been informed about the closed-circuit television (CCTV) which had been installed in the communal spaces and corridors. These cameras formed part of the safety aspects offered by the provider in enabling support to adults at risk.

People we spoke with were able to explain about the cameras and the areas they covered and who monitored them. One person told us, "The cameras are fine, they keep me safe and I still have personal space." Another person told us, "The cameras make me feel safe."

Staff recognised the signs of potential abuse and knew what to do if they suspected abuse was taking place. One member of staff explained, "It's down to the staff to make sure it is safe and report any concerns." Another staff member told us, "You're not left on your own to deal with a situation, you always feel safe." The staff we spoke with knew how and who to report any concerns to. There were posters on the main noticeboard in the reception, both people using the service and staff referred us to this information.

People had risk assessments to cover the environment they were living in and any specific individual risks. One staff member told us, "New workers get to know the risks from shadowing experience staff." Some people using the service had behaviours that challenged. Their assessments identified elements of daily living which may trigger a behaviour change and the actions required to reduce the risk. For example, some people required regular checks through the night, the records showed how to identify early warning signs of risk and the actions to take to ensure the person's safety.

There were sufficient numbers of staff to keep people safe and meet their needs. One person told us, "There are always staff to support me." One member of staff told us, "Occasionally we need more, but on balance we have enough. The staff all work well as a team." To ensure consistency of care the provider ensured that only staff who usually worked in the home covered any staff sickness. One staff member told us, "The people here need staff they can trust, they rely upon us and trust us." Staff told us they were trained to work across the providers other locations to give the service flexibility.

The manager told us they had an on-going recruitment programme as the organisation was expanding. One staff member told us, "I had all the checks, loads of paperwork and two references before I started." We saw that recruitment checks had been carried out by the provider to make sure staff were safe to work with adults. References were taken up before new staff commenced employment, including proof of identity and a full employment history. This meant the provider ensured the staff were safe to work at the service.

People told us they were supported to take their medicine. One person told us, "There is no way I can be in control of my medicines at the minute; the staff support me all the time." We saw that staff recorded when a person had received their medicine, this included the time taken to ensure the correct time between medicines in line with their prescriptions. The care staff we spoke with had a good understanding of the medicines and any side effects which may affect the person's mood or behaviour. Some medicine required regular blood tests and specific protocols for administration. We saw and records confirmed that these protocols were observed. . People were supported to manage their own pain relief. Staff provided guidance

in relation to 'as and when' required medication. One person told us, "They are teaching me mindfulness, it's like a medicine on its own." Mindfulness is a therapeutic approach in focusing awareness on the present moment, and supporting independent decisions.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides the legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).

Within the care plans we observed there was no information to show the provider completed assessments to confirm decisions were made in people's best interest when they lacked the capacity to do so. For example, some people were unable to manage their financial affairs and this role was completed by relatives. The information we saw noted the person did not have capacity to manage their financial affairs, but did not offer an assessment to show that the action had been taken in the person's best interest. The manager confirmed no assessments had been completed in relation to capacity and best interest decisions.

This information demonstrates a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw staff discuss things with the person and supported them in their decision making. One staff member said, "It can be challenging as sometimes people may chose an unsafe choice, if that's the case, then we would support with regular checks."

People who used the service had varying and complex needs and staff told us they received training that supported the service to offer this support. One person said, "The staff are well trained and have a good understanding of my needs." The staff we spoke with told us they received lots of training. One staff member said, "I have had some training on break away techniques it was brilliant and I got some ideas which I have been supported to implement." Another staff member told us, "The training on mental health was really interesting, learning about the triggers; the reality is it could happen to anyone." Staff we spoke with told us they were encouraged to attend training and progress their skills. One staff member told us they had received refresher training when they returned from a short break from the service.

Staff we spoke with told us the induction was really good. One staff member said, "You get to shadow experienced staff and get to know people and read their care plans before you do a shift as a staff member." The manager told us that all new care staff would complete the care certificate. 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. One staff member who was currently working through the course told us, "It's challenging, but really useful."

People told us they were encouraged to participate in the choice and in the preparation of the food. Each

week they had a meeting to discuss the menu and they were able to make suggestions. People told us they received a typed copy of the weekly plan and we saw a copy on the notice board. On a daily basis one person supported the preparation of the main meal, they had the option to choose something else which they could shop and prepare alongside the main meal. One person told us they had supported with the meal the previous evening, "It makes me feel a lot more confident in preparing meals." The main kitchen is open at set times to encourage a routine for eating and in relation to safety. A small kitchen was accessible for drinks and snacks between the set times.

Staff told us, "It's important to give a choice and encourage people to be independent." Records showed that some people required support to maintain a healthy diet and the staff supported people to either encourage them to eat or make choices in relation to a reduction in weight. One person told us, "Staff have supported me to lose weight and I feel better about myself."

People had access and support to health care professionals. One health care professional told us, "The service is very responsive; they access a wide range of resources to help people progress." People told us they were able to contact their health care professional directly, if they had any concerns, they did not have to wait for a meeting. . Records confirmed that referrals had been made to other professionals in a timely manner following consent from the person as part of a review or agreed action in meeting an outcome.

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. One person told us, "Staff are here to help me." Staff understood people's needs and the importance of professional boundaries. We spoke with staff who understood people's individual needs they said, "You need to have professional boundaries and treat people appropriately." People told us they felt the staff cared about their wellbeing. One person said, "I can tell staff how I feel and staff talk to me which helps." Staff told us, "You have to respect people and give them a second chance, not judge on their past."

