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Aspen House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 3 and 4 January 2019, the first day was unannounced and the second day was announced.

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 care home can provide accommodation and personal care for 15 older people in one adapted building. The home provides support for people living with varying stages of dementia and some with mobility and sensory needs. There were 12 people living at the home at the time of our inspection.

The home had a registered manager who was also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

At our last inspection in November 2017, we found the provider was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They were in breach of regulation 12 for not ensuring people were provided with safe care and treatment by assessing and mitigating risk to service users, and regulation 17 for not ensuring that adequate systems and processes were in place to enable them to fully assess and identify where safety was compromised. The service was rated as 'requires improvement'.

We asked the provider to complete an action plan to show what they would do, and by when to improve the key questions of safe, effective, responsive and well-led. We also asked them what they would do to meet the legal requirements in relation to the breaches we found. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. At this inspection we found that improvements had not been made and that the provider remained in breach of regulations 12 and 17.

At this inspection improvements had been made in some areas, for example people's medicines were now being stored and monitored safely. The provider was no longer in breach of regulation 13 and had ensured that they were taking steps to safeguard people from abuse. However, further improvements were identified and required, including the breaches of regulation in relation to providing safe care and treatment and good governance.

The provider remained in breach of regulation 12 as people were not always protected from the risk of harm as risks to safety and incidents were not always identified or effectively managed.

The provider remained in breach of regulation 17 as quality assurance systems and audits to monitor and oversee care were ineffective. Care plans, risk assessments and guidance had failed to be updated despite

records showing that quality assurance checks and audits had taken place.

Information relating to some people's as and when medication was incorrect. This had not been identified despite medicines audits being completed.

Appropriate actions had not been taken to learn or improve from mistakes and changes when they had occurred.

There continued to be a lack of consideration, care planning and guidance on how to best support people living with dementia. The provider could further explore guidance on ensuring a more dementia friendly environment.

Care plans and risk assessments were not always detailed and personalised and did not always reflect the changing needs of the person.

Staff received ongoing training to meet the needs of people at the service, although improvements were needed in the management of ongoing competencies for the administration of medicines.

People's communication and information needs had not been fully addressed across the service. We have continued to make recommendations in relation to the sourcing of information to inform compliance with the Accessible Information Standard.

Improvements in supporting people's food choices had been sustained and people's nutrition and hydration needs were being met.

The provider had systems in place to monitor the health and safety, to prevent and control infection and to assess and lesson mitigate environmental risks to the service.

Systems were in place to ensure that people were safeguarded from abuse. The provider had demonstrated improvements in its reporting structure and staff demonstrated a good understanding of the indicators of abuse and how to report any safeguarding concerns.

Complaints were recorded and people and relatives knew how to complain if they needed to.

Staff we spoke with understood the requirements of the MCA and people had access to advocacy services to promote their choice and rights in line with legislation. People were supported in line with the principles of the Mental Capacity Act (MCA) 2005.

People and their relatives told us that the staff were caring. We observed people and staff interacting in a happy comfortable manner. People's privacy and dignity was respected, and people were supported to express their views and be involved in decisions about their care. There were sufficient number of staff to support people to stay safe and meet their needs.

People were supported with compassionate care at the end of their lives.

Staff worked well together within and across organisations and supported people to access healthcare services and lead healthier lives. The provider worked in partnership with other agencies.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe

Risks to people had been identified and assessed, although we found that they were not always managed safely or consistently, and records had not always been updated following a change of need.

Improvements were still needed in the management of people's medicines. Administration practices were found to be good but the management of guidance and information for staff needed to improve.

There were sufficient staff to meet people's needs.

The provider did not always learn from mistakes and make improvements when things went wrong.

People were protected by the preventions and control of infection.

Requires Improvement 

Is the service effective?

The service was not always effective

The needs of people living with dementia were not always met by the design and adaption of the service.

People's needs had not always been appropriately assessed or updated to ensure that effective support could be given.

People were cared for by staff that had received appropriate training, although we identified where the assessment of people ongoing competencies needed to improve.

People were asked for their consent before being supported and the service worked within the principles of the Mental Capacity Act.

Staff worked effectively together and across organisations. People had access to healthcare services to maintain their health and wellbeing.

Requires Improvement 

Is the service caring?

