

## Aspire Health and Care Limited

# Goldhill House

### Inspection report

6 Ashgate Road  
Chesterfield  
S40 4AA

Tel: 01246959978

Date of inspection visit:  
17 January 2023

Date of publication:  
20 February 2023

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Goldhill House is a care home providing accommodation and personal care to 2 people at the time of the inspection. There were 7 people living there in total, and the service can support up to 10 people. Not everyone who used the service received support with personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The service is registered to support younger adults with mental health care.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

The leadership of the service instilled a person-centred culture where people achieved good outcomes. People, staff and professionals felt the home was well-led. Governance systems were in place to identify risks and drive forward high-quality care to help people to meet their aspirations of greater independence. People and staff took part in regular reviews which led to continual improvements. Staff felt valued and supported by the management team and said this helped them to ensure people felt valued also.

Risks to people's safety were assessed and mitigated. People chose where they wanted to take positive risks to improve their independence. People were supported to take their medicines safely and were empowered to work towards doing this without support. Staff felt confident to recognise and report potential signs of abuse. People were not subject to unlawful restrictions. The home was clean and free from malodours throughout. Staff were safely recruited.

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.

Staff received training to enable them to support people effectively. The provider gave staff opportunities to complete enhanced training. The building was laid out in a way which promoted people's privacy and independence but gave opportunities for communal engagement.

Staff were kind and caring. People were supported to direct their own care and choose how they wished to spend their time. Each person had identified their goals and aspirations and staff helped them to work towards these.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 25 March 2021 year and this is the first inspection.

Why we inspected

This inspection was carried out because the service had not been inspected before.

## 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 safe.

Details are in our safe findings below.

Good 

### 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 well-led.

Details are in our well-led findings below.

Good 

# Goldhill 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 (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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Goldhill House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Goldhill House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

### During the inspection

We reviewed care plans for 2 people. We reviewed multiple Medicine Administration Records (MAR) and records relating to accidents and incidents people had. We spoke with 2 people who used the service and a professional who advocates for them. We spoke with 7 staff including the registered manager, deputy manager, 4 care staff and the administrator. We reviewed a range of records that relate to the safety and governance of the service.

# 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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were consistently safe and protected from avoidable harm. People were not subject to unlawful restraint.
- People felt safe. One person said, "I think it is safe here."
- The provider had a policy for safeguarding. This guided staff to report any concerns no matter how small.
- Staff felt confident to speak with the registered manager or deputy manager if they had any worries about people's safety. One staff member said, "Without question I would go to the management and I know it would be taken seriously."

Assessing risk, safety monitoring and management

- Risks and potential risks to people's safety were assessed and regularly reviewed. People were involved in all assessments and reviews.
- There was clear information in people's care plans to guide staff about how to keep people safe from harm.
- People were encouraged to take positive risks safely. This meant their freedom was promoted and they became more independent.
- For example, one person had a history of becoming distressed before moving to Goldhill House. The registered manager completed a review of their previous care and considered their feelings and actions to be a symptom of lack of empowerment. When they experienced more freedom they were calmer, happier and no longer became distressed.
- One professional who worked with a person said, "[Name] definitely feels safe there, they feel they can talk to the staff there."
- Every person living there had a personal safety plan about how to leave the building in an emergency. These were clear and detailed and would be easily accessible to emergency services if needed.

Staffing and recruitment

- There were enough staff on duty to support people safely and meet their needs.
- People sometimes received support on a one to one basis. The rotas in place demonstrated that people always received the one to one hours commissioned for them.
- Staff were safely recruited. This included pre-employment checks such as interviews, references from previous employers and criminal records checks.
- Where agency staff were employed, the registered manager ensured the same checks were carried out and staff had received effective training.

### Using medicines safely

- Medicines were safely managed.
- Staff supported people to take their medicines as prescribed.
- People worked towards taking their medicines independently. People were involved in assessments to see how safe it would be for them to manage their medicines themselves. Records showed people did progress to full independence, this was monitored so staff could step in to support people if any issues arose.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were able to have visitors whenever and wherever in the home they wanted. There was a variety of communal areas to choose from so people did not need to meet visitors in their bedrooms if they wanted privacy. The registered manager supported people to assess any risks of meeting visitors and ensure this was safe.

