

Aspen House Limited

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Inspection report

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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

We inspected this service on 23 November 2018 and this was an unannounced inspection. At our last inspection in July 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service was registered to provide support and accommodation for up to 22 people who may have a learning disability or mental health condition. There were 21 people living in the home at the time of our inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Aspen House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 remained safe. Risks were assessed and reviewed to keep people safe and protect them from avoidable harm. People were protected from unnecessary harm by staff who knew how to recognise signs of abuse and how to report concerns. Medicines were managed safely to ensure that people received their medicines as prescribed and to keep well. There were sufficient numbers of staff to meet peoples need. There were processes to minimise risks to people's safety; these included procedures to manage identified risks with people's care and for checking staff were suitable to work with people who used the service.

The service remained effective. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's consent was sought before care was delivered. Where people lacked capacity to make certain decisions; decisions were made in consultation with people who were important to them and made in their best interests. People maintain their preferred diet and were supported to plan, and prepare their meals they wanted to eat. Staff had the skills, knowledge and experience to work with people.

The service remained caring. People were treated with kindness and compassion by staff who knew them well. People were given time and explanations to help them make choices. People's privacy and dignity was respected and they were confident that staff supported them in the way they wanted to be.

The service had improved and was responsive. People could participate in activities that interested them and be independent. Care records were personalised and contained relevant information for staff to help

them provide the care people wanted. Information about making a complaint was available for people and they knew how to complain if they needed to. People knew how to make complaints and they felt that the staff and registered manager were approachable.

The service remained well led. Staff felt well supported by the registered manager and provider. Regular quality checks were completed and people could comment on the quality of service provision. Where necessary, improvements were made to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service has improved to Good.

People decided how they wanted to be supported and were asked about the care they received after each stay. People were involved with activities that interested them. There were arrangements in place for dealing with concerns and complaints and people were confident that they would be listened to and their concerns would be dealt with.

Is the service well-led?

Good ●

The service remained good.

Aspen House Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service.

This inspection took place on 23 November 2018 and was unannounced. Our inspection team consisted of one inspector.

We checked the information we held about the service and provider and we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information about the service such as notifications they are required to submit to the Commission. This included information about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

We spoke with four people who used the service, five members of care staff, and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We observed how the staff interacted with people who used the service. We looked at four people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

People felt safe and were supported by staff to keep well. We saw staff were available to assist people to travel to planned events and when they required support in the home. Some people had additional support to meet their specific needs. The provider had recognised that where people had different cultural needs and spoke English as a second language, additional support was provided to ensure people had opportunities to share experiences and to communicate in their first language.

The registered manager assessed the risks people presented to themselves and others. There was guidance to manage these risks to help keep people safe both at home and when out. Some people went out alone and they explained that they informed staff where they would be and what time they should return home. One person told us, "I go out when I want but I always tell the staff where I'm going so they don't worry. I've got a mobile phone so if I don't feel safe or need help I can call them."

Staff understood the types of potential abuse that could happen to people and how to recognise the signs and symptoms if they had been abused. They had a clear understanding of the how to report any allegation or suspicion of abuse. Where safeguarding concerns had been reported, the provider worked with the local safeguarding team to ensure incidents could be investigated and any action needed, was taken.

The registered manager monitored and analysed accidents and incidents and ensured staff took action to reduce the risk of recurrence. Staff understood their responsibility to report incidents as they happened to the registered manager. Incidents were discussed which ensured that the staff team learnt from those events and protected people from the risk of harm. For example, the fire safety procedures and exits had been reviewed to ensure all exits were safe and secure but would open in the event of a fire or drill. Each person had a personal emergency evacuation plan for in the event of a fire or other emergency situation so that people who used the service could clearly understand what they needed to do.

People were supported by staff who were fit and safe to work with them. The staff confirmed that recruitment checks were in place to ensure they were suitable to work. These included requesting and checking references of their character and suitability to work with the people who used the service. Recruitment records were available to demonstrate how these checks were completed prior to new staff starting to work in the service.