Good 

The service was caring

People were cared for by staff that were kind and caring

People's differences and diversity were respected and staff would adjust their approach to meet their needs.

People had access to advocacy services so that they could be actively involved in decisions they made

Is the service responsive?

Requires Improvement 

The service was not consistently responsive

There continued to be a lack of consideration, care planning and guidance on how to best support people living with dementia.

Care plans and risk assessments were not always detailed and personalised and did not always reflect the changing needs of the person.

Not all people had been assessed to ensure that their communication and information needs had been identified in accordance with Accessible Information Standards.

Complaints were well managed and people and their relatives knew how to formally raise any issues should they need to.

People received compassionate end of life support.

Is the service well-led?

Requires Improvement 

The service was not consistently well-led

This is the fourth inspection where the service has been rated as requires improvement. The service has failed to continuously learn to improve and ensure sustainability.

Systems or processes in place were not consistently effective. There was a failure to assess and monitor and to improve the quality and safety of the services provided.

People, their relatives and staff told us that the management team promoted an open culture at the service where feedback and comments were welcomed.

Staff worked well together, and with other organisations to co-

ordinate support for people.

Aspen House Care Home

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 took place on 3 and 4 January 2019 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we checked the information that we held about the home and the provider. The provider had completed a Provider Information Return (PIR) prior to their last inspection in December 2017 and we used some information from this to guide the inspection. The PIR 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 looked at other information we held about the service. This included notifications. Notifications are changes, events or incidents that the service must inform us about.

During the inspection we spoke with four people and five members of staff. These included the registered manager, the deputy manager, two senior care workers and the chef. We also spoke to the activities co-ordinator who was not directly employed by the provider but had provided services to the home for a number of years. We also spoke to three relatives and one healthcare professional. We also contacted other health and social care professionals and received feedback from a community mental health nurse, a general practitioner and the care home in reach team (CHIRT)

We reviewed a range of records about people's care and how the service was managed. These included the care records for four people, records of medicine management, recruitment records for staff, quality assurance audits, complaints management, staff training, incident reports and records relating to the management of the service. We spent time observing care and support in the communal lounges and observed the lunchtime experience that people had. We observed the administration of medicines and activities that were taking part in the service.

Not everyone was able to tell us about their experiences of living at Aspen House, therefore we carried out

observations in communal areas and throughout the home to see how people were supported throughout the day and during their meals. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At the previous inspection on 18 and 19 December 2017, the provider was in breach of Regulation 13 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. This was because the provider had failed to ensure that there were systems, processes and practices in place to protect people's rights to be safe from the risk of potential abuse and harm. The registered manager had failed to identify where a number of safeguarding concerns could have potentially been incidents of abuse or possible neglect. The registered manager had also failed to report some incidents to the local authority so that they could be fully considered or investigated.

At this inspection, the provider demonstrated that they had learnt from this and had ensured that any concerns that had been identified as potential abuse had been notified to the relevant authorities and bodies. Staff demonstrated good knowledge of safeguarding procedures and what indicators of possible abuse they needed to be aware of. Staff told us that they had recognised these improvements since the previous inspection. One staff member told us, "I believe there is now a greater awareness by staff and management of recognising possible safeguarding incidents arising and making appropriate referrals." The staff member told us that management informed staff of referrals made and kept them updated. This evidence shows that sufficient improvements have been made and that the provider was no longer in breach of this regulation.

At the previous inspection, people were not always supported to receive their medicines safely. This was because medicine cabinet temperatures were not being monitored to ensure that medicines were being stored at an effective temperature. People's medicines were sometimes administered at later times than were documented on medicines administration records (MAR) sheets and we also observed poor practices during the administration of medicines where staff had left packaged medicines unattended in communal areas when dispensing to people.

At this inspection, we found that whilst the provider had made some improvements, we still identified areas of medicines management that needed to improve. Incorrect protocols were in place for the administration of one person's 'as and when' (PRN) medicines. This showed that they were receiving a pain relieving medicine that had stopped, and changed to an alternative medicine, some months before. This information could potentially have caused confusion to staff as to the correct medicines was to administer when this was required. The deputy manager removed this information when this was brought to their attention. The provider's medicine policy that was provided on inspection had not been updated for four years even though it stated it should be reviewed and updated annually. In order to ensure the safe and proper management of medicines, the regulation states that staff must follow policies and procedures about managing medicines. Another person's plan stated, 'I will ask for painkillers if in pain' and 'some of my meds is as required, staff to follow protocol', but their medication administration record showed no PRN medication, and was prescribed a routine analgesic.

