

Aspire Health and Care Limited

Dovecote

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

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

About the service

Dovecote is a residential care home providing personal care and support for 11 people with severe and enduring mental health illness, aged between 18 and 65 years old, at the time of the inspection. The service can support up to 18 people.

People's experience of using this service and what we found

People were not always supported with their medicines in line with the provider's medicines policy. Records with regards to people's medicines were not all up to date. Risks associated with people's care and support had been identified and assessed but not always properly managed. There was a lack of monitoring systems in place to monitor the quality and safety of the service.

People felt safe living at Dovecote and felt safe with the staff team who supported them. A robust recruitment process was followed when new staff were employed, and staff had received the training they needed to enable them to meet people's individual and diverse needs.

People's needs had been assessed prior to them moving into the service and plans of care had been developed for staff to follow. People were supported with their nutritional needs and supported to eat and drink well. Staff made sure people were supported to access support from relevant healthcare professionals when they required it.

Staff were kind and caring and treated people with respect. People were involved in decisions about their care and their consent was always obtained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to share any issues of concern, so these could be addressed.

The staff team felt supported by the registered manager and their thoughts on the service were sought. People, and their relatives, were asked for their opinion of the service through day to day conversations and meetings. The registered manager worked in partnership with others to provide people with the care and support they needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

This service was registered with us on 12/12/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection programme.

Enforcement

We have identified breaches in relation to managing risk, medicine management and lack of systems for monitoring the quality of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Dovecote

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and a specialist nurse advisor.

Service and service type

Dovecote is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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. 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 before the inspection

We reviewed information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority, who monitor the care and support people receive, and Healthwatch Nottinghamshire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with three people living there. We spoke with the registered manager, a registered mental nurse (RMN) and four members of the staff team. We observed support being provided in the communal areas of the service. We reviewed a range of records about people's care and how the service was managed. This included three people's care records and associated documents including risk assessments and a sample of medicine records. We looked at records of meetings, both for the staff team and the people using the service, staff training records and the recruitment checks carried out for two staff members. We also looked at a sample of the provider's quality assurance audits.

After the inspection

The registered manager provided us with further evidence including the newly developed business continuity plan, and minutes of the latest staff meeting.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated as requires improvement. This meant 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.

Using medicines safely

- Medicines were not managed safely. A new medicine system had been introduced 41 hours prior to our visit. Changes in the system were not reflected in the provider's medicine policy; and the team leader administering medicines on the day of our visit explained their training had consisted of only one shadowing session with another support worker. They told us they did not feel fully confident with the new system.
- People were not supported to manage their own medicine effectively. The provider's medicine policy had not been followed for people who were looking after their own medicines. The policy stated people should have their seven-day medicine packs checked at least twice weekly. Those checks had not been completed. This meant there was a risk people had not taken their medicine and the provider would not be aware of that.
- Prescribed skin creams were not managed safely. Creams and lotions had not been dated when opened, as required by the medicine policy. This meant there was a risk prescribed creams might not be used in line with the manufacturer's instructions.
- Medicines prescribed for use 'as and when required' (PRN) were not managed safely. Medicine details had been handwritten on to the medicine records but information regarding the maximum dose to be offered in each 24-hour period had been omitted. PRN protocols had been printed and placed in each person's file, but these had not been completed with the necessary details.
- Staff did not maintain good hygiene when giving medicines to people. We observed a medicine round and saw that the support worker did not wash their hands at the start of the medicine round, as required by the provider's medicines policy, though alcohol gel was used. There was a sink in the medicine room but no soap was available. This was put right during the inspection.
- We were shown a draft of a new medicine policy awaiting ratification, but it was evident the new system had been introduced without any policy changes being implemented. (We received information following our inspection to demonstrate the new medicine policy was now in place and being followed).
- Systems were not robust enough to demonstrate medicines were managed safely and this placed people at risk of harm.

