

PureCare Care Homes Limited

Aspen House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Aspen House is a residential care home providing personal and nursing care to people aged 18 and over. Aspen House accommodates up to 16 people who are experiencing mental health issues. The service was full when we inspected.

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

Everyone we spoke with was positive in their feedback. One person said, "Been living here since it opened. People to talk to and staff are good and support me. If I ask them for anything, I do get it." A relative said, "My relative's needs are being covered very well."

People were safe at Aspen House. Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. The registered manager followed safe recruitment practices.

Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people that mattered to them. They felt a part of their local community and were supported to use local resources to their advantage.

Staff understood the importance of promoting people's choices and provided the support people required while promoting and maintaining independence. This enabled people to achieve positive outcomes and promoted a good quality of life.

People were involved in the running of the service and were consulted on key issues that may affect them.

People received the support they needed to stay healthy and to access healthcare services. Each person had an up to date support plan, which set out how their care and support needs should be met by staff. These were reviewed regularly.

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. For example, staff had the information they needed to support people to make choices. Staff knew people had the right to make unwise decisions.

Complaints policies and procedures were in place and these were understood by staff, people and relatives.

There was a system in place to monitor the quality of the service. This had been effective in identifying where improvements were needed and the registered manager actioned these.

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) This service was registered with us on 15 October 2019 and this is the

first inspection.

Why we inspected

This was a planned inspection based on the length of time since the service registered with us.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was 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

The 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 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

This inspection was unannounced.

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 contacted healthcare professional for feedback. We did not receive any feedback. We used all of this information to plan our inspection

During the inspection-

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

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three 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 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe living here. The way the service is set up, I feel safe".
- A relative said, "Yes, she is safe living in the service. She looks really happy there. She feels very safe there."
- The provider had a safeguarding system in place, including safeguarding and whistleblowing policies and procedures to safeguard people. Members of staff confirmed they had read these. The registered manager demonstrated their knowledge on how to report abuse to the local authority and CQC if required.
- Staff understood how to protect people using the service from abuse and service worked well with other agencies to do so. Staff had received training on adult safeguarding and understood their responsibilities to record safety incidents, raise concerns and near misses, and to report them internally and externally, where appropriate. A member of staff said, "Safeguarding is protecting vulnerable adult from harm. It could be abuse or something else. If we suspect abuse, we will talk to them about it to ensure it is a safeguarding and we will raise a safeguarding to the local authority."
- Staff told us they felt confident in whistleblowing (telling someone) if they had any worries. A member of staff said, "If I saw practices I was not happy about, I can raise it higher up within the company. If the company is not doing anything about it, I can go outside the company and inform the local authority or CQC."

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed and managed. People's support plans contained detailed risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately. For example, one person with diabetes had an appropriate risk assessment, which contained why the person needed support, how they should be supported and the desired outcome. The diabetes information gave guidance to staff on what diabetes was about, signs and symptoms and how staff needed to manage the condition. Staff we spoke with understood this.
- People and staff were protected from environmental risks. Risk assessments were in place and the appropriate checks for potential environmental risks and hazards, such as uneven surfaces, appliances and trailing wires within people's homes had been adequately identified in initial assessments and controlled. The environment and equipment were safe and well maintained. Appropriate checks, such as gas safety checks and electricity safety checks had been carried out.
- Each support plan folder contained a Personal Emergency Evacuation Plan (PEEP), which had been reviewed. A PEEP is for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency. The fire safety procedures had been reviewed and the fire log folder showed that the fire risk assessment was in place and actioned. Fire equipment was

checked according to recommended guidance. Staff had received training in how to deal with emergencies, which included fire safety and health and safety awareness and demonstrated they had the necessary knowledge and skills in this area.

- Policies and systems were in place to ensure that incidents were recorded and actioned including late or missed calls. The registered manager told us that these were analysed regularly.