### Learning lessons when things go wrong

- Whenever people experienced accidents, incidents or near misses there was a thorough investigation which included how to ensure future risks were minimised or mitigated.
- One professional told us about a time a person had an accident, they said the staff responded well and implemented changes to ensure the accident didn't happen again.





# 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 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 care needs and choices were assessed and delivered in line with best practice guidance and their own choices.
- The registered manager instilled a holistic approach to the assessment of people's needs and preferences. This included reviewing people's life history to recognise how they could achieve better outcomes from living at Goldhill House.
- People's goals and aspirations were explored. This meant staff were guided about what people wanted to achieve from their care and how to support them to do this.
- Where goals were set with people to achieve greater independence, these were realistic and achievable. People took more control in areas of their life when they were safe and felt confident to do so

Staff support: induction, training, skills and experience

- Staff completed training and had their competency assessed regularly.
- People told us staff were well trained. One person said, "Yes staff are very well trained, they are all good."
- All staff completed an induction and did not work unsupervised until they and the registered manager were confident they were ready.
- Staff completed the Care Certificate and further qualifications such as National Vocational Qualifications up to and including level 5 (the highest available). The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were offered opportunities and encouraged to complete extra training where it was considered this may support them to meet people's needs and preferences more.

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

- People chose what, when and where they ate and drank.
- There were no set meal times, people prepared their own food and drinks and devised their own meal plans.
- Where people had specific dietary requirements, these were known and respected by staff.

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

- There were systems in place to support people to access healthcare support as and when they needed or wanted this.

- People were encouraged to live healthy lives whilst still respecting their choices. For example, one person had lost a significant amount of weight. They told us this had been a goal for them, and they were proud to have done this.

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

- People chose how their living areas would be laid out and decorated.
- There was a choice of different communal areas, including a safe outside space as well as areas where people could enjoy their privacy.
- The layout of the premises promoted people's independence. People's bedrooms did not open onto communal areas and people were not able to access each other's private living spaces.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working in line with the MCA.
- People's abilities to make their own decisions were assessed and constantly reviewed. People were supported to make decisions in their best interest. Staff respected people's choices, even when they may have thought the decision unwise.
- Where people were subject to DoLS these were adhered to. The registered manager worked closely with people and their advocates to reduce the need for DoLS and ensure any restrictions were minimal and agreed with people to be in their best interest.

# 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 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 were supported by staff who were kind and caring. Staff knew and respected people's diverse characteristics. People were empowered to celebrate their individuality.
- People and professionals told us staff were kind to people. One person said, "Yes I like the staff, they are nice to me." A different person said, "It's good here, I like it."
- People had weekly progress meetings at a time that was convenient for them. At these meetings they discussed all aspects of their care with staff.
- Staff were proud to work with people and strived to support them to achieve their goals. One staff member said, "We are all about the people here. We work in their home; they don't live in our work. We all want them to achieve their best and move on to full independence even though we will miss them so much when they do."

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

- People directed their own care. Each person was supported differently and in the way they had chosen.
- Where guidance for staff was included in people's care plans, these records were written with people, reviewed and signed by people to demonstrate they agreed.
- People were supported to access independent advocacy services to support them to express their decisions. One professional said, "The staff definitely make adjustments to help [Name] with their understanding."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff supported people to work towards greater independence.
- One person said, "I am a lot more independent since I moved in."
- One person told us they liked to have privacy in their living space, and they were not pressured to spend time in communal areas.
- People were supported to find opportunities to access voluntary or paid employment and engage in community activities.
- Staff told us they always maintained people's dignity. For example, when people were supported to take their medicines this was always in the privacy of the clinic room and never in communal areas.

# 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 were fully involved in their care. People directed how they wanted to be supported and what they wanted to achieve from their care.
- The information in people's care plans focused on whole life goals and what skills they could improve on. For example, people took part in life skill workshops such as personal finance budgeting, first aid and health monitoring.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider worked in line with the AIS.
- People were asked how they preferred to receive information and their needs and wishes were respected.