Assessing risk, safety monitoring and management

- Risks to people had been identified and assessed by staff but these had not always been appropriately managed. For example, there had been incidents of inappropriate behaviour and language, from a person living at Dovecote, aimed at other people using the service and the staff team.
- There had been no management analysis of incidents and no action plan devised to reduce them. The person's risk assessment stated, anti-social behaviour was rare if the person had appropriate support. However, there had been frequent incidents of inappropriate behaviour/language. This meant the provider

was not always protecting people from being subjected to behaviour which was abusive.

- The staff team had not always followed reporting processes when incidents had occurred. We identified six occasions when an incident had not been appropriately recorded.
- Checks on the emergency lighting and fire extinguishers at the service had not always been completed as per the provider's schedule.
- Systems to manage identified risks were not robust. This placed people at risk of harm.
- We received information following our inspection to demonstrate the areas of concern had been addressed.

The provider failed to ensure the proper and safe management of medicines; and failed to do all that was reasonably practicable to mitigate assessed risks to the health and safety of service users receiving their care or treatment. This was a breach of Regulation 12, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

- Regular safety checks had been carried out on the environment and on equipment used, to ensure it was safe.
- Personal emergency evacuation plans were in place to ensure people were supported appropriately in the event of a fire or untoward event and these were up to date.

Learning lessons when things go wrong

- Lessons were learned from some incidents. For example, it was identified that a person's behaviour changed on certain days when they were supported with their medicines. The registered manager therefore agreed that on those days, two members of staff would support them with their medicines instead of one.

Staffing and recruitment

- Enough staff were available to meet people's care and support needs. A person told us, "The staff are always available to support me."
- Effective recruitment processes were in place ensuring only suitable people with the right values worked at the service.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Dovecote and felt safe with the staff team who supported them. One person told us, "There are enough staff here to help me feel safe."
- The staff team had received training on the safeguarding of adults and knew their responsibilities for keeping people safe from avoidable harm. One explained, "I would raise anything with the manager in the first instance, she would act."

Preventing and controlling infection

- An infection control policy was in place and the staff team had received training on the prevention and control of infection.
- Personal protective equipment, such as gloves and aprons, were readily available; and these were appropriately used when staff supported people with their personal care.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's individual care and support needs had been comprehensively assessed and their diverse and cultural needs had been explored prior to them moving into the service. This ensured people's needs could be met by the staff team.
- Admissions to the service were thoroughly planned and people had the opportunity to visit and stay overnight before deciding to move in.
- The staff team were supported by a range of health care specialists and care was provided in line with national guidance and best practice guidelines. For example, for people who lived with specific health conditions, the signs and symptoms to look out for were included in their plan of care. The actions to take to support the person appropriately with their health condition were also identified and included.

Staff support: induction, training, skills and experience

- Staff had been provided with an induction into the service, and the training they needed to support people effectively had been completed. One staff member explained, "I have completed emergency first aid, wound dressing, and more, I have completed all of the mandatory DVDs and my medication training."
- The staff team were supported through supervision and appraisal and they told us they felt supported by the management team. One staff member explained, "Yes [feels supported], very, whether it being a personal issue or work issue, management and staff are very encouraging."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy balanced diet and to eat and drink well.
- Nutritional risk assessments and plans of care had been developed for people's eating and drinking requirements and people's weight was monitored regularly.
- People were supported to prepare their own meals. One person told us, "I think the food is alright, the staff support us at meal times to prepare our food. The kitchen can become quite crowded at times."
- People were able to eat and drink the food they enjoyed and were fully involved in menu planning. One person explained, "I help with food planning and shopping and I help with the online food order. I also go out to shop regularly."