Staffing and recruitment

- The registered manager had carried out checks to explore staff members employment history to ensure they were suitable to work with people who needed support. Where appropriate, curriculum vitae was provided, which showed staff education and employment histories.

- Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records of checks were kept in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

- Employment procedures were carried out in accordance with equal opportunities. Interview records were maintained, and applicants were provided with a job description. Successful applicants were provided with the terms and conditions of employment.

- Staffing levels were provided in line with the support hours agreed with the placement authority and these were determined by the assessed needs of people when the provider accepted the package to provide the service. These were reviewed regularly with the placement authority.

Using medicines safely

- Suitably trained staff followed the arrangements in place to ensure people received their prescribed medicines.

- Medicines were stored safely. These were stored safely in medicine cabinets in people's rooms, which is a person-centred practice. People's records contained up to date information about their medical history and how, when and why they needed the medicines prescribed to them.

- We looked at medicines administration records (MARs) which should be completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. Staff explained that when they gave medicine to people they observed them to make sure they took their medicines.

- PRN (as required) protocols were in place and staff followed them. When PRN (as required) medicines were administered, the reason for administering them was recorded within the MAR chart. This indicated that the registered manager had an effective system in place for the administration of medicines safely.

- We found the management of medicines, which are requiring additional measures to ensure they are managed securely, was safe. Records showed two staff always signed when a person was administered a controlled medicine, as is required, including if these were administered during the night shift and these records were audited daily. Staff had undertaken the provider's medicines training and had their medicines competency assessed annually to ensure their practice was safe.

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.
- 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

- Staff maintained an up to date record of all accidents and incidents. The registered manager monitored these so any trends could be recognised and addressed.
- The registered manager used the information to make improvements to keep people safe. This meant that people could be confident of receiving care and support from staff who acted on changes to their needs.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 undertook an initial holistic assessment with people before moved into the service.
- Records showed that the initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they have any cultural or religious beliefs or needs which needed to be considered when planning for their support.
- People and their family members were fully involved in the assessment process to make sure the registered manager had all the information they needed. A relative said, "I have taken part in some online meetings. It was important to be close to my mother, so from that point of view, I was involved." Another said, "Yes, we were involved in putting the support plan together."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health. Staff ensured people attended scheduled appointments and check-ups, such as visits to their GP or consultants overseeing their specialist health needs.
- People's individual health plans continued to set out for staff how their specific healthcare needs should be met.

Staff support: induction, training, skills and experience

- Staff undertook mandatory training and refresher trainings in topics and subjects relevant to their roles.
- New staff had undertaken the provider's induction which included relevant topics considered mandatory. The in-house induction included shadowing of experienced staff. The in-house induction also included assessments of course work and observations to ensure staff meet the necessary standards to work safely unsupervised. Staff were supported and encouraged to complete work-based qualifications. A new staff spoken with said, "I am undergoing training at the moment. I have completed health and safety, fire, CPR (CPR stands for cardiopulmonary resuscitation). It's a life saving medical procedure which is given to someone who is in cardiac arrest. It helps to pump blood around the person's body when their heart can't. These were completed as part of the induction."
- Staff were regularly supervised and had an annual appraisal with a member of the management team. Staff had their competency to provide care and support assessed by a member of the management team in a range of topics. This ensured the care and support people received was of a good quality and reflective of staff training and the policies and procedures of the provider.

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

- The registered manager contacted other services that might be able to support them with meeting

people's health needs. This included the local GP and other healthcare professionals demonstrating the provider promoted people's health and well-being.

- People were fully involved in decisions about food they cook and eat. People are supported to complete a menu plan on a weekly basis.
- People had control over what time they ate and any snacks and drinks they wished to have through the day.
- People were supported to eat a healthy and balanced diet. The registered manager said, "When people are shopping, staff are instructed to support them to read food labels and understand between healthy /unhealthy options." One person said, "I do go out for food shopping, I do go to town."