People using the service were made aware of the restrictions and rules which formed part of the development in the rehabilitation process before they moved in. Within these boundaries staff respected people's independence. One person told us, "I have freedom here; I think that makes my life expectancy greater." People told us they could decorate their rooms with their own choice of things as long as they stuck to the rules. One person said, "I had the rules explained to me before I moved in, they are part of being here and to help you."

The service had set visiting time to encourage people to establish a daily structure. With an ethos on a working week Monday to Friday, and relaxation at the weekend. One person told us, "I am encouraged to get up. I need structure." People were able to contact their relatives or friends through their own mobile phones or the use of the pay phone within the main reception. One person told us, "Its relaxed here, but you have the support if needed."

People told us and we saw that privacy was promoted. One person said, "I have my own personal space." We saw staff discussed general things with people in a quiet manner and when it was in relation to something personal the person was supported to a quiet space for some privacy. This showed people's privacy was respected.

Is the service responsive?

Our findings

People told us and records confirmed that there was a considered process before they moved to Chillwell House. People we spoke with told us they had received all the information before making a decision and they had completed a trial, before they committed to a longer stay. We saw that written information in relation to the house rules and a welcome pack was available. Staff we spoke with told us, "Everything is explained to people when they come."

People told us they were involved in the assessment and review of their care. One person told us, "I have been involved in my support plan; people want to support and help me." We saw that staff knew people well and were able to discuss people's likes and dislikes along with aspects of their life.

There were arrangements in place to ensure the continuity of care for people's needs. Staff told us they recorded information on the computer, which was password protected to ensure the privacy of the information recorded, this was stored in a room which was secured by a keypad entry system, which only the staff had the codes for. We saw the staff exchanged verbal handovers when they changed shift to ensure on-going support for people.

People told us they were encouraged to pursue their interests and participate in activities that were important to them. Many of the activities focused on people using local services and included a wide range of options from educational courses to leisure pursuits. We saw that each plan was focused on the individual and what they had identified as their own goal. For example one person had identified they wish to get fitter. They had been supported to join the local gym and to access the swimming baths. The person told us, "I feel ok to go to the swimming baths. One of the staff members are going to support me at the gym as I am a bit nervous." Staff had a flexible approach to supporting people. We saw how staff supported one person to access a website in relation to a course they had attended in the morning. Another person had become upset and the staff member guided them to go for a walk in the local area as this was an established technique in calming the person down. We saw the person returned and they seemed calmer. This showed the provider had a flexible approach to supporting people's interests.

People we spoke with told us they would happily raise any concerns or complaints. One person said, "I would speak to the support worker or the manager they are all approachable." We saw the provider had a policy which showed that any complaints had been addressed and resolved in a timely manner. We saw the service had also received compliments, for example, 'Great location near the amenities.' And 'It gave my relative a chance to regain their life, following the valuable support and time given.'

Is the service well-led?

Our findings

The provider is responsible for reporting significant events that occur in the home. We had not received notifications from them for important information affecting people and the management of the home. For example we saw that several events had occurred which related to some people having a hospital stay and there had been some other occasions where the police had been involving in supporting in relation to incidents. We had not been informed about these events. This is a statutory requirement of their registration with us.

This is a breach of Regulation 18 (2) and 18 (4A) and (4B) of the Care Quality Commission (Registration) Regulations 2009

We saw that manager had recorded accidents and incidents however they had not completed any analysis of the action taken or lessons learnt. All the records we saw has been signed by the manager without the completion of the actions taken box. This meant it was unclear if any action had been taken or any on-going learning from any reoccurring incidents.

The care plans we saw did not reflect the care being provided. The manager told us that care plans had been updated but they were held by the clinical lead who was not available to provide the updated information. Established staff we spoke with were able to identify the needs, however the records did not reflect the same information which could have an impact on new staff who were commencing work at the service.

People told us they enjoyed living at the home and that it was a supportive environment. One person said, "Staff talk to me on a personal level." Staff also felt supported by the provider and the manager. Staff told us they received regular supervision and that they were able to express their needs and they were encouraged with their training and personal development. For example one person had suggested peer group sessions with the clinical lead to develop staffs learning in relation to individual's specific health condition. These sessions had been planned to commence from March when the clinical lead became fulltime with the service. Staff received regular meetings with the manager and provider. Staff received payment for these meetings to encourage their attendance, but if they were unable to attend they received a written copy of the minutes so they were kept informed of the service developments. We saw in the minutes that the staff had requested a new sleep in bed and the provider confirmed that a new one had been ordered. This showed that the provider responded to the needs of staff in relation to their wellbeing whilst at the service.

The manager told us they felt supported by the provider, who offered supervision and was available on a daily basis if required. People who used the service were aware who the provider was, one person said, "[Name] is very visual in the home."

We saw that people's feedback about the service was sought. For example some people had requested a punch bag in the garden. The provider felt unable to provide this due to safety reasons, however arranged for boxercise sessions and pads to be available for supervised sessions. Another request had been made in relation to a change of keyworker; this was responded to following consideration of the needs of the person. This showed the provider listened to people's needs and responded in an appropriate way.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider did not report significant events that occur in the home. We had not received notifications from them for important information affecting people and the management of the home.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Consent to care was not sought in line with legislation and guidance. This meant people could not be assured that decisions were being made in their best interest when they were unable to make decisions themselves.