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

- People's needs were met by the design and decoration of the premises and the environment was comfortable and tastefully decorated.
- The environment was purpose built and each bedroom had an en-suite bathroom.
- People had access to suitable indoor and outdoor spaces. There were spaces available for people to meet

with others or to simply be alone.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The registered manager worked closely with the local community mental health team and other specialist healthcare professionals such as clinical psychologists to ensure people's healthcare needs were met and their general wellbeing supported.
- Staff were aware of people's changing healthcare needs and ensured their needs were met. Staff understood how to identify when people needed intervention from a health or social care team. Records showed people received appropriate support and staff continued to support people in line with the recommendations and guidance provided.
- Staff were observant to changes in people's health and when concerns were raised, support and advice was promptly sought.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

Any restrictions on people's liberty had been authorised and regularly reviewed. Whilst applications had been made to the relevant authority, we noted there was no system in place to ensure these were followed through or new applications were being made in a timely manner. We shared this with the registered manager for their attention and action.

- People were encouraged and supported to make decisions about their day to day routines and personal preferences, and their consent was always obtained. A staff member explained, "We offer one to ones and if personal care is required we offer the person the choice of whether they would like our help or to do it independently."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People using the service experienced positive relationships with the staff team. People told us staff were kind and caring and they looked after them well. One person told us, "Staff are very helpful and supportive." Another explained, "Staff understand me. They can help me resolve issues. There is always someone around day and night. I get a lot of one to one support."
- We observed caring interactions throughout our visit. People were reassured when feeling anxious and were spoken to in a kind and considerate way.
- The staff team had the information they needed to provide individualised care and support. They knew people's preferred routines, the people who were important to them, and they were knowledgeable about people's history. They knew people's likes and dislikes and personal preferences including what they liked to be called.
- Staff were patient, had time to support and talk to people, and there was a relaxed atmosphere at the service. Staff responded to people timely and appropriately when they needed to.

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

- Staff encouraged and supported people to make decisions regarding their day to day routines and express their views about their personal preferences.
- People were encouraged to maintain relationships that were important to them. Staff had received training on equality and diversity and respected people's wishes.
- Relatives and friends were encouraged to visit, and people told us their relatives could visit at any time. One person stated, "My family are always made welcome."
- For people who sometimes struggled to make decisions regarding their care and support, either by themselves or with the help of a family member, independent advocacy services were made available. This meant people had access to someone who could support them and speak up on their behalf if they needed it. One person told us, "I have used an advocate a few times to help me challenge things."

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible and their privacy and dignity were always maintained.
- People told us staff were kind and treated them with respect. One person told us, "Staff are polite and knock before entering my room."
- Staff gave us examples of how they promoted people's privacy when supporting them. One told us, "We always knock on people's doors and we continually offer choices and opportunities to engage."
- A confidentiality policy was in place and the staff understood the importance of keeping people's personal

information confidential.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support based on their individual needs.
- Plans of care had been developed prior to people moving into the service. They were written in a sensitive and thoughtful way and reflected people's needs and preferences.
- Plans of care were holistic and detailed and showed people using the service, their relatives where applicable, and health professionals had been involved in the care planning process. A staff member explained, "We have care plans which keep us informed with the vital information we need to support the individual to the best of our ability."
- Each plan of care had goals the person had identified they wanted to achieve and steps to achieve these. People were being supported to work towards achieving their own goals, wishes and aspirations.
- The staff team worked hard ensuring they could meet people's needs however complex.
- People told us staff had a good understanding of their individual needs. One person explained, "Staff understand me, and they can help me resolve issues."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibility to comply with the AIS and was able to access information regarding the service in different formats to meet people's diverse needs.
- People's communication needs had been identified and information had been provided in a way people understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager and staff team worked hard to support people to actively access interests and activities that were important to them.
- People participated in activities such as shopping, food preparation and cleaning. This was to support people to become more independent and less reliant on support. It was an important stepping stone towards people's rehabilitation. One person explained, "I do keep my own bedroom clean."
- People were supported to attend a whole range of activities. These included cooking sessions, arts and crafts, football and relaxation/yoga sessions. Several groups had also been set up which people were invited to attend daily. These included a budgeting group, reading group, music group and various male and female

social groups.

