

Aspire Health and Care Limited

Boden House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

People's experience of using this service:

The Provider had not ensured that information relating to infection control was available and there was no food hygiene rating completed for the home. Risk assessments had been completed, however they had not always been reviewed following incidents or when areas of concerns were raised.

Staff had not all received the training they required to support their role and this had not been followed up with structured support. People had not always been supported to access information or receive it in a different format to support their understanding.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems in the service did not always support this practice.

Audits had been completed, however not for all areas of the home. These had not always been used to drive improvements or reflected the areas requiring improvement. Notifications had not always been completed to reflect events or incidents which had occurred.

People's views were mixed about the approach to the meals at the home. Some people were supported and had their meals made. Other people were encouraged to make their own meals and were not in favour of a structured support approach. People were encouraged to attend a weekly meeting to discuss the events at the home.

People felt that they could receive support from staff when they required it and this was provided by kind and considerate staff. Peoples dignity was protected. When people required support from an advocate this was made available. Complaints had been addressed and people felt able to approach the management team.

There was enough staff to support people's needs and the staffing had been increased to reflect the areas where additional staffing was required. Medicine was managed safely and people had received reviews for their medicine to continue to manage their mental health condition.

People felt safe and when incidents had occurred lessons had been learnt and shared with the staff. People's health care had been considered and referrals had been made when required for all aspects of people's health and wellbeing.

Care plans had been developed with people and they contained the detail about their history and needs.

Some aspects needed to be improved and this had been recognised and there were planned improvements. People could access support with their cultural or religious needs.

Staff felt supported by the management and we saw that partnerships had been developed with a range of health and social care professionals.

Rating at last inspection: Good (report published September 2017)

About the service: Boden House is a care home that provides a recovery service and when required personal care for up to 27 people. The provider supported people with severe and enduring mental illness, learning disability and personality disorders. At the time of the inspection 16 people lived at the service. The home was established over four floors, each person had their own flat with the option of communal spaces on each floor. There was also an activities room and a garage area which was available for people to use for smoking or storage of outdoor items.

Why we inspected: This inspection was brought forward due to information of risk and concerns.

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.

We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around governance and the environment. Details of action we have asked the provider to take can be found at the end of this 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?

The service was not always safe

Details are in our Safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

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 not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Boden House

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: Two inspectors

Service and service type: People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. However, the current registered manager was on long term leave so another manager had been employed. This manager was commencing their registration with us. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as potential safeguarding concerns; and we sought feedback from the local authority, clinical commissioning group (CCG) and other professionals who work with the service. We assessed the 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. However, the provider had completed this ten months ago and we therefore gave opportunities for them to update us throughout the inspection. We used all this information to plan our inspection.

During the inspection we spoke with six people who used the service. We spoke with two support workers,

the activities coordinator, the nurse, the manager and regional manager.

We reviewed a range of records. This included four people's care records and medicine records. We also looked at two staff files around staff recruitment. Various records in relation to training and supervision of staff, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

After the inspection the manager sent us further information in relation to, the provider's quality checks and audit process and training records. We have reviewed these as part of the inspection process.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- Information in relation to infection control was not available. The manager had identified this prior to our visit and was working with the provider to develop the appropriate policies and audits.
- A food hygiene rating had not been obtained from the food standards agency.
- Overall the home was clean and additional domestic staff had been employed to support the cleaning of the home.

Assessing risk, safety monitoring and management

- Some people expressed themselves with behaviours which were linked to their mental health condition. However, there was no identified plan of how to support the people when these events occurred. This meant that there was a risk staff would respond to the person differently and this could have an impact on their condition.
- Risk assessment were in place to reduce the risks to people. However, these had not been reviewed following incidents which had occurred and had an impact on the person's safety.
- Other areas of care had not been risk assessed. For example, some cookers in people's flats were not turned on. There was an overarching home policy which reflected that all the cookers would be turned off unless an appropriate assessment reflected the person was safe to have it switched on. However, some people felt they should have an opportunity to have a risk assessment in this area.
- Emergency plans were in place to ensure people were supported in the event of a fire. However, consideration had not been made for one person who was hearing impaired in accessing equipment which would support them to be independent if the alarm was raised.
- We saw regular fire evacuation practices had taken place.

This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Lessons had not always been learnt. For example, after incidents risk assessments had not been updated. However, we noted the manager did discuss with staff after major incidents or safeguards to review what could have been done to avoid the situation reoccurring. The manager told us they would follow this process up with risk assessments and care planning.

Systems and processes

- People we spoke with felt safe, one person said, "There is a good supportive environment here and staff

on hand for one to one support." However, there was no information available for people to be aware of the process or who to contact if they felt they were at risk of harm.

