

Angel Care Homes Limited

Aspen Lodge Residential Care Home

Inspection report

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Date of inspection visit:
26 January 2021

Date of publication:
19 March 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Aspen Lodge Residential Care Home is a residential care home providing personal and nursing care in one building to 10 people aged 65 and over at the time of the inspection. The service can support up to 25 people.

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

The providers systems and policy for protecting people from potential abuse had not been consistently followed. Governance arrangements had not identified this and some incidents which should have been reported to an outside body for investigation had not been. The provider had not consistently notified CQC about incidents as required by law.

People told us they felt safe living at the home. People had risks to their safety assessed and plans put in place to mitigate the risks. There were enough staff to meet people's needs, and the provider was ensuring staff followed all government guidance for infection prevention control. When accidents occurred, there were systems in place to ensure peoples care plans were reviewed and learning was shared to prevent reoccurrence.

People had their needs assessed and care plans were reviewed. Staff received an induction and the registered manager was arranging for eLearning courses to update staff training. People received consistent care and the provider had made improvements to the environment to meet people's needs.

People's health needs were understood by staff and there were referrals to health professionals when people needed support. People had a choice of meals and drinks and their needs assessed for support and where required monitoring was in place.

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.

Rating at last inspection

The last rating for this service was requires improvement (published 13 March 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We received concerns in relation to how the service managed risks to people's safety. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aspen Lodge Residential Care Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches of the legal regulations in relation safeguarding people from abuse and governance arrangements for the service.

Follow up

We will meet with the provider and request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Aspen Lodge Residential Care Home

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 team consisted of one inspector.

Service and service type

Aspen Lodge Residential Care Home 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

We gave notice of the inspection the day before the site visit. This was because we wanted to check the COVID-19 status of the home before the inspection site visit to help with managing risk.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We received some information about safeguarding referrals made to the local authority after the site visit. 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, the head carer, care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service, including accident and incident monitoring, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals involved with the home.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

Systems and processes to safeguard people from the risk of abuse

- The provider had failed to ensure incidents reported by staff about potential abuse had been raised to the appropriate external agency for further investigation.
- The incidents were of potential physical abuse and assault between service users at the home, staff had recognised these as incidents of abuse and used incident forms to report them.
- We found five incidents which had been documented by staff in the providers incident report forms however, these had not been sent to the appropriate body for external review and investigation. This meant people were left at risk of harm.
- We raised these concerns with the local authority safeguarding team following the inspection.
- We received concerns from external agencies that when incidents were reported to the provider which required investigation, the provider had not taken the appropriate action to investigate allegations of abuse.

Systems were either not in place or robust enough to ensure allegations of abuse were reported to the appropriate body. This placed people at risk of harm. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us they would make changes to their incident management systems to ensure any future incidents would be reported to the appropriate body for investigation.

- People told us they felt safe living at the service. One person said, "I feel safe living here and can honestly say they keep us all safe." Relatives confirmed they had no concerns about people's safety. A relative told us, "[Person's name] is absolutely safe in the service, never had any concerns about their care."
- Staff could recognise different types of abuse. Staff were reporting when incidents had happened in the home which may indicate abuse.

Assessing risk, safety monitoring and management

- Antibacterial cleaning solutions and hand gels were located around the home and not in lockable storage on the day of the inspection.
- The provider had put a risk assessment in place for this and ensured staff were always present to reduce the risk. The provider confirmed this practice had ceased following our visit.
- People and relatives told us staff understood how to support people with managing risks to their safety. One relative told us, "[Person's name] uses a hoist without any problems."

- The provider was implementing an electronic risk assessment and care planning system at the time of the inspection. The system did not fully reflect how to mitigate risks for example with catheter care and pressure care in peoples care plans.
- The provider told us the system was not fully embedded and shared paper records with us after the site visit to show the full guidance available for staff to manage risks to people's safety.
- Staff could describe for us how they supported people to stay safe. People and relatives confirmed staff supported people to manage risks to their safety. We observed staff ensure people with mobility needs were supported safely in line with their care plans.

Staffing and recruitment

- People and relatives told us there were sufficient staff available to support people effectively. One person told us, "There is always someone around to help, they always offer me advice and are very kind." A relative told us, "I have never had any concerns about the staffing levels in the home."
- Staff told us there were enough staff to meet people's needs. One staff member told us, "Staffing is really ok, and we are now getting some new admissions and we are getting to know people and their needs, and it's being managed well."
- Our observations supported this as staff were able to offer support to people when they needed it.

Using medicines safely

- People and relatives told us they had no concerns about how medicines were administered. One person told us, "Staff administer my medicines for me, and I don't have any concerns."
- Staff were understood the medicines procedures and were trained to administer medicines safely. We saw staff followed the medicines procedures when administering people's medicines.
- Medicines were stored safely. There was clear guidance in place for staff on how to administer medicines administration records were accurately completed.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

Learning lessons when things go wrong

- Where accidents happened in the home there were systems in place to review the situation and look for opportunities to prevent reoccurrence.
- We saw actions were taken to review peoples care plans, refer people to other agencies and share the learning with staff.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to 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

- The provider had implemented an electronic records system. This was not fully embedded at the time of the inspection.
- Staff liked the system and said they had received training and were getting used to the new way of working which they felt helped to keep them up to date about people's care needs.
- Some assessments had not been linked to care plans and required additional information. The registered manager was aware of this and had plans to make changes, this had been disrupted due to key staff absence.
- People's individual needs had been considered including their preferences. Staff understood how people wanted to be supported and could demonstrate an understanding of people's individual and diverse needs.
- The provider shared copies of paper-based records with us after the site visit to show how staff were able to access guidance to ensure people were supported effectively.