Staff working with other agencies to provide consistent, effective, timely care

- Information from health and social care professionals about each person was included in their support plans. There were records of contacts such as visits, phone calls, reviews and planning meetings. The plans were updated and reviewed as required.
- Senior staff liaised with professionals when assessing a person's needs and kept those needs under constant review so they could provide information to professionals when needed.
- There was a close working relationship with the local hospice, district nurses, local GPs, occupational therapists, and physiotherapists.

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

- The service was designed and decorated to meet people's needs. The environment was pleasant, spacious and decorated with people's involvement.
- People had free access to the garden and all areas of the service, including the kitchen.
- People's rooms were personalised to suit their tastes and needs.

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's capacity to consent to care and support had been assessed and recorded. For example, people or designated persons had signed and consented to the care that was provided by the service.
- The registered manager and staff had received MCA and training in relation to the Court of Protection issues. They understood people had the right to make their own decisions about their care.
- Staff understood and supported people to make day to day choices. Where people had capacity, staff understood they had the right to make unwise decisions. A member of staff said, "It does not matter if it is a wise decision or not, I need to respect their decision."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- One person said, "I have been here since Covid-19 started. The staff are kind. They do things for me. Very supportive." One relative said, "Yes, they do respect her values. Honestly speaking, we have visited her many times and she looks happy."
- Staff knew the people they were supporting. The interactions between people and staff were positive, caring and inclusive. There was a feeling of mutual respect and equality.
- People's care records contained information about people's background and preferences, and staff were knowledgeable about these. Staff were able to give us details on people throughout the day, without needing to refer to support plans.
- People's equality and diversity needs under the Equality Act 2010 were supported. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their age, disability, sexual orientation, or religion. As far as possible people were able to choose the gender of the staff who were supporting them if they wanted to do so.
- Staff helped people to stay in touch with their family and friends. People's relatives told us that they were able to visit their family member at any reasonable time and they were always made to feel welcome.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and they and their relatives were involved in making decisions about their care and support. A relative confirmed this and said, "Yes, I am involved in decisions about [Relative] support."
- People were involved in reviewing their care, and when people wanted support from their relatives or friends this was arranged by staff, so they were able to fully understand their care. One person said, "I feel involved as we have key worker meeting every month."
- People were able to express their needs and received the care and support that they wanted in the way they preferred.

Respecting and promoting people's privacy, dignity and independence

- One person said, "Staff are good and support me very well." Another person said, "The staff are good and caring." A relative also said, "Yes, very caring in all areas."
- Staff gave people their full attention during conversations and spoke to people in a considerate and respectful way.
- Staff understood the importance of respecting people's individual rights and choices.
- People's right to privacy and to be treated with dignity was respected. We saw staff did not enter people's

rooms without first knocking to seek permission to enter. A member of staff said, "If I am unsure of a situation, I will ask the person. I will ensure no one enters the room if required during personal care."

- People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. Support plans included what people could do for themselves and where they needed support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager focused on ongoing assessment with people. The assessment checked the care and support needs of each person so that the registered manager could make sure they had the skills and levels of staffing within the staff team to care for the person appropriately.
- People had support plans in place, which reflected their current needs. Support plans covered all aspects of people's daily living and care and support needs. This included people's cultural needs, dignity and independence. The cultural needs plans identified the support required by each person for example, if they needed support to attend the Church or Mosque.
- Detailed daily records were kept by staff. Records included personal care given, well-being, activities joined in and concerns to note. This enabled staff to appropriately respond to people's needs as required.
- People were enabled to remain active and had opportunities to participate in a variety of activities and events that met their social and physical needs. People were supported to visit relatives. People were also supported to pursue personal interests such as shopping and going for a walk. Comments from people spoken with included, "I do go out. I go to my dad. I do go down to town once or twice a week. I do activities in the house. I do cooking. They [Staff] have been supporting me."; And "I do speak with my dad regularly on the phone. I do see him sometimes. I do go out bowling, cinema, shopping for clothes. I do like cooking such as pasta bake, roast chicken, sausage and mash." People using the service were supported to attend further education as they wished.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us that they will make documents available to people they supported in different formats such as large print if needed. At the moment, no one required this.
- People's communication needs had been assessed and staff knew how to communicate with people based on the assessment. The assessment asked people how they would like to be communicated with, such as verbally, in writing, in person or to be translated into another language. This gave people the choice of how to be communicated with.