Risks to people had been identified and assessed, although on some occasions we found that they were not always managed safely or consistently, and records had not always been updated following a change of

need. One person was identified as being at risk of pressure sores due to their declining mobility. Moving and positioning guidance from a specialist health nurse had recommended actions to lessen the breakdown of skin that included repositioning every two hours. The providers risk assessment and control measures made no reference to this specific guidance. Also, there was no repositioning or turning chart in place for staff to monitor how they were managing these risks. We could not see any reference to staff actions around re-positioning within the person's daily care notes. The impact of this was that the staff could not ensure that the person's skin integrity could be maintained safely. For another person, a Waterlow assessment had been completed. Waterlow assessments are tools used to assist staff to assess the risk of a person developing a pressure ulcer. However, this assessment was not referred to in the person's skin integrity assessment. This meant that information gained from these assessments were not being used to properly inform and evaluate the risks to people's skin integrity.

Another person had a falls risk assessment in place due to their declining mobility. Records showed that the person was referred to their GP, to assess their blood pressure as they got dizzy when they stood up. Although this had been reviewed on a number of occasions since this referral, the person's falls risk assessment did not include any information relating to how this condition affected their mobility. The impact of this was, that the risks to the person's mobility had not been fully assessed to reduce further falls. The falls assessment scoring system had also not been completed correctly. Staff had recorded, and scored, during a three-month period that the person had not fallen since admission, despite records showing that they had. The resulting low score meant the trigger for staff to make an automatic referral to the falls prevention team had not been met. Had this been scored correctly, the risk assessment would have prompted staff to make a referral. The impact of this was that people were at risk from staff not escalating responses to people's changing needs due to risk assessments not being completed appropriately.

We observed records which gave conflicting guidance and clinical information for staff, despite records showing that management staff had completed subsequent care plan reviews. One person's full medical care plan indicated that district nurses provided medicines for their diabetes. However, their diabetic medical care plan indicated that this practice had stopped and that staff were now monitoring their condition. This conflicting guidance had not been identified during management audits of these care plans. Furthermore, the risks to that person had changed where they were now at risk of hyperglycaemia and not hypoglycaemia as indicated in both their current care plan and risk assessment. Audits had been completed on these care plans since the change in need but this was not reflected.

People were not always protected from the risk of harm as risks to safety and incidents were not always identified or effectively acted upon. Where accidents and incidents had been identified and records completed, some remedial action had been taken to reduce the risk of reoccurrence. However, not all incidents had been acted upon to effectively and appropriately to ensure that future incidents were reduced. For example, following a fall by one person, a referral was made to the GP as the person's mobility was being affected by their blood pressure. However, as detailed in this section, the person's falls risk assessment was not updated to include this information. The impact of this was that staff who may have been required to respond to subsequent incidents would not be fully informed as to the impact of the risk or to the cause of any falls, and would not have the information to act accordingly.

Lessons had not been learnt and improvements had not been consistently implemented. This is the fourth inspection where the service had been rated as requires improvement. This demonstrates that the provider has not used information and judgements from these inspections to drive improvement in the quality and safety of care.

The above evidence demonstrates that not all that was reasonable was done to reduce risks to, and ensure the safety

of, people. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were cared for in a hygienic environment to ensure the prevention and control of infection. We observed staff using protective equipment such as gloves and aprons to reduce cross infection risks. One relative told us, "The home itself is kept very clean." However, we observed that bleach and bathroom cleaning fluid was being openly stored in a communal toilet that posed a risk to people. The potential impact was that many people at the service live with dementia and this failure to store harmful cleaning fluids could pose a risk to their health. As these were still in place on the second day of the inspection we brought this to the attention of the registered manager who addressed this immediately.

