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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection visit was carried out on 5 May 2016 and was unannounced. We last inspected Aspen House on 31July 2013 and found that the service was meeting the requirements of the regulations.

Aspen House provides accommodation and personal care for up to 22 adults with mental health needs and is situated close to the centre of Derby. Aspen House also provides care and support to people in their own homes, There were 21 people living at the service and one person who was supported in their own home at the time of our inspection.

The service has 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.

People using the service told us they felt safe. Staff had a clear understanding of the types of abuse and how they could report suspected abuse. People had assessments which identified actions staff needed to take to protect people from risks associated with their specific condition, although some of these needed to be improved with additional information.

Where possible people were supported to manage their own medicines and encouraged to know what medicines they were taking and the reasons why, The arrangements for the storage, administration and recoding of medicines were good and this meant that people were protected from possible errors.

There were enough staff to provide safe and effective care for people. Staff had the skills and knowledge to ensure people were supported in line with their care needs and best practice. There were regular supervisions and observations of working practices which supported staff to meet people's needs effectively.

The registered manager and staff we spoke with were knowledgeable of and acted in line with the requirements of the Mental Capacity Act 2005. Staff sought consent from people before providing care.

People were supported to have their mental and physical healthcare needs met and encouraged to maintain a health lifestyle. Staff made appropriate use of a range of health professionals and followed their advice when provided.

People had positive relationships with the staff that supported them and spoke positively about their care and support. The provider sought out and respected people's views about the care they received. Staff actively promoted and uphold people's privacy and dignity.

Care plans and risk assessments contained relevant information for staff to help them meet people's needs.

Although staff knew people well, further information in care plans about people's preferences and life history would further develop staff knowledge in providing personalised care. Care records were not always completed consistently to support staff to respond to changes in people's needs. People knew how to complain and information about making a complaint was available for people.

The registered provider operated an open and inclusive culture in the service, where the opinions of people who lived there, staff and visitors were valued and respected.

The registered manager assessed and monitored the quality of care and was committed to providing quality care for people. They used a range of methods to monitor the quality of care. The registered manager consulted with people using the service, professional visitors and relatives to find out their views on the care provided. People using the service felt they were listened to and found the registered manager to be approachable and responsive.

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.

People using the service felt safe and staff were confident to take action if they suspected a person was at risk of abuse.

There were enough staff to meet people's needs and keep people safe.

People had risk assessments in place and staff knew what to do to minimise risk.

People were supported to take their medicines safely and records were completed correctly and consistently.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge needed to meet people's specific needs.

The registered manager and staff had a good understanding in the application of the Mental Capacity Act 2005.

People were supported to access healthcare to enable them maintain their health and well-being.

Is the service caring?

Good

The service was caring.

Staff respected people's privacy and dignity and promoted their independence.

People were supported by staff who they considered were friendly and caring in their approach.

People received care from a consistent group of staff who understood their individual needs.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People using the service told us they felt bored. There were not enough activities to stimulate and engage people on a day-to-day basis.

People's needs were assessed when they first started to use the service but care records did not always reflect individual preferences and interests. Daily care notes were not always completed accurately to ensure the service was responsive to people's changing needs.

If people wanted to complain staff supported them. Staff were open and responsive to complaints and followed the registered provider's policies and procedures.

Is the service well-led?

Good

The service was well-led.

Staff felt supported in their roles and people using the service felt able to express their views and make suggestions to improve the service.

There were quality monitoring systems in place to identify if any improvements were needed.

There was clear leadership structure which staff understood.

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 under the Care Act 2014

This inspection visit took place on 5 May 2016 and was unannounced. The inspection team consisted of one inspector and one 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. The expert-by-experience for this inspection had experience of mental health services.

Before the inspection, the provider completed 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 the information we held about the service including notifications for the service. Notifications are changes, events or incidents that the provider is required by law to tell us about.

During our inspection we spoke with six people who used the service. We also spoke with the provider, the registered manager and three member of staff including the deputy manager and two care workers.

