

Angel Care Homes Limited

Aspen Lodge Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

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 21 people aged 65 and over at the time of the inspection, some of whom were living with dementia. The service can support up to 25 people.

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

People were protected from the risks of abuse and ill treatment as staff understood how to recognise and respond to any concerns raised with them. The provider had systems in place and understood how to raise concerns to other agencies.

People had risk assessments in place which contained relevant information to inform staff members how to support them safely.

People were supported to have their medicines as prescribed by staff who were trained and assessed as competent to safely support them.

People were protected from communicable illnesses as staff members followed the latest guidance for infection prevention and control.

People were supported by enough staff to safely and promptly support them. The provider followed safe staff recruitment practices.

The provider had made appropriate notifications of incidents and significant events to the Care Quality Commission.

People and staff found the management team to be supportive and approachable.

People were asked for their opinions and comments on the care and support they received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 March 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations associated with the key questions safe and well-led.

Why we inspected

We carried out an unannounced inspection of this service on 26 January 2021 where breaches of legal

requirements were found. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which we previously rated as requires improvement.

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 the service can respond to COVID-19 and other infection outbreaks effectively.

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 changed from requires improvement to good. This is based on the findings at this inspection.

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.

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?

Good ●

The service was 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.

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 two inspectors and an assistant 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 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

This inspection was unannounced. However, we gave the service notice of the inspection on our arrival in the carpark. This was because we had to gather information on the home's current COVID 19 status and the providers procedures for visiting professionals.

What we did before the 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 asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and one relative. Additionally, we spoke with nine staff members including, the cook, three care staff, senior carer, two deputy managers, registered manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a visiting healthcare professional and spent time in the communal areas with people to help us better understand their experience of care.

We looked at the care and support plans for three people and several documents relating to the monitoring of the location including medicines, health and safety checks. We confirmed the safe recruitment of two staff members.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found people were at risk of harm as systems and processes had not been operated effectively to investigate any allegation or evidence of abuse. 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People told us they felt safe living at The Aspens - Residential Care Home. One person said, "It is easy, relaxing and I feel very safe."
- People were protected from the risk of abuse and ill treatment as staff members had received training on how to recognise and respond to concerns. Staff members told us how they would report concerns to the management team or to other organisations. For example, the local authority.
- Information was available to people, staff and visitors on how to report any concerns.
- The provider had made appropriate referrals to the local authority in order to keep people safe.

Assessing risk, safety monitoring and management

- People had assessments of risk in place to support and guide staff members on how to safely support them. These included, but were not limited to, maintaining skin integrity, mobility, bowel management, diet and nutrition.
- Staff members could tell us about those they supported including how to minimise the potential for harm.

Staffing and recruitment

- People were supported by enough staff to safely assist them and to respond to them in a timely way.
- We saw staff had the time to interact with people in a valuing and empowering manner.
- The provider followed safe recruitment checks. This included checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with others.

Using medicines safely

- People were supported to receive their medicines safely and as prescribed.
- Staff had been trained to support people safely with their medicines and assessed as competent before

doing so.

- Staff members knew what to do if they suspected a medication error had occurred. Regular quality checks were completed to ensure medicines were stored and administered safely.

Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. This was because some areas of the home were in need of redecoration.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider had systems in place to review any reported incidents, accidents or near misses. For example, the provider monitored any trends including times, locations and people involved to see if anything could be done differently or if a referral to additional services, like physiotherapists, was needed. This was overseen by the management team to ensure appropriate actions had been completed or if anything additional needed to be done.

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

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

At our last inspection we found systems and processes had not been established and operated effectively to keep people safe. This placed people 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- A registered manager was in post and was present throughout this inspection. The registered manager and provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- The provider and management team had effective quality monitoring systems. These included checks of people's care plans and medicines. These checks ensured people received the care they needed and had agreed to.
- People had a good and interactive relationship with the management team which they found to be approachable and supportive. One person said, "I know the manager, but I can't remember their name, they are very nice."

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

- People were regularly involved in discussions about where they lived and any improvements or changes, they wished to make.
- People told us they felt involved. One person said, "We get choices of food, what time we get up and go to bed, we choose the activities we want to take part in, it is normally bingo or sometimes I go for a walk, I like that."
- Family members were kept informed about changes regarding the provision of care at The Aspen Lodge Residential Care Home and were frequently asked for their opinions.
- Where people had specific cultural needs or spiritual beliefs these were recorded and followed by staff to ensure they received support which met their wishes.

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 was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment. We saw evidence where the provider had engaged with people when concerns had been raised with them. This included an explanation and a commitment to prevent reoccurrence.

Continuous learning and improving care

- The management team kept themselves up to date with changes in adult social care. This included regular updates from the CQC and leading organisations in health and social care. In addition, the management team were part of a wider support organisation consisting of a number of care home managers where they could seek advice and guidance.

- The management team also kept themselves up to date with changes in guidance from the NHS and Public Health England in terms of how to manage during the pandemic.

Working in partnership with others

- The staff team, including managers, had established and maintained good links with others involved in the care and support of those living at Aspen Lodge Residential Care Home. This included GP practices and district nurse teams.