- Referrals to the safeguard teams had been raised following concerns and these had been investigated and the outcomes shared with the staff teams.
- Staff were supported to keep safe. Each staff member had a radio which they could request additional support if needed. Staff were also able to discuss with us methods they used to consider their own safety.

Staffing levels

- There was sufficient staff to meet people's needs.
- The provider had increased the staffing levels and these reflected the increased needs of people. For example, they had introduced a twilight shift which covered 6.00pm to 11.00pm. Staff told us this had made a difference. One staff member said, "It has made it better in the evenings, we try to use this time to occupy people and help settle them for the evening."
- Staffing had also been increased to support the cleaning of the home. Previously the support staff had to complete cleaning as part of their role, now there was dedicated domestic staff available Monday to Friday.
- Staff had been recruited safely to ensure they were suitable to work with people.

Using medicines safely

- Medicines were managed safely. The provider used an electronic system, which provided a traffic light approach. For example, if a person missed their medicine it showed as red and then moved to amber to show they could still take it within the recommended time frame. If they did not take their medicine it was recorded.
- The provider completed a daily check on the medicines to review any missed medicines.
- People received regular reviews of their medicine to reflect their needs based on their individual mental health condition
- People were supported to manage their own medicines and measures were in place to ensure this was done safely. For example, their medicine was in blister packs and regular checks were made to ensure the medicine had been taken.
- When 'as required' medicine was needed to support people's pain relief or anxiety, this was monitored and clear guidance on when it should be given was in place.

Is the service effective?

Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- At our last inspection we recommended that the provider reviewed their approach to meeting the Mental Capacity Act 2005. At this inspection we found there were still some concerns in relation to meeting this requirement.
- We saw that some people did not always have a capacity assessment or details of how the decision of support had been made. The decisions which had been made through a best interest meeting, had been completed by the commissioning professionals.
- Some people had a DoLS in place and we saw that the conditions were being met. However, consideration had not been made when people's mental health placed them at risk and within the guidance of requiring a DoLS.
- Staff we spoke with knew about the people on a DoLS, however lacked understanding about how the Act impacted on the decision-making process or how people should be supported through a best interest process. We reviewed the training and saw that only 44% of the staff had completed the training in MCA.

Staff skills, knowledge and experience

- We identified that not all the staff had received the training they required.
- We reviewed the training information which identified for several areas of mandatory training only 50% of staff had completed the training. For example, infection control, person centred planning and food standards.
- Staff had not always received the support they required for their role. For example, a new starter had not received a formalised meeting for seven weeks. Another staff member had not received regular supervision following an incident in relation to their practice.
- When staff commenced their role, they were given shadow shifts with experienced staff.

Supporting people to eat and drink enough with choice in a balanced diet

- There were mixed feelings about the approach to the meal support. Some people had the staff to support them with meals and they had a detailed meal chart. These people were happy about the arrangements.
- Other people felt the support was not available. The manager had changed the arrangements for meals to set times each day, when a staff member would be available to support with meal preparation. However, some people felt that if they did not accept the support at the set time they were left without a meal or support. We discussed this with the manager and they agreed to discuss with the people at their next weekly meeting to agree a way forward.
- People who had cultural needs were supported with a separate budget to enable them to order food or spices to support their needs.
- People's weights were monitored and when required health care professionals were consulted.

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

- Assessments of people's needs were detailed; however, their expected outcomes were not always clearly identified or reviewed on a regular basis. For example, to manage their own medicine or to prepare a meal.
- Some staff had developed skills in supporting people with their mental health condition, further work was being developed in this area to widen staff knowledge of the people they supported.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access a range of health and social care professionals when required. For example, we saw that appointments were made for people.
- Other people had requested a review of their medicines, these were supported and any changes made on the medicine administration system.

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

- Each person could personalise their own flat.
- The provider had listen to the views of the people and staff and rearranged one of the empty flats so it could be used as an activity space. One staff member said, "It's a great space as we can have a film night or do baking and crafts. I have even baked at night, which works for some people" One person confirmed they had baked in an evening and this had been good for them.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- □ People were happy with the staff who were available to support them. One person said, "We have one to one talk time and can request extra time, if needed."
- □ Staffing numbers at night had been a concern and we saw staffing had been increased. One person said, "The introduction of the twilight shift has helped."
- □ People were encouraged to be independent and some people had developed skills which meant they were looking to move onto supported living settlements.