Improving care quality in response to complaints or concerns

- People and their relatives knew who to contact if they were concerned about anything. One person said,

"If I am not happy about something I go to the staff or manager." Another said, "If I am concerned, I will go to [Manager] definitely. He is not like a manager; he is just a normal person. He is down to earth and relates to us."

- The service had not received any complaint in the last 12 months.
- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The policy also included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and the local government ombudsman.

End of life care and support

- There was information in people's support plans about their end of life called 'In case of death instructions', which were completed with people. We noted that some people had made decisions about their end of life. Others had decided not to and this was respected by staff.
- At the time of the inspection, no one using the service was at the end of their life.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us that they found the registered manager approachable and helpful and felt that the service was well-managed. One person said, "The manager is kind, funny, good and I can approach him anytime." Another said, "The manager [Name] is a nice man. He has your back anytime. He sorts things out for you immediately."
- A relative said, "[Name] is very dedicated to his work. I will rate him 100%. Very dedicated and I am glad he is the manager there."
- The registered manager had created a positive, inclusive and person-centred culture in the service. Staff felt highly motivated, which resulted in good quality care for people with positive outcomes. Members of staff said, "The manager is very kind, thoughtful, considerate, strong, professional and a really lovely person. Good at his job. 100% approachable."; "The reason I can do this job is that the manager has a vision for this service. He has so much passion for the job. He is receptive and very keen on improving staff and developing staff." And "Since I started, the manager has been supporting me and helping me developed myself. He is supportive, kind, friendly as I can always go to him if I have any concerns. He is empowering and understanding. I am well motivated by him."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager understood the responsibilities of their registration.
- Registered bodies are required to notify CQC of specific incidents relating to the service. We found that where relevant, notifications had been sent to us appropriately. For example, in relation to any serious incidents concerning people which had resulted in an injury or any safeguarding concerns.
- There were systems in place to check the quality of the service including reviewing support plans, incidents, maintenance and health and safety. Medicines were audited daily and weekly to check stock levels with a full audit of medicines being undertaken monthly. Where actions were needed these were recorded and completed in a timely manner.
- There were regular audits by the registered manager or the deputy manager on behalf of the provider to check that quality systems were effective.
- The registered manager understood their responsibilities in respect of the duty of candour. The registered manager had been open and honest when things went wrong and had informed people, their families and where appropriate external agencies of any incidents or accidents.

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

- Staff told us that they were able to share their ideas and felt listened to.
- Communication within the home was facilitated through monthly staff meetings and tenants meetings. People felt able to engage and listened to. One person said, "We have tenants meeting and I can discuss anything I want there."
- The provider had systems in place to receive people's feedback about the home. The provider used an annual questionnaire to gain feedback on the quality of the service. These were sent to people living in the home, staff, health and social care professionals and relatives and feedback received showed that they were satisfied with the service provided. Comments from people included, 'The staff do well at keeping the place running as good as it gets.' And 'Excellent manager, kind, caring, good advice and kind and compassionate staff.'. Healthcare professionals commented as follows, 'Provide client centred care and open in ways in which you can improve on the care provided to clients.' And 'The level of communication from Aspen House staff to all parties is excellent. The team there also empower the residents to be as independent as they can, while supporting them where necessary.'

Continuous learning and improving care; Working in partnership with others

- The management team kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held local authority for care providers
- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support. The deputy manager confirmed this and said, "Staff are invited into professional's meeting to keep them informed and involved."
- The management worked with funding authorities and other health professionals such as psychologist, psychiatrist, Clinical Commissioning Groups (CCGs) and local mental health teams to ensure people received joined up care.