Although we have identified concerns around the management of medicines above, we observed some good practices when observing medicines being given. Correct infection control procedures were followed while medicines were given patiently and respectfully. The staff member asked people how they wished to receive their medicines according to the preferences in their care plans and waited to ensure that people had taken them. Medicines were stored correctly and there were safe systems in place for receiving and disposing of medicines. Risk assessments for medicines had been completed while people had been assessed as to their capacity to self-administer.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. The provider had oversight of health and safety through audits and checks of accidents and incidents, fire safety, risk assessments, COSHH and Legionella checks and emergency plans. Regular health and safety checks on equipment and the fire detection system were undertaken to ensure they remained safe. Actions identified in fire risk assessments had been completed within agreed timescales to ensure continued compliance. Personal Emergency Evacuation Plans (PEEPs) were in place for each person, detailing the support they would need in the event of an emergency. Staff undertook fire response training and we saw evidence of regular fire drills that had been carried out successfully.

The provider ensured that there were sufficient numbers of suitable staff to support people to stay safe. One relative told us, "There are enough staff, they are always around checking how he is and offering drinks." We observed staff meeting people's needs throughout the inspection at different times of the day. The registered manager used a dependency tool to ensure that staffing levels were maintained according to levels of need and occupancy. People and their relatives told us that there were sufficient staff and that there was continuity. One relative told us, "Staff always have time for people. The home keeps the same staff, which is a good indication as all the staff work in the same way."

Is the service effective?

Our findings

At the last inspection we identified that improvements were needed to the environment to ensure that people were able to mobilise freely without risk of harm. We identified issues around the lack of space within the dining area for people to mobilise freely and safely. At this inspection our observations were that people now had sufficient space when moving around the dining area. We observed people using their mobility aids to move between tables safely and without the need for assistance. However, we identified that further considerations could be given to the positioning of chairs within the communal area. We observed one person, sleeping closest to a doorway, being awoken on two occasions because a staff member did not have sufficient space to support a person using a wheelchair into the lounge without making contact with the legs of the person sleeping.

At the last inspection, we identified that adaptations and signage could have been more effective to ensure that people, especially those living with dementia, could navigate more easily. Although we found that some improvements had been made, we identified that the provider could further explore guidance on ensuring a more dementia friendly environment. The home used contrasting colours around doorways of rooms and toilets to help people identify certain areas. Signage had been updated to identify that communal facilities were both toilets and bathrooms. Signs were prominent and placed at eye level for people to visualise easily. However, people could have benefited from more directional signage throughout the home to direct them to areas that they used, as we observed on occasions people in the communal areas ask each other directions to the toilet. People could have also benefited from the introduction of tactile signage to aid direction and promote independence. This is an area that needs to improve.

Further to the same guidance we recommended in the previous report, we recommend that the home continues to consider the National Institute for Health and Social Care Excellence: Supporting people to live well with dementia guidance as this will give further guidance on how to design and adapt the home for people with living with dementia.

The information detailed within the safe domain of this report demonstrates that risks and needs were not always assessed effectively and safely. The provider did not always ensure that people's needs, care and treatment was assessed effectively. For example, the medical status for one person confirmed a learning disability as well as having asthma and epilepsy. However, there was no further reference to any of these, other than some blank seizure recording forms, which contained no guidance for use. The list of professional contacts included the learning disability teams, mental health teams within the local authority as well with independent advocates. However, there was no explanation of the nature of the person's learning disability or history of interventions and mental health. Part of the person's plan stated there was no history of mental health issues other than restlessness if constipated. This is an area that needs to improve.

Although staff informed us that they accessed regular training to help them support people's needs, we identified that improvements were needed to ensure the ongoing competency and ability of staff in the administration of medicines. Only three competency assessments, to ensure staff's ongoing ability to

administer medicines, had been completed in the previous five years, one of these was following the recruitment of a new staff member. There were no records to indicate a regular and ongoing assessment of competencies. The registered manager told us that they were considering developing a new competency format, although this had not been completed or implemented. The impact of this was that the provider did not have systems in place to ensure the ongoing competency and abilities of staff abilities to safely administer medicines.

Staff told us of the effectiveness of the training provided to them. One staff member told us, "The training informs how we work. It's a big responsibility to work in the right way. I think all the staff are well trained." Staff received training in areas specific to the needs of people at the service such as Mental Capacity Act, moving and handling, equality and diversity and end of life support. Staff spoke positively about the impact of dementia training on the support they provided to people. One staff member told us, "Without dementia training, staff wouldn't have the understanding we need." Another staff member told us that good dementia care was based on knowing people and responding in the moment, but stated, "The training had been helpful, gave additional understanding of individual experiences of dementia and interpretations of behaviours."