People received the support to manage their medicines safely. Medicines were safely stored in locked facilities in people's own bedrooms and people were satisfied that they received their medicines as prescribed. Staff responsible for administering medicines had received training to safely administer these and checks were made to ensure they had retained the skills and knowledge to do this safely. Staff worked with people and health professionals to help reduce the use of prescribed medicines were possible and to ensure medicines remained suitable for people.

Staff understood how to maintain good hygiene standards. Personal protective clothing such as aprons and gloves were made available for staff and people to use. There was hand washing facilities and gel available

around the home and the home was kept clean and tidy.

Is the service effective?

Our findings

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). 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.

People were supported to make decisions on a day to day basis. We saw people decided how and where they spent their time and made decisions about their care and support. Where staff identified that people may not have capacity to make a specific decision, capacity assessments were completed which evidence how decisions had been made in people's best interests. Staff knew when people had restrictions and understood the impact this had for them.

People had a choice of what to eat and drink and told us they had enough to eat. They were involved in choosing their food, developing the menus with staff and could go shopping to purchase their food. Some people chose to prepare and cook the food and told us they enjoyed this. One person told us, "I don't want to do the cooking but I'm always happy to help get everything ready and help the cook." People were complimentary about the food that was served and staff understood people's different diet needs including preparing food for people's different backgrounds and culture.

People received effective care and support from a well-trained and supported staff team. When new staff started working in the home the registered manager carried out regular evaluations during and at the end of the induction to identify any areas for improvement or further learning. One member of staff told us, "We've recently had training about mental health and dementia. The training gave me an idea of the different things people may be experiencing. Some of us are also dignity champions and I would have no problems about speaking out if I felt care was not dignified. It's about speaking out and promoting good care." Staff felt well supported by the registered manager and received regular individual supervisions where they could discuss their performance and any training and support needs.

People were supported with their day to day healthcare and attended appointments to get their health checked. The staff worked closely with other social and healthcare professionals including community mental health team to ensure people received coordinated care. Records showed each person had a personalised health action plan which staff supported them to follow. Staff members accompanied people to health care appointments where they had consented, to help them to share information they felt was important. Where people had specific health conditions, they knew this diagnosis and the impact this may have on people's lifestyle. The care records included details of who people wanted any information shared with and they recorded their consent.

The provider used best practice guidance and care was delivered in line with current legislation. Assessment of people's needs, included the protected characteristics under the Equality Act and these were considered in people's care plans. For example, people's needs in relation to any disability, age, religion and language were identified. This helped to ensure people did not experience any discrimination.

People were accommodated in the home according to their level of mobility and support needs. The home had a range of rooms available for people on the ground and first floor. The entrance to the home had steps and the provider had arranged for a portable ramp to be used where people used a wheelchair, to ensure they could access their home safely. People chose how to decorate their bedrooms according to their personal tastes and interests and there was a covered smoking area in the enclosed garden at the rear of the home for people to use.

Is the service caring?

Our findings

People's felt that the staff were kind and caring and they were treated with respect. The staff knew each person, their personal histories and their interests well. People were comfortable and happy around staff and there were smiles and laughter between them as they chatted. One person told us, "The staff are always there for us and I can't fault the place. It gets ten out of ten for me." The staff talked with people about their lives, who and what mattered to them and significant events. People maintained good relationships with their relatives and friends who they could visit and were also welcomed into their home. People were supported to have their privacy and were treated with dignity. People could have a key to their room and they told us that staff respected their bedrooms and didn't enter unless invited.

People chose how to spend their time and were given time to consider their options before making a decision. The staff understood how to speak with people so they understood what was being said and could make choices. We heard people choosing what to do and where to go. The staff respected people's decisions and supported them to do the things they wanted to do. We saw that people were asked whether they wanted to help us with the inspection and whether we could look at their care records. People could choose to smoke and there was a large covered seated area in the garden for them to use. The staff did not discriminate on the basis of sexual orientation or sexual gender and recognised people's diverse needs and how they expressed their sexuality.

Information about advocacy services was available for people. Advocacy services provide support to help people express their views and wishes, and to help them stand up for their rights. Some people received the support from an advocate to help them make important decisions. Staff explained the advocates visited people on a regular basis to ensure people knew who they were and knew how they could support them.