We reviewed three people's care plans and care records to see how their care and support was planned and delivered and three staff recruitment files. We also looked at records of meetings, complaints and a selection of the provider's policies and procedures. We observed how medicines were administered. We also reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe at Aspen House. One person told us, "I feel safe here. There is always staff around when I need them." Another person told us, "I feel safe and I was given a leaflet about abuse so I understand it. I would feel able to tell staff but it's never happened." Another person told us that they were encouraged by their keyworker to speak up if they had any concerns and they felt confident to do so. One person who was supported in their home felt safe because they had consistent carers who knew them well.

The risks of abuse to people were minimised because there were clear procedures for staff to follow if they suspected abuse was taking place. Staff told us they received training in recognising the various possible signs of abuse during their induction period and at regular update sessions, including staff meetings. They showed that they knew who to contact if they had witnessed abuse or suspected that abuse had taken place. The provider's policy on safeguarding was clear and told staff who to contact if they had concerns about the welfare of any of the people using the service. One staff member told us, "If I had any concerns I would report it straight away to the registered manager. If they didn't do anything or they were involved, I would contact the local authority, police or CQC." Staff training files and minutes of staff meetings confirmed that staff had completed training in safeguarding and whistleblowing. We saw that there was information about how to understand and report suspected abuse in the service and this was accessible to people who lived at the service as well as to staff and visitors.

We looked at the ways in which staff minimised the risks to people on a daily basis. Areas where people using the service might be at risk were identified in care records. This meant staff had the information and guidance they needed to keep people safe. Risk assessments covered areas such as falls, self-neglect and smoking and explained how staff could minimise risk. For example, one person told us they had asked staff to keep their cigarettes on their behalf so they didn't smoke them all in one go or be tempted to smoke in areas where they could put themselves at risk. We saw that the person's care plan included a risk assessment that reflected their wishes and measures to keep them safe.

Staff had a clear understanding of the triggers to people becoming upset or agitated. For instance, they told us that one person was more likely to be agitated when they returned from a particular outing. Staff demonstrated that they knew how to respond to the person to support them to manage their agitation. Risk assessments did not always contain the detailed information required to enable staff to support a person whose behaviours may challenge. We raised this with the registered manager who told us that they would include more detailed written guidelines in people's risk assessments.

We saw that the provider had systems to make sure that there were sufficient numbers of staff to provide people with the support they needed to keep them safe. The registered manager told us that staffing numbers were determined by the needs and dependency levels of the people using the service. People using the service and staff told us that they felt there were enough staff working in the service to meet people's needs. Staff were deployed across the service in a way that provided consistent support to people.

A thorough recruitment and selection process was in place that ensured staff recruited had the right skills and experience to support people using the service. We looked at three staff recruitment files which showed that recruitment checks were completed before new staff started working in the service. Files included a Disclosure and Barring Service (DBS) check and appropriate references. The DBS checks help employers to make safer recruitment decisions and prevent unsuitable people from working with people using the service.

People told us they received their prescribed medicines when they needed them. Wherever possible, people were supported to manage their own medicines. One person told us, "I manage my own medication. I get a weekly blister pack and that stays in a secure place in my bedroom. The pack is checked at the end of the week and I am verbally reminded to take my medication by staff." We observed as staff administered medicines to three people. Staff demonstrated that they involved each person as much as possible in the process. One person was able to tell us about the medicines they were taking and what they were taking them for. We saw that staff consulted with people as to whether they needed their medicines that were prescribed PRN. PRN medicines are medicines that are prescribed as and when required, for example for pain relief. Staff demonstrated that they were knowledgeable about people's medicines and what they were prescribed for.

Staff followed safe practices when giving medicines to people. There were clear records of the medicines given and these had been completed accurately and consistently. Photographs were held on each record to ensure staff could correctly identify the person to receive the medicine. Information about people's allergies was recorded and staff knew important information about any allergies people had and their preferences in the way they liked to be supported to take their medicines. This meant that people were supported to manage their medicines in a way that kept them safe.