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 provider ensured there were a variety of person-centred activities available that were tailored to people's needs and choices.
- People were encouraged to take part in activities at all times of the day. Staff offered people the option to join in music evenings, baking groups, walking groups, fundraising for mental health charities, spending time with staff's pets and socialising away from the home.
- One person told us that their favourite activity was attending a nightclub social event on a weekly basis.

Improving care quality in response to complaints or concerns

- Complaints were reviewed and used as an opportunity for continual improvement.
- Where a complaint had been received these were investigated objectively and any lessons learned were cascaded amongst the staff team.

End of life care and support

- The registered manager ensured people had the opportunity to consider and document how they would like to be cared for in the event of them becoming seriously unwell.
- People's care plans included guidance for staff about how to care for the person and to meet their wishes.

No-one was known to be unwell or approaching the end of their lives, but this information was clear and accessible in people's care plans.

# 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us that Goldhill House was exceptionally well-led and they achieved good outcomes from the support they received. One person said, "The manager has helped me a lot, I have come on so much since I have been here."
- One person was subject to a DoLS when they moved in, they had since had conditions on their DoLS removed due to their increased independence and life skills.
- Staff were proud to work there and consistently told us that people were at the heart of the service. One staff member said, "Everything we do is to make sure people can have better lives and move on to independence, the [registered] manager is inspirational in this."
- One professional said, "The move to Goldhill House has worked so well for [Name], I believe the home is consistently well managed. The registered manager is very approachable, knows people well and puts a lot of time into their care plans."
- The registered manager worked with people and professionals to ensure people identified aspirations to work towards. These were achievable but also challenged people and supported them to have confidence in their abilities to move on to full independence. One professional said, "The staff at Goldhill try all sorts of different ways to help."
- The registered manager ensured staff knew and understood people's life histories and guided staff to empathise with the challenges they faced, both current and in the past. This had led to people's being happier, calmer and able to move towards greater independence.

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

- There was a strong focus on quality review, monitoring and accountability.
- The registered manager used the provider's governance systems effectively to ensure any risks to the quality of the service could be quickly identified and addressed.
- The registered manager had also implemented their own further governance procedures to enhance effectiveness. This included a full audit of people's care every time they had an accident, any type or major or minor incident or near miss.
- The governance systems helped to ensure people's safety, quality of life and independence constantly improved. This was done by identifying themes and trends, referring to best practice guidance, comparing against current research and involvement of people, staff and professionals. Outcomes from audits and analysis were shared with staff. This led to improvements in people's care.

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

- The registered manager instilled an open culture where people, staff and professionals felt valued.
- Throughout people's assessments the registered manager explored how to ensure they felt empowered. One person expressed frustration at litter being dropped nearby. In response, the registered manager started a litter picking session, this became a project that everyone at the home chose to join in. This helped to strengthen links with the people who lived locally.
- Staff felt the registered manager prioritised their wellbeing and in turn this meant staff felt confident to prioritise people's wellbeing. One staff member said, "We know we are really well supported and that helps us to do our jobs better, we are a really close and strong team, it's the best place I have ever worked."
- For example, there was a rolling rota. This meant staff knew their shifts more than 12 months in advance. Staff told us they were able to plan their lives and this led to them being happier, more relaxed and able to promote a positive atmosphere.
- There was mental health support available to staff. The registered manager told us that staff who support people with mental health could be more vulnerable to facing challenges themselves so they implemented a system whereby staff could access professional clinical support twenty-four hours a day, seven days a week.

Continuous learning and improving care

- The registered manager appointed staff to 'Champion' roles. For example, staff were 'Champions' of dignity, health and fitness, diversity, medicines, safeguarding, mental health and infection control. This gave staff responsibility to maintain oversight of these areas and ensure improvements were constantly implemented and embedded.

Working in partnership with others

- The registered manager worked closely with external professionals. For example, there were close working links with commissioners, community mental health teams, social workers and the community policing team.
- The registered manager had sought and maintained links with community organisations. This meant there were more opportunities for people to take part in voluntary work and activities available locally.
- Visiting professionals were invited to complete anonymous questionnaires asking for detailed constructive feedback about the care people received. The registered manager used this feedback to ensure people achieved good outcomes and to drive forward continual improvements.

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 duty of candour was met. The registered manager was open with people, their advocates, professionals and staff when things went wrong and ensured action was taken.