Staff were clear about their role in promoting people's privacy and confidentiality. People's information about their health and support needs was kept confidential and secure. People knew they had a care plan and discussed this with staff to talk about how they wanted to be supported and whether this still met their needs. Staff understood data protection and confidentiality and had recently completed training to understand how new legislation may impact on sharing information.

Is the service responsive?

Our findings

On our last inspection we identified that improvements could be made with how people were involved with activities that interested them. On this inspection we saw that improvements had been made. People were now supported to explore different experiences and staff recognised people's diverse interests. People could choose how to spend their time and what to be involved with and they spoke enthusiastically about their leisure experiences.

People could choose how to spend their day in the home and when out. We saw people were involved with playing board games together and there was laughter and people chatted as they played and competed against each other. Some people chose to go out shopping or visit friends. One person told us, "I'm always up early and out. I prefer it this way so I can get everything done but it's up to me what time I come back." Another person told us how they enjoyed watching sports and held a season ticket at a local supporting venue. They had voluntary work and enjoyed working alongside others to support with maintenance tasks. They told us, "I really enjoy what I do." The staff told us that daily routines and plans were flexible and depended on how people felt and what they wanted to do.

People had organised trips to the theatre, to the coast and to places of interest. One person told us, "I'm looking forward to the boat ride and having a Christmas meal." Staff recognised different religious festivals and supported people to practice their faith in a way that was meaningful to them. One member of staff told us, "It's important we ask people how they want to practice their beliefs and whether they want to go to Church or to the Temple. Everyone has different beliefs and we support them to follow them."

People received care and support in the way they preferred and their support needs had been discussed and agreed with them. Individual care records included information about how people wanted to be supported and their likes and dislikes. People had shared information about important past events and had been involved in developing their support plan. The support plans were reviewed monthly with staff or more frequently where people's support needs changed. The reviews included all aspects of the person's care and support and care records were updated to reflect any changes. The staff had access to people's care records and when care or support needs changed it was discussed at each handover to ensure people continued to receive the correct care.

People knew how to complain if they needed to. A copy of the complaints procedure was displayed in the home and one person told us, "If there was anything wrong I think we would all say something. I'm happy that the staff are interested in what I have to say and would listen." The staff explained that where formal complaints were made a copy was retained of any investigation and outcome was provided to people. One member of staff told us, "We welcome complaints from people and want to put things right. If we have done something wrong then we would apologise and look at how improvements could be made."

None of the people that used the service were receiving end of life care; however, people were supported to express their emotions and able to continue to stay at the home where end of life care was being delivered. One member of staff told us, "We have built good relationships with people here and we want to be the

people that provide that care for them. We would be supported by the district nurse team and it's better for people to stay in their home if that's what they want."

Is the service well-led?

Our findings

There was a registered manager within the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People knew who the registered manager was and we saw them respond positively to them when they were speaking. The registered manager also worked in partnership with other professionals to ensure people received the support they needed.

Quality checks on how the service was managed were completed. These included checks on personal support plans, health and safety and care records. Where concerns with quality were identified, action was taken to improve quality and the action plan and improvements were monitored and reviewed. The registered manager analysed accidents and incidents to identify any patterns or trends. This enabled them to take action if needed to minimise the risks of a reoccurrence.

The provider completed an annual survey of the views of people who used the service, relatives, staff and professionals. A summary of the findings was prepared and shared with people and displayed within the home.

Staff were encouraged to contribute to the development of the service. We saw that staff meetings were held for them to discuss issues. During these meetings, staff told us they could discuss how to improve the service, the support provided and raise any concerns. These meetings were also used for updates for training and to ensure staff knew of changes within the service. Staff knew about the whistle blowing procedure and were confident about reporting any concerns or poor practice to the provider or registered manager.

The staff were supported to develop their skills and knowledge. They received regular supervision to review how they worked and this also identified their skills and where they needed support. The registered manager worked as part of the team to provide support and identify improvements which could be made.

The registered manager and staff team worked closely with others to ensure people received the care they needed. Where people had changes in their mental health, the staff had contacted the GP, consultant psychiatrists and community mental health team. Their contacts had led to a review of care to prevent a deterioration in people's health.

The registered manager understood the responsibilities of their registration with us. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating in the service.