Staff told us that they felt well supported and that they received regular supervisions, annual appraisals and team meetings. Staff spoke of an open-door policy and transparency with management that allowed them to discuss any issues or concerns with confidence. One staff member told us, "The deputy manager is happy to be contacted even when they are away from the home. We also have staff meetings where we sort out any problems that arise such as who has responsibility for different tasks, and we have an update on every service user."

People's consent to care and treatment was sought in line with guidance and legislation. People had signed care plan and risk assessment agreements. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

The authorisation procedures for this in care homes and hospitals are 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 were being met. These safeguards will have been authorised by the local authority to ensure that the person has been protected from harm. Staff had ensured that conditions attached to DoLS authorisations had been met. For example, a condition on one person's DoLS required staff to support the person with befriending to prevent social isolation. Staff had been proactive in sourcing local voluntary agencies and community contacts to ensure this.

The registered manager understood fully however the importance behind best interest decisions and the need to ensure that these decisions should be recorded accordingly. Staff demonstrated a good working knowledge of the issues around capacity and decision making. Staff informed us that people should be supported to make their own decisions as much as possible.

People's nutritional needs continued to be met and were supported to maintain a balanced diet. A notice board informed people of the choices of dishes available to them on that day. We observed people

enjoining their meal at their own pace within a relaxed environment. Some people chose to eat in their rooms. Staff encouraged independent eating and watched closely, but intervened and supported people when it was needed. Food looked well presented and used fresh ingredients. The chef was aware of people's preferences and sat with people in the mornings to obtain their lunch preferences. The chef told us, "We know people's likes and dislikes and what they have enjoyed before. I get some direct feedback from residents, but mainly from staff." People who required additional specialist help to eat and drink were supported by staff. SALT (Speech and Language Therapy) assessments had been provided to the chef to inform them of the specific requirements to ensure people ate safely. The chef said, "Staff are always watchful of how people chew and we discuss trying softer foods for some people." People who required diabetic adjustments to their diet were well supported. For example, one person had special desserts made using artificial sweeteners.

People received support to access healthcare services and specialist professionals when needed. Staff liaised with GP's, district nurses, speech and language therapists and OT's for example to ensure that people's healthcare needs were met. One relative told us, "Yesterday (the person) didn't feel so well and they have arranged for the GP to visit today. The GP has told me he is pleased with the level of care my husband gets in the home." One professional told us, "In general, we have found the staff welcoming and committed to working with us. The staff group are friendly and caring, and the clinical lead has started to embed some new dementia approaches, listening to our ideas and willing to try new things."

Is the service caring?

Our findings

People and their relatives told us that staff provided kind and compassionate support. Our observations showed that people had good relationships with staff and trusted them. We observed one person beckoning a staff member to her happily, after telling us that they had not seen the staff member for some time. The person held the staff members hand affectionately and they talked to each other about what things they had done. The person told us, "Charming lady. She is lovely, I can guarantee that."

Staff showed that they had a good knowledge of people's needs and their background. We spoke to people's relatives who visited their family members regularly. One relative told us, "Staff always have time for people, they see them as individuals. They know what people like and don't like." We observed staff helping people make music choices, which drew a positive response. One person was supported to do a jigsaw and another asked for a book to read, which was given to them. People mobilised as they chose and the sitting area in the hall was used by different people during the day. Staff engagement with people was meaningful, demonstrated knowledge of people as individuals. One staff member told us, "We get to know about people's lives before they came here. (Person) was in the legal profession. I've talked a lot with him about it to the extent we can share jokes. It takes time and you have to write things down to keep conversation going, but it means he remains involved. We all recognise we have to spend time with people."

Relatives told us that staff encouraged and promoted them to participate in their family members activities and support. One relative told us, "Visitors are invited to join in meals. I couldn't look after him at home but this way I'm still involved and able to see him receive the care he would choose. Another family member said, "Staff are supportive to me too, they always ask how I am and bring a tray of tea for me and (my husband) to enjoy together, I feel we still have a private life together." Another staff member told us, "All staff are kind and attentive and work in a similar way. Staff and people know each other very well and talk together a lot. We recognise people sometimes appreciate human physical contact as reassurance and being valued. We provide this for example by hand massages or offering to wash people's hair, making it special just for them." We observed staff throughout the inspection.