- Weekly house meetings were held, and people were asked what they would like to do. At a recent meeting one person explained they would like to take up photography. A staff member stated they would support them to do this and locate a camera for them.
- People confirmed there were lots of activities they could attend. One person explained, "There are plenty of activities, gardening in the summer, games, films, exercise group & walking." Another told us, "The staff have arranged for me to join the local gym and I'm looking forward to starting this."

Improving care quality in response to complaints or concerns

- A complaints process was in place and a copy was displayed for people's information.
- People were also reminded at the weekly house meeting to share any issues with staff, so these could be sorted out quickly. One person explained, "Staff here are good at listening."
- The registered manager had not received any formal complaints but knew what to do if a complaint was to be received.

End of life care and support

- At the time of our inspection, no one was receiving end of life care. However, it had been recognised by the RMN that this was something that needed to be looked into, and relevant plans of care would be introduced as and when required.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems to assess, monitor or improve the quality and safety of the service were not in place. For example, regular analysis of accidents and incidents had not taken place to look at ways to reduce risks to people. This placed people at increased risk of harm.
- Important information was missing in some people's records, and records were not always consistent or up to date. This included medicine records, one to one records, weekly activity schedules, and incident records.
- There was no business continuity plan in place for the management team to follow. This meant, in the event of an emergency, no guidance was available to ensure the continued safe running of the service.
- Regular checks on the fire safety systems at the service had not always been completed, and this had not been identified by the provider. This meant people could be at increased risk of harm resulting from fire incidents.
- There was a lack of consistent management review of the systems and processes carried out at the service. This meant the provider was not always aware of issues that affected the safety of people receiving a service. The registered manager told us they had already started the process of addressing these shortfalls in the provider's quality auditing process.
- We received information following our inspection to demonstrate the areas of concern had been addressed.

The provider failed to ensure systems and processes were established, and operated effectively, to monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. This placed people at an increased risk of harm and was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

Continuous learning and improving care

- A monitoring system to audit people's plans of care had recently been developed, and the RMN was in the process of carrying out this piece of work.
- Following our inspection, a business continuity plan was devised, and a copy was sent to us.
- The registered manager acknowledged the need to analyse incidents and accidents to look for trends and patterns, and was planning to develop this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- Staff understood the provider's vision for the service. One staff member explained, "Our aim is to give people a good chance to move into the community. To give them a good quality of life and enhance their life skills."
- The staff team knew people's individual needs and ensured good outcomes for people.
- Staff told us they worked as a team to deliver good standards of care. One explained, "We have a lovely staff team at Dovecote."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements providers of services must follow when things go wrong with care and treatment.

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

- People using the service, their relatives and the staff team, had been involved in how the service was run and their views and thoughts were regularly sought.
- Weekly house meetings were held for people using the service. At these meetings people were able to air their views and discuss their thoughts regarding the support they received. One person explained, "I attend the resident meetings sometimes, and I feel listened to."
- Staff communication was good. Meetings were held daily to discuss all aspects of the service. For staff members who were unable to attend, minutes of the meetings were shared. Staff were also sent an email at the end of each week to share what had happened during that week and to update them of any events or issues.
- A keyworker system was in place and each person using the service had an identified member of staff to support them on a one to one basis. One person explained, "I have a keyworker and I have a weekly review with them. Staff are always asking if there's anything they can do. I don't know what I'd do without them."

Working in partnership with others

- The registered manager worked openly with stakeholders and other agencies to ensure people's care was consistent and effective.
- The registered manager liaised with social work teams and other professionals when appropriate, to ensure people received care that was appropriate for their assessed 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 The provider failed to ensure the proper and safe management of medicines; and failed to do all that was reasonably practicable to mitigate assessed risks to the health and safety of service users receiving the care or treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure systems and processes were established, and operated effectively, to monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. This placed people at an increased risk of harm.