Staff told us that all staff who administered medicines had been trained to do and there were regular checks on their competence. Staff explained that medicine records and storage of medicines were checked daily through routine audits. Records confirmed this. This meant that there were good systems in place to ensure that people received their medicines safely.

The environment of the service contributed to people's safety. We saw that communal areas were uncluttered and clean. The registered manager told us and we saw that the provider had recently installed a new chair lift to support a person using the service whose mobility needs had changed. This meant that the person could now access communal areas safely.

We looked at accident and incident records. We sampled three records and found that all had been fully completed detailing the date and time of the accident or incident, who was involved and if a person has sustained an injury. We saw that records recorded what action had been taken as a result of the accident or incident to reduce any further risk to the person. The registered manager shared information with staff and the provider as part of regular discussions and handovers to identify any trends or concerns.

Good

Is the service effective?

Our findings

All the people we spoke with said they were confident the staff were trained and competent to carry out their roles. One person told us, "Staff know what they are doing." Another person told us, "The staff are very good. They understand what needs to be done and have helped to make my life better."

Staff had the skills and knowledge to ensure people were supported in line with their care needs and best practice. Staff told us they received regular training and additional training as people's care needs changed. We looked at staff training records and the training matrix and saw that staff had undertaken induction and a range of training relevant to their roles which was kept up to date.

Staff told us about their induction. The service had introduced the Care Certificate for new staff. This is a national qualification for people who work in care. It covers both general and specific areas of care and support. Staff induction included time spent with the registered manager learning about their role and undertaking mandatory training. Staff we spoke with told us they had opportunity to observe how people liked to be supported through shadowing experienced staff in the service. This enabled them to be introduced to people using the service, read care plans and learn people's preferences. One staff member told us, "This was my first job in care and I shadowed for some time as part of my induction. My manager made sure that I was confident and ready before I completed my induction. I never felt rushed or under pressure. I was able to learn things at my own pace." This meant that people were supported by competent staff.

Staff told us they received regular supervisions with their manager. Supervision included observed practice to make sure staff were supporting people in accordance with care plans and the provider's policies and procedures. We looked at staff files and saw that supervisions were reflective of each staff member's strengths and included areas of development. For example, one staff member was working towards completing a national vocational qualification in care and requested support from managers to enable her to gather evidence required. The staff member confirmed that she had received the support she needed and managers always made time for her even when they were busy.

People told us that they enjoyed their meals. One person told us, "Lovely meals and a good variety. If I don't like what is on the menu I can ask for something else." Another person told us, "I get Halal meat provided in line with my cultural preferences and often I get curries cooked just the way I like them." Meals were served at times to accommodate people's waking times, schedules and preferences. One person told us, "If I don't feel like eating at lunchtime they [staff] save my food so I can reheat it later." One person told us that he cooked all his own meals himself and he could do this when he wanted to.

We observed that people were supported to have sufficient to eat and drink. People told us that they could ask for drinks whenever they wanted them or they kept drinks in their rooms. Staff demonstrated that they knew each person's needs and preferences in terms of food. Care plans showed that people had an assessment to identify what food and drink they needed to keep them well and included a nutritional screening tool to identify if people were at nutritional risk. This demonstrated that staff had information on

how to meet people's nutritional needs.

During our inspection visit we noted that the dining room accommodated only eight people at a time. This meant that people either had to wait for their meals or eat their meals elsewhere. We observed that some people chose to eat their meals in the garden which they told us was their preference whilst others waited for a 'second sitting'. We discussed this with the registered manager and the registered provider. They told us that the limited seating was as a result of people requesting comfortable seating to also be available in the dining area which limited the amount of tables and chairs they could put in the room. They also told us that people were rarely around to eat together as a large group. The registered provider and registered manager told us they would carry out a consultation with people using the service to gain their views on the dining room seating arrangements and ensure action was taken in line with their requests.

