

## Community Care Solutions Limited

# Aspen House

### Inspection report

277 Wellingborough Road  
Rushden  
Northamptonshire  
NN10 9XN

Tel: 01933419345

Website: [www.communitycaresolutions.com](http://www.communitycaresolutions.com)

Date of inspection visit:  
25 November 2020

Date of publication:  
07 January 2021

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Aspen House is a residential care home providing personal to eight people at the time of the inspection. The service can support up to ten people.

The service is delivered on two floors and two separate wings with communal kitchens, lounges and dining rooms in each wing. Some rooms have en-suite facilities, where this isn't available there are suitable communal facilities.

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

Some improvements were required to the oversight of the safety and quality of the service and to ensure compliance with regulations. The provider did not have a manager registered with the care quality commission at the time of the inspection. Manager audits did not always identify gaps in record keeping or errors in people's records. We have recommended that people's photographic consent records are reviewed to ensure they have capacity to consent to photography.

People were protected from the risk of abuse. Staff were knowledgeable around the signs of abuse and how to report it. The provider supported staff with whistle-blowing and provided support and information to support staff with this.

Risk to people were assessed, planned into care and reviewed regularly. Risks in the environment were well managed. The home was well maintained and the provider was in the process of improving the environment at the time of the inspection. The home was clean and odour free, staff had a good understanding of good infection control practices and how to keep people safe.

Staff were recruited safely and there were enough staff available to meet people's needs. Medicines were managed safely with only suitably trained staff administering people's medicines.

There was evidence of learning lessons when things had gone wrong. The provider and manager were open and transparent, reporting appropriately to the local authority and Care Quality Commission and ensuring families were updated with any concerns.

The provider and management team worked in partnership with other professionals to ensure good outcomes for people. People were considered as partners in their care and were encouraged to be independent and involved, decision making was supported. Easy read and pictorial information for people supported them with this.

The provider completed audits to maintain oversight of the service and the new manager was open to suggestions and keen to improve the service.

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 guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

People were encouraged and supported to be independent and make their own decisions. Easy read and pictorial records were used to ensure people were involved in their care.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

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 The last rating for this service was good (published 6 January 2018).

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 people were being tested for Covid-19 and staffing numbers. As a result, we undertook a focused inspection to review the key questions of safe 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 good. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the well-led section of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aspen House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe 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 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 Care Act 2014.

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 one inspector

#### Service and service type

Aspen House 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 did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced; however, we spoke to the senior care worker on the telephone before entering the service. This supported the home and us to manage any potential risks associated with Covid - 19.

Inspection activity started on 25 November 2020 and ended on 17 December 2020. We visited the office location on 25 November 2020 and reviewed records and information that was sent to us on 17 December 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the manager, a senior care worker and three care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including 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, staff rota's, provider audits and quality assurance records.

# 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 remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were trained in safeguarding people, they had access to a whistle blowing policy and a dedicated phone number for whistleblowing which the provider had ensured was printed on the back of staff ID cards for ease of access.
- Staff demonstrated a good understanding of recognising the physical, emotional, psychological and financial signs of abuse and knew how and who to report concerns to.
- Relatives told us they felt people were safe and we observed people were relaxed and comfortable with staff. One relative told us, "I don't have any concerns about safety in the home, [relative] has their own phone and can call me whenever they want."

Assessing risk, safety monitoring and management

- Fire risks had been considered and assessed. Staff were trained in fire safety procedures and told us regular fire safety checks took place. One staff member said, "We have a fire test every week and check that all the fire doors close. I Don't have any concerns about people's safety here people are well looked after."
- Personal emergency evacuation plans were in place (PEEP's) to guide staff on levels of support needed in the event of an emergency.
- Risks to people were managed safely. Individualised risk assessments were in place and guidance for staff on how to mitigate risk was planned into care. For example, care for one person with a specific health condition that required urgent intervention from staff was assessed and well planned with appropriately trained staff available at all times to intervene when needed. A spare piece of vital equipment was on standby in the unlikely event that the first piece was missing when needed.
- Risks in the environment had been considered, assessed and mitigated. For example, the provider had identified an emergency escape risk from a door that required locking by key. To mitigate this risk they had installed a key to the door in a "break glass in emergency box".
- The building was well maintained with regular maintenance checks in place such as electrical safety, gas safety and water safety checks all carried out by professional technicians.

Staffing and recruitment

- Staff were recruited safely. There was a robust recruitment process in place managed centrally by the provider that ensured only suitable staff were employed, this included a good interview process, previous employer reference checks and an induction program. Disclosure and Barring Service (DBS) checks were completed for all staff prior to them working with people. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer

recruitment decisions.

- Suitable numbers of staff were deployed across shifts to ensure people's needs were met. The manager used a dependency tool to calculate staff numbers. A contingency plan was in place for staff sickness and holidays which included the use of internal bank staff and agency staff where needed. Agency staff profiles were in place to ensure that the staff supplied had suitable safety checks and training prior to working with people.
- Where people required one on one support this was scheduled and taking place. A relative told us, "There is enough staff to look after people."