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

- □ People were encouraged to make decisions about their care. Each week the manager held a house meeting with all those living and using the home. These meetings reviewed different aspects of care at Boden. For example, people discussed the meals and the activities on offer or what they would like to be considered.
- □ People were able to access an advocate if required to support with their decision making.
- □ Relationships of importance were promoted. People were supported to have contact with family members either in person or through telephone and skype calls.
- □

Respecting and promoting people's privacy, dignity and independence

- □ People felt their privacy was respected. Each person had their own keys to their flat and staff only entered with the person's agreement.
- □ On occasions the searching of rooms or drug tests were required. However, these were only considered following identified risks and with the person's consent.
- □ We saw that people's information was stored securely within a locked office. Any information which was electronic was password protected and some areas had restricted access to ensure only those who needed to receive the information had access.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs
People's needs were met through good organisation and delivery.

Personalised care

- People felt included in the development of their care plan. One person said, "I talk through my care needs and staff will go through it with me."
- Staff were knowledgeable about people's needs and their mental health condition.
- Details relating to people's life history had been recorded and medical information. The new manager had recognised that more detail was required within the plans to ensure they were more persons centred. This work was being developed by the lead clinical nurse and support staff.
- Staff had a two-weekly meeting which gave them an opportunity to review each person, their progress and next steps.
- Staff also received a weekly email to reflect any changes, between the planned meetings so that staff were aware of any changes. .
- We saw that one person's plan contained some picture formats to support them in their understanding.
- Other people had been supported to access spiritual support and had joined local religious groups.
- People were encouraged to participate in activities. There was a designated person who focused on engagement and activities for people. They told us about some new initiatives which reflected things which can be done within the home and others in the local community.
- People's interests had been taken into consideration. One person was returning to horse riding. Another person wanted to run a current affairs group and this was being supported.
- A music therapist had been introduced and people told us they enjoyed this new addition. Another idea which was being developed was an education programme. This would reflect the roles of different professionals, like the ambulance service or the local voluntary service.
- Some people had secured voluntary opportunities and others had employment.

Improving care quality in response to complaints or concerns

- Any complaints which had been received had been investigated and responded to formally with an outcome.
- People told us they felt able to approach the management, one person said, "Management are accessible you only have to ask to speak with them."

End of life care and support

- At the time of the inspection there was no one receiving end of life care. The manager acknowledged this was an area they needed to consider as part of their development of the care plans.

Is the service well-led?

Our findings

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The provider had not always notified us, as required, of events which had occurred at the home. For example, police incidents and hospital admissions.
- We saw that safeguards had been reported to the local authority, however they had not always been reported to us. This meant we were not aware of the incidents and could not be assured of the action taken.
- The current rating was displayed at the home and on the provider's website.
- The current registered manager was not available due to long term absence. The provider had recruited another manager who was registering with us.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- We saw that the provider had completed some audits. However, they had not always used them to drive improvements. For example, incidents had been recorded but changes had not always been made to people's risk assessments or support they required.
- Medicine management had been reviewed on a daily basis, however there was no formalised audit completed to review the medicines storage, reoccurring medicine errors and ongoing medicine management.
- It was identified that there was no policy available for the management of infection control and therefore no audits had been completed to cover this area.
- The management team had recognised that some people had been placed at Boden House and their needs were not able to be met within the model of rehabilitation care. The provider and manager planned to bring this to the attention of the commissioners and consider other options for people so that they would be supported appropriately.
- The provider had also recognised that for this model of care, they needed to review their registered numbers with us.
- People had care plans for their care needs. However, when they received their one to one sessions there was not always a clear direction in the individual's outcome. The manager recognised this and acknowledge these needed to be linked to the rehabilitation model of the home.
- Staff had fortnightly meetings to discuss each person's needs, in addition to daily handovers to reflect on each person's needs

This demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff

- The people had a weekly meeting at the home. People told us they received a copy of the minutes. However, this was only provided in a standard written format and some people may have required this in larger print or pictures to support their understanding.
- People raised concerns that items discussed at the meetings were not always followed up. This was due to the meetings not reflecting on the previous weeks actions.
- Other aspects of importance had not been regularly discussed. For example, safeguarding, advocacy or how to make a complaint. There was also no information on display to provide people with the information they may require if they wished to access support in these areas.
- Staff felt supported by the management and they could access support when they needed it.

Working in partnership with others and Continuous learning and improving care.

- A health care professional told us that the relationships with their service had been placed under pressure due to the complex needs of the people using the service. We saw the manager had met with these professionals to develop a communication strategy. The health care professionals said, "Relationships have improved and we now feel that information is being shared."
- Commissioning professionals had completed monitoring visits, recommendations were made from these visits. We saw that the provider and manager were working to achieve the required changes to ensure they met the commissioner's requirements.
- Other professionals felt that things had improved at Boden House and this had a positive impact on people's needs.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risk assessments were not always in place or updated to reflect events or incidents. Plans to manage people's behaviour was not always in place. Information in relation to infection control and food safety had not been implemented.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Audits and reporting system where not always in place to drive the quality and improvements to the service.