People were supported to have their mental and physical healthcare needs met by a range of health professionals. Some people told us that staff accompanied them to appointments. One person told us, "An optician comes here to see me." Another person told us "I go out to see a dentist and a chiropodist comes here." Care plans included information to show how people's health needs were being met. For example, one person's care plan identified that they were at risk from poor nutrition and needed support to weigh themselves every two weeks. The person's care records confirmed that they had received the support they needed and staff were monitoring the person's weight and responding to any concerns appropriately. Staff were able to explain how they had supported a person who had developed an eye condition to attend appointments and access specialist treatment to enable them to manage the condition. People were supported to have regular medical checks and, where appropriate, screening, in order to stay as well as possible.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager showed that she was aware of the MCA and DoLS. We saw that one person had a DoLS authorisation in place which was kept under review. Staff we spoke with were able to tell us how they sought consent from people. One staff member told us, "I always check to see if the person is consenting to their care. If they decline, I look at the reasons why they are declining and perhaps offer the care or support in a different way. If they still decline, I respect that it's their right to do so." We observed that staff asked for people's consent before entering their rooms. We also saw that staff asked people if they were happy for staff to support them to take their medicines. We saw that there was detailed guidance to inform staff about actions they should take when people declined care or treatment which was considered necessary. Guidance was also available when people made decisions that were not in their best interests. For example declining to take medication or accept assistance with personal care. This showed us the service was able to work in line with the legislation laid down by the MCA.

Good

Is the service caring?

Our findings

People told us the staff were kind and caring. One person told us, "Staff are kind and funny." Another person told us, "This is my house and I like living here. They [staff] are like family to me." One person was able to give us an example of how caring staff were. They told us, "My key worker goes the extra mile by shopping around for me. I don't go out so I give her a list and a description of the items I want and she really looks around for the best thing." One person told us that staff who provided them with support had gone the extra mile by helping them to get on top of the cleaning of their home. They told us that the supported had generally improved their self-esteem and quality of life.

All the people we spoke with knew staff names and were aware of who would be supporting them on any particular day. We saw that there was a notice board in the main reception with the names of staff who were on duty. People who were supported in their own homes told us they had regular carers who knew them very well and in some instances had supported them for many years. We observed staff interacting with people who lived in the service and saw that people looked relaxed in staff company. There were conversations between staff and people which ensured that all the people were involved in the everyday interactions. For instance, we saw that one person was distressed and had changed from communicating in English to their first language. A member of staff approached the person and spoke with them in their first language to provide reassurance and identify what they could do to reduce the person's anxiety. The member of staff agreed a course of action with the person and we saw that the person was happy with the communication and visibly relaxed.

Staff demonstrated that they respected people's rights by affording them privacy when they wanted this. For example, on the day of the inspection visit, some people had chosen to spend time in their bedrooms. Staff respected this choice and knocked on the door, requesting permission to enter before proceeding. Staff told us they respected people's right to dignity. They told us of a person who they had supported through end of life care and gave examples of how they had supported the person to maintain their privacy and dignity whilst also ensuring that they were not isolated from day to day activity in the service. This demonstrated that staff supported and respected people's choices.

The service had successfully achieved a dignity award through the local authority and NHS. This was achieved through a process of application and assessment of supporting evidence and showed that the service was accredited as upholding people's right to be treated with dignity and respect. The service promoted dignity in all aspects of working practices. We saw that the registered manager and staff had worked with people using the service to develop a 'dignity tree'. This was located in the dining area and people were supporting to put labels on the tree with their thoughts about dignity and what it meant to them. Staff supervision records showed that dignity and respect were regularly discussed between managers and staff and staff were encouraged to think about how they promoted and upheld dignity on a daily basis.

Staff were able to discuss examples of how they supported people to maintain and develop their independence. For example, people were supported to clean and maintain their own rooms. Staff were

aware that some people required support whilst others required staff to provide equipment only. During our inspection visit, we saw that people were provided with the level of support they needed. People were encouraged to contribute to day to day house keeping such as laundry. One person told us, "We do things ourselves but they [staff] are always on hand to help." Staff demonstrated that they recognised people had days when they felt able to participate and days when they needed more support.

