Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Aspirations residential Southwest

76 Church Road, Longlevens, Gloucester, GL2 0AA

Tel: 01452540156

Date of Inspection: 30 July 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Aspirations Care Limited
Registered Manager	Mrs. Lindsey Marie Moore
Overview of the service	Aspirations Residential Southwest (also known as The Limes) is a care home for six people with a learning and/or physical disability.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 July 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We were unable to ask people about their views of living in the home because of their complex communication needs. Staff understood how to communicate with each individual and used this knowledge to help people to be involved in making day-to-day decisions about their care and daily living. We observed staff talking to people about how they wanted to spend their time and what they would like to eat and drink.

Care plans were personalised to each individual's needs and from the people we observed we saw that they accurately reflected their needs and wishes. Appropriate risk assessments were in place and all records had been regularly reviewed. On the day of our visit we spoke with a relative who told us they were happy with the care being provided and were invited to a yearly care plan review.

We spoke with four members of staff and they confirmed that they had received relevant training for their role and they were able to access any additional training if they requested it. Care was provided in an environment that was safe, well maintained and met people's needs. Appropriate arrangements were in place in relation to obtaining, recording and the storage of medicines.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Most people living in the home did not have the ability to verbally communicate their consent to receive care. We looked at the care records for three people and saw that these detailed how people communicated their wishes. This included a 'communications dictionary' that described what different expressions and gestures that people used were communicating. Staff understood how to communicate with each individual and used this knowledge to help people to be involved in making day-to-day decisions about their care and daily living. We observed staff talking to people about how they wanted to spend their time and what they would like to eat and drink.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. Care plans detailed the type of decisions that people would not have the capacity to make and would have to be made in their best interest. We saw that where significant decisions needed to be made for people best interest meetings had taken place, involving other professionals as well as family members and advocates. If people did not have the capacity to be involved in writing and agreeing to their care plans these had been written with the knowledge of staff and relatives. The provider may find it useful to note that there was no record to say that these care plans had been written in people's best interest.

There was evidence that the home assessed if any restrictions were in place that might impact on an individual's liberty. At the time of our visit the home had not made any applications to deprive any individual of their liberty.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights. Appropriate care plans were in place that were followed by staff.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care records for three people living in the home, spoke to staff and observed those people to see if care records reflected their needs. Each person had an assessment of need in place from which care plans were developed. Care plans were personalised to each individual's needs and from the people we observed we saw that they accurately reflected their needs and wishes. Appropriate risk assessments were in place and all records had been regularly reviewed. The provider may find it useful to note that while we could see care plans had been updated not all files recorded that reviews had taken place. On the day of our visit we spoke with a relative who told us they were happy with the care being provided and were invited to a yearly care plan review.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that people living in the home had access to regular checks with dentists, opticians and chiropodists.

Behaviour care plans were in place where it had been identified that people needed support to manage their behaviour and anxiety. Behaviour care plans detailed, using a traffic light system, different levels of behaviour for each individual. Staff recorded at two hourly intervals, in individual daily records, what level each person's behaviour had been. Where this was assessed as amber or red notes recorded what had happened before the change in behaviour, the cause and what was done to stop the behaviour from continuing. We saw that these notes were discussed at staff meetings and handovers to see if any improvements could be made in how people's behaviour was managed.

We saw examples on the day of our visit of how behaviour plans were implemented by staff. For one person staff used a wall clock with a timer to set a countdown to when an activity was due or an agreed time for having a drink. We saw the person regularly asked different staff when the time would be up and we observed that the response from all staff was appropriate and consistent.

We saw records of monthly meetings between people and their allocated care worker. Notes from these meetings showed how staff discussed with people what activities they

would like to take part in. A range of activities were on offer for people, including swimming, visits to the local park, bike rides, shopping and meals out. Activity plans were individualised for each person, although if people felt they did not want to take part in their regular planned activity other choices were offered.The home had the use of a mini-bus which enabled staff to respond to requests from people to go out.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining medicine and disposing of it safely. Appropriate arrangements were in place for the storage of medicines. Medicines were delivered to the home weekly and where possible supplied in blister packs with printed medication administration record (MAR) charts. Any unused medicines were returned to the pharmacist. When a new stock of medicines arrived these were checked against the MAR charts and put into a locked cabinet. Where medicines were not supplied in blister packs the original containers were clearly marked with the person's name.

Appropriate arrangements were in place in relation to the recording of medicine. We looked at the medication records for three people. All MAR charts had been completed and signed correctly. Each file had a photograph of the person to assist staff in identifying the individual correctly. Most people living in the home had some medication that was prescribed to be given 'as required'. We looked at the home's medicines policy that set out clear procedures for staff to follow when administering 'as required' medicines.The MAR charts had been printed with the number of occasions per day that medicines could be given if needed. When medicines were given staff recorded this on the MAR chart but also recorded the exact time on a separate sheet. This was to ensure that medicines were given with the correct amount of time between doses.

The manager carried out weekly mediation audits to check medicines stock, the completion of MAR charts and to monitor the amount of 'as required' medicines give to each individual. Medication procedures were also checked as part of the provider's quality assurance monitoring visits.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained. We walked around the home with the acting manager and observed that it was clean, odour free and well maintained. The building and grounds were secure. We noted that although the grass was being cut regularly the rest of the garden was not being maintained. We were advised that the hours the home was allocated for maintenance and gardening was under review and it was anticipated that additional time would soon be made available.

People's rooms were situated on two floors with one room in an adjoining annexe. The home did not have a lift and one person who found it more difficult to manage the stairs had a room on the ground floor. Baths in some bathrooms had been fitted with adjustable bath seats to help people who required assistance in and out of the bath. These adaptations were sufficient to meet the current needs of the people living in the home.

The provider carried out monthly audits of the premises and equipment. We saw that furniture and equipment were replaced when necessary. We saw evidence that the appropriate legally required checks had been carried out. These included checks for fire safety, electrical equipment, fridge and freezer temperature and water temperatures.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. Staff were able, from time to time, to obtain further relevant qualifications. New staff completed a comprehensive induction programme, based on the nationally recognised core induction standards. This included safeguarding of vulnerable adults, food hygiene, first aid, fire safety, health and safety, medication awareness, moving and handling and positive response training. Specialist training was arranged for staff in meeting people's needs for example in epilepsy, sensory needs and autism.

Records we looked at showed that training for some staff had passed the date the provider had set for renewal. Some of the reason for this was information about when training was due was not accurate or easy for the acting manager to access. The provider had recently allocated an administrator at their head office to co-ordinate training for all of the organisation's services and alert individual managers as to when staff training was due. There had resulted in training being up to date for all staff working in the home.

We spoke with four members of staff and they confirmed that they had received relevant training for their role and they were able to access any additional training if they requested it. Staff told us that everyone worked together as a team and supported each other to ensure that the needs of the people living in the home were met.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw that the acting manager had held two parents meetings since they had been managing the home. We looked at the notes from these meetings and saw that all the points parents had raised had been actioned. This included clarifying which staff could drive the mini bus and a board to show the names of staff on duty. The home also held weekly 'menu meetings' where people could choose the menus for the following week.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We looked at the records for accidents and incidents and saw that appropriate action had been taken to minimise the risk of re-occurrence.

The provider carried out monthly service reviews, looking at different areas on each visit to the home. We saw that where actions were set these were promptly actioned. The acting manager completed regular health and safety audits, medication and care file audits. This meant that any potential risks to people living in the home could be identified, monitored and managed.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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