#### Using medicines safely

- Medicines were managed safely. Staff had received training and had a good understanding of good practice including promoting independence as much as possible.
- We observed safe practice in line with current guidance was being adhered to for the administration, storage and disposal of medicines. For example, People's medicines were stored securely and where people required specialist medicines only staff who had been trained and competency checked by a qualified clinician were supporting people with these medicines.

#### Preventing and controlling infection

- The home was clean and odour free. Records evidenced frequent cleaning of high touch areas was in place to prevent the spread of infection. A staff member told us that the cleaning of high touch areas was consistent and the home had remained free of Covid-19.
- Staff were trained in infection control and received regular updates. PPE was readily available throughout the home and we observed this was being used appropriately by staff.
- People were supported with preventing the spread of infection by social distancing and easy read information was displayed to encourage frequent hand washing.
- 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

- Lessons were learned when things went wrong. For example, where there had been a medication error this had been fully investigated and measures put in place to reduce the risk of reoccurrence. Measures included the use of a do not disturb tabard for staff to wear whilst giving people medicines to indicate to other staff



that the staff member needed to concentrate, a dispensing table so that a second member of staff could accurately observe dispensing and recording and all staff received a medication workbook to refresh their skills and practice.

# 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 good. At this inspection this key question has deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was no registered manager in post at the time of the inspection. The provider had recruited a manager who planned to register in the future. A condition of the providers registration is that the provider must ensure that the regulated activity accommodation for persons who require nursing or personal care is managed by an individual who is registered as a manager in respect of the activity, as carried on at or from all locations. One relative told us, "They seem to have a high turnover of managers, I haven't met the new manager as yet."
- The provider had ensured that windows within the home were restricted to a 10cm opening and were safety checked regularly. However, the restrictor mechanism did not meet the health and safety executive requirements as tamper proof. We discussed this with the manager who arranged for appropriate fittings to be purchased and advised us of an approximate date for fitting following the inspection.
- Auditing of care records required some improvement to ensure gaps in record keeping were identified promptly. For example, the audit of the fire blanket check record had not identified gaps in recording. We also identified that where staff had completed accident and incident forms these were not consistently signed off by a manager to evidence further preventative measures had been considered. We found no evidence that people had been harmed and following the inspection the manager told us they made improvements to the systems to prevent further error and addressed the issues found at a staff meeting.
- We identified one person's photographic consent form had been completed by a member of staff. When discussing this with the manager they had doubts about the persons capacity to consent and agreed to investigate this further.

We recommend that the manager review photographic consent records to ensure people have the capacity to consent and that photographs are being used appropriately.

- The provider understood the need to display their CQC rating and this was appropriately placed for people to see.

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

- Staff knew people well and had a good understanding of people's care needs, Care plans had recorded

people's likes, dislikes and choices. We identified that although people were being supported with religion and culture there was no provision to record this information on the providers records. We discussed this with the manager and following the inspection people's records were reviewed to include this. This will need to be continued and embedded in practice.

- People were encouraged and supported with making decisions and to be as independent as possible. One person told us how they help in the kitchen and they also assisted with the supermarket shopping prior to the coronavirus pandemic.
- We observed a staff member encourage and support a person to take responsibility organising a personal care task, there were gentle reminders rather than the take over of the task from staff. The staff member told us, "We mustn't de skill people by doing stuff for them that they can do for themselves that would be wrong."

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 provider and management team had demonstrated transparency by reporting incidents to the local authority and CQC appropriately.
- The provider had a complaints procedure in place. People had been provided with an easy read complaints procedure where appropriate and families told us they knew how to make a complaint if needed. One relative said, "I think we have complaint information somewhere, I would write a letter in if I needed to complain."
- Relatives told us they were informed of any incident's accidents or issues with their family member. One relative explained the providers key worker process and said they received regular updates on their family member. A key worker is a member of staff who maintains oversight of a person's care and is a consistent source of contact and support for both people and their families.

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

- The provider understood the importance of people maintaining contact with their family and had converted an outside space to accommodate social distanced visits. One relative told us, "I will be going in at the weekend as I can now have a social distanced visit in an outside room."
- People were supported to be involved in their care. Easy read records were available to people to support their involvement. People's feedback on the service was collected via monthly house meetings and monthly key worker sessions.
- People were supported to remain part of the community during the coronavirus pandemic by taking a walk with a staff member if they chose to and one person had been taken for a drive around the shops to help them to understand the government lockdown.
- Staff had a good understanding of equality and people were respected. One staff member said, "We are like a family with residents, everyone gets on well and wants residents to have a nice time here".

Continuous learning and improving care

- The provider had recruited a manager who we found was open to suggestions for improvement and implemented some changes quickly following the inspection. Staff told us they felt well supported by the new manager and found them friendly and approachable. One staff member told us they felt the new manager would bring more organisation to the service.
- There were some improvements being made to the building at the time of our inspection which included redecoration of communal areas. Some building repairs had recently been made to address a damp issue.
- The provider completed audits of the service and provided action plans to help drive improvements.

#### Working in partnership with others

- The service worked in partnership with other professionals including specialist nurses, consultants and GP's. Referrals were made appropriately to ensure people got the right support as and when needed. For example, a behavioural specialist was currently working with the service to ensure the person received appropriate support for them. A relative said, "I have attended meetings in the past with SW and consultants, I don't at the moment due to Covid (Coronavirus pandemic).