We looked at people's care plans. These gave detailed information about people's health and social care needs. We asked people about their involvement in care plans. Most people were unclear about what a care plan was. However, when we looked at records we could see that people had been involved in the development and review of their care and where people had declined to provide information or sign records, staff had clearly recorded this in care records. This showed that staff involved people in their care and respected their choices regarding the level and nature of their involvement.

Requires Improvement

Is the service responsive?

Our findings

Some of the people who used the service felt that there were not enough activities for people. One person told us, "everyone gets up, has breakfast, watches tv, has lunch, watches tv, has tea and watches tv." We observed that two people went out during our inspection visit. Both people told us they went out regularly to access the wider community with support staff who were funded independently of the service and were not employed by the service. People felt that they were able to suggest outings and day trips and suggestions were acted upon by managers. For instance we saw that people had requested a day to trip to a television studio and managers had arranged this. However people using the service felt that opportunities for stimulated activities within the service were felt to be limited. People told us that they often felt bored. One person had a keyboard in his room and liked to play music. Another person told us they went out when they wanted to. We asked staff about the provision of activities for people. One staff member told us they had only supported people once to go to the local park. During our inspection visit we observed one member of staff sitting with people and carrying out nail care after lunch. However we saw that other people spent most of their time sitting in the dining room.

We raised the provision of activities with the registered manager. The registered manager told us that they had implemented a daily monitoring chart for staff to complete to enable them to monitor informal activities and the level of stimulation for people. We looked at the chart and found that it had not been completed consistently and there were gaps which indicated that no in-house activities had been provided for people on a number of days. The registered manager acknowledged that the provision of in-house activities and opportunities for people to go out individually needed to improve. They told us that they would discuss this with the staff team and people using the service to identify and agree the type of activities people preferred.

People had an assessment of their needs when they moved to the service. People were also asked to complete information "About me" upon admission which provided details of life history. The information from the assessment and the "About me" document had been used to develop the care plan. We found that some care plans contained detailed information about the person's medical history but did not always include information about the person's likes and dislikes, what was important to the person and their preferences. Staff demonstrated that they were aware of people's preferences. For example, staff knew that one person liked a particular hair colour and needed support to apply it on a regular basis. Another person liked to spend time with a member of staff speaking in their first language. We observed staff arranging this with the person. The registered manager told us they were developing care plans to ensure people's preferences, likes and dislikes were recorded.

We looked at people's daily care records which were completed by staff at the end of each shift. We found that daily logs did not always identify changes to people's emotional well-being. For example, one person's care plan identified that the person could experience mental health issues and required staff to record the person's daily moods to respond to changes in the person's emotional well-being. We looked at the person's daily log entries. We saw that staff had not recorded the person's mood or emotional well-being in recent entries. During our visit one person was experiencing mental health issues. Staff told us that the person had

been experiencing mental health issues for some days and they were responding by increasing the monitoring and the level of support to the person. However, the person's daily logs did not reflect this and made no reference to the person's change in need. This meant that the service could not demonstrate that this person had received responsive care.

We discussed this with the registered manager who told us that they would work with staff to improve recordings in daily logs with immediate effect. They also told us they would work with staff and people using the service to improve and develop the information in care plans regarding people's likes, dislikes and preferences.

People's care plans were reviewed on a regular basis. We saw that changes to care plans were discussed with the person and records were updated if necessary. Some people had declined to participate in the review of their care and this had been recorded in their care plans. Some people told us they did not like formal care reviews but had the opportunity to talk about their care and make decisions and choices through informal one-to-one meetings with their keyworker.