Staff support: induction, training, skills and experience

- Staff had received training in their role. We saw staff had training in a range of different areas including moving and handling, first aid and equality and diversity.
- Staff told us they had an induction into their role and had access to training. People and relatives confirmed staff had the skills and knowledge to support them effectively. One relative told us, "No concerns about staff skills they all seem to know what they are doing."
- The registered manager told us some training had not been updated for staff in line with the current policy as the pandemic had meant they could not access face to face training. Despite this our observations and feedback, we received confirmed that staff were effective in their roles.
- The registered manager confirmed they were sourcing access to alternative online training for staff to update their training in key areas.

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

- People told us they had a good choice of food and drinks and they were happy with the quality. One person said, "The food here is great, we are all spoiled with choice." Relatives confirmed people enjoyed their food. We observed people had a choice of meals and drinks throughout the inspection.
- One relative told us, "[Person's name] enjoys their food, they always make alternatives if they want something different, [person's name] was a good cook and loves their food."
- People had risks associated with their diet assessed and planned for. For example, where people were at

risk related to their fluid intake, this was assessed, and monitoring was in place. Where people were at risk of malnutrition plans were in place including weight monitoring, supplements and fortified food and drinks.

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

- People received consistent care. Staff described having regular discussions taking place in particular at handover to enable them to stay up to date about people's care needs.
- The provider worked with other agencies to ensure people had consistent care. The registered manager told us how they engaged health professionals in people's care plans.
- People and relatives told us they were supported to manage their health needs. One relative told us, "Whenever there are any concerns about [person's name] they get in touch straight away and update me."
- Staff could describe people's health needs and how they were supported by health professionals to meet people's needs.
- We saw the district nurse was involved in supporting people with their needs such as catheter care and skin integrity.

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

- The home was undertaking a refurbishment program. All floor coverings had been replaced to support people with mobility needs and ensure effective cleaning was possible.
- The registered manager told us about the work planned to make changes to the décor and this had commenced, however due to the pandemic, this had to pause but would recommence as soon as it was safe this would recommence.
- A visiting booth was being planned for when visiting could be safely introduced in the home.

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.

- People told us they were asked for consent when staff supported them. We saw staff sought consent when offering care and support and staff understood the principles of the MCA.
- People had individual capacity assessments completed and documented best interest decisions when they lacked capacity to make specific decisions. These were documented in the people's care plans.
- Applications for DoLS had been made to the appropriate body and the provider had a system to monitor when authorisations were due to expire.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

- The provider had failed to ensure systems and processes were in place to maintain compliance with regulations set out in Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was in breach of regulations for safeguarding people from abuse.
- The providers systems had failed to ensure information about incidents where people had been subjected to harm were shared with an appropriate external body for investigation, this meant people were exposed to the continued risk of harm.
- The provider confirmed following the inspection site visit that the incidents had not been considered as abuse by the management team, this meant the providers systems had failed to mitigate the risk of harm to people using the service.

Systems and processes to review incidents of potential abuse and ensure people were safeguarded from abuse were not robust and people were left at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider confirmed the systems would be improved to ensure any incidents which were reported would be reviewed and reported to an appropriate body.
- The providers systems had not ensured notifications required by law had been submitted. There had been two safeguarding concerns raised by the local authority and the systems had not identified notifications had not been submitted for these incidents.
- As the provider had submitted other notifications and gave assurances systems would be changed this was not considered as a breach of regulation but we will check this at our next inspection.
- The provider had systems in place to ensure medicines administration was completed safely and effectively.
- There were systems in place to ensure staff were following government guidance for infection prevention and regular checks were in place to make sure the home remained clean and the risk of cross contamination was reduced.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering

their equality characteristics; 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

- People and relatives told us the registered manager had kept in touch with them throughout the pandemic and kept them informed about changes at the home.
- The registered manager told us staff morale had got quite low at times and they had made sure they offered staff support during the pandemic.
- Welfare calls had been made to staff who were unable to work during the pandemic to ensure they were still engaged in the service.
- Staff told us there had been systems in place to ensure changes were communicated with them.
- Relatives had been able to speak with people using video calling facilities and there had been a WhatsApp group had been set up for relatives to see what was happening at the home.

Continuous learning and improving care; Working in partnership with others

- The provider had made changes since the last inspection and the issue we found at the last inspection had been addressed.
- The provider had invested in new technology to improve the care planning, risk assessment and care records systems in the home.
- The provider told us they worked in partnership with other agencies. In particular, support had been accessed during the pandemic.
- We saw staff had regular contact with a range of health professionals who were involved in people's care.

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	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to ensure incidents of potential abuse had been reported to the appropriate body for investigation.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The providers governance systems had failed to identify where incidents had not been reported to an appropriate body for investigation when potential abuse had been experienced. The provider had failed to ensure notifications had been received in line with the law.</p>