People and relatives told us they could express their views and were involved in making decisions about their care and treatment. One person told us that they often spoke to the deputy manager about how she was cared for. Relatives told us about their participation. One family member said, "Staff have asked me about what he likes to do and to eat, and I've shared advice about how he likes things done." People had access to relevant advocacy services so that they could be actively involved when making decisions about their care. The deputy manager and staff told us that people who did not have relatives involved had statutory advocates involved, such as an Independent Mental Capacity Advocate (IMCAs) and Relevant Person's Representative (RPR). An IMCA provides a legal safeguard for people who lack capacity to make specific important decisions; these can include making decision about where they live and about serious medical treatment options.

People were treated with dignity and respect. Relatives told us that staff were attentive to ensure that their family members dignity was preserved. They told us that staff ensured that people in the service were clean

and well presented. We observed staff knocking on people's doors and waiting for responses before entering.

People's diversity and cultural differences continued to be respected and promoted, according to their wishes, and staff supported them with these. Visits to the service from religious representatives were arranged by staff for people to receive support with their religious needs. The registered manager told us that they had supported people in the past with ensuring that their dietary needs were met in accordance to their religion. We observed sensitive consideration of people's cultural backgrounds. One staff member communicated with a person in their native language on a visit to their room. The person responded enthusiastically to this and smiled.

People's independence was promoted by staff. We observed staff supporting people when they mobilised around communal areas and encouraging them to engage in various activities. One relative told us about their family member, "He chooses where to go, staff encourage him to spend some time with others in the lounge, but overall he likes his own room. Staff are in and out all the time to see him. Staff have asked me about what he likes to do and to eat, and I've shared advice about how he likes things done."

People's privacy was respected. We observed doors being closed when staff needed to discuss an element of the person's care, or to provide direct care, to ensure this. The registered manager was knowledgeable about the new General Data Protection Regulation (GDPR) and were aware of their general principles. This regulation requires providers to maintain and demonstrate evidence of data protection compliance. The provider had undertaken a privacy impact assessment following this legislation and security and privacy policies had been updated accordingly.

Is the service responsive?

Our findings

At the previous inspection on 18 and 19 December 2017, the care that people received was not always responsive to the needs of people living with dementia and additional complex needs. People's dementia needs were not fully discussed as there was a lack of detailed information about how people's dementia presented or guidance to follow and daily records. Daily records of the care and support that had been given to people were not always completed with details of task based activities such as assistance with personal care and moving and handling not recorded. We found that care plans, risk assessments and daily records and care planners were not consistently reviewed, detailed or personalised and did not always capture people's changing needs. There was a lack of detailed guidance explaining what staff needed to do; to ensure that needs were consistently met.

At this inspection, there continued to be a lack of consideration, care planning and guidance on how to best support people living with dementia. For example, one person with Alzheimer's had a mental health care plan that detailed the risks of social isolation and agitation and guidance for staff to spend time with them during periods of anxiety. However, dementia support was not discussed and there were no strategies on how staff should support that person with their dementia. One professional told us, "We have provided the home with feedback on their environment, and whilst some changes have been made we feel there is more that could be done to make it as dementia friendly as possible. This includes meal time experience, people's individual rooms, the lounge layout and access to spontaneous activity resources."

Assessments were undertaken prior to people moving into the home and care plans were completed reflecting the needs of the person. However, we continued to find that care plans and risk assessments were not always detailed and personalised and did not always reflect the changing needs of the person. The provider had used templates to obtain people's personal history and profile, although people's details had not always been captured or recorded. One person's daily living needs and details of their likes and dislikes was blank. There was an extensive and personalised document, devised and provided by an outside agency, of the person's history and preferences, but this information had not been transferred to the person care plan to inform staff in how best to support them. These are areas that need improvement.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. People had communication care plans in place that detailed what support they needed. The registered manager stated that this presents difficulty for some people at the service. One person with visual difficulties was presented information verbally by staff. The manager had developed an AIS policy and had drawn up an audit checklist to ensure that the home was compliant. Although the home had started to apply the standards, this had not yet been explored for every person. The registered manager told us, "We are still learning and that it requires patience and time." We recommend that the provider continues to obtain information, sources training and implements policies and procedures in relation to compliance with AIS.

At the last inspection, relatives told us that staff