We looked at complaints received by the service. We saw that there was one complaint on file for the last twelve months. We saw that the registered manager had responded to complaints in accordance with the provider's complaints policy. This included details of the investigation and action taken to resolve the complaint. We saw evidence that the complaint had been resolved to people's satisfaction. We saw that people using the service were provided with information on how to make a complaint through information on notice boards and through keyworkers. People told us they felt able to raise concerns directly with staff or the registered manager or registered provider. Some people told us they would use their advocates to support them to make a complaint. An advocate is a person who is independent of the home and who supports a person to share their views and wishes.

Good

Is the service well-led?

Our findings

People we spoke with and staff told us that the registered manager was approachable and available if they needed to speak with her. One person told us, "The manager is very kind and approachable. I feel able to talk to her." A staff member told us, "I have really good support from both the registered manager and the provider. They are always at the end of a phone if I need them." Another staff member told us, "The [registered] manager is really supportive. We can always call her for advice if we need to, though we try to find solutions through working together as a team."

We saw that the registered manager was available to speak with people using the service and staff throughout the day. Both the registered manager and the registered provider had a visible presence in the service and we saw people and staff approaching them comfortably.

People told us they were encouraged to express their views about the service and felt involved in directing how their care was developed, One person was able to tell us about resident meetings where they were updated about the service and asked for their feedback on issues. We looked at minutes from recent resident meetings and saw that they were well attended. People were asked to feedback on areas such as allocated keyworkers, menus, social outings and day trips. We saw that where people had made suggestions or requests, the registered manager had followed this up. For example through revising menus choices or arranging requested day trips.

The service had a clear leadership structure which staff understood. Staff told us and records we saw showed that they had regular supervision to identify how they could best improve the care people received. Examples included improving staff awareness of their working practices, promotion of team work and values and identifying staff training needs. Staff told us the registered manager was approachable and receptive to their views. A staff member told us, "I know I can always ask for additional training and the [registered] manager will arrange this."

The service held regular team meeting to provide staff with information and involve them in the development of the service. Minutes of meetings were detailed and available to all staff for reference. We saw that key issues were discussed such as working practices, training and values of the service.

The registered manager regularly audited the care records within the service to make sure they were accurate and up to date. However, we found that audits did not always identify areas where recordings needed to improve. For instance, information recorded in people's daily care notes. The registered manager told us that they would work with staff to make the necessary improvements to recordings. The registered manager worked with staff to carry out quality checks to make sure that people received their medicines as prescribed and care was delivered as outlined in their care plans. Checks also included audits of food preparation and storage and maintenance. We saw that the provider monitored the premises and equipment to ensure that all health and safety checks and risk assessments were up to date. The registered provider told us they were in daily communication with the registered manager and visited the service regularly to check audits and quality checks.

The provider had processes for monitoring and improving the quality of the care people received, People told us they were happy to express their views about the service. They told us they could do this through staff or directly to the management team. People and visitors were also encouraged to write comments and views on a flip chart in the reception area about what the service does well and areas that the service needed to improve. We saw that some comments had been noted and the registered manager told us they would collate comments and discuss with people using the service and staff. The provider had conducted a survey in February 2016 which involved sending out quality review questionnaires to people using the service. The registered manager explained that they collated responses from surveys and developed a quality report which was available for people, their families, staff and visitors to the service. We saw that a copy of the latest report was available in the reception area. We saw where people had identified improvements were required or rated low satisfaction in areas, the provider had taken action to identify and implement improvements. For example, people had recorded low satisfaction with menu choice. We saw that the provider had responded by involving people in a monthly review of menu choices and changed the way the service purchased food stuffs to allow for greater flexibility. This showed that the provider was able to identify areas for development and improvement within the service to improve the care provided to people using the service.

The registered provider and registered manager demonstrated a good understanding of their responsibility to comply with current legislation, including their requirements with regard to maintaining their registration. This included their responsibility to notify CQC of any significant events or incidents within the service. The registered provider attended provider forums through the local authority and had membership of forums such as the Social Care Improvement Group. This is a national forum for providers of social care. This enabled them to keep up to date with information about key events in the health and social care sector and share best practice with other similar organisations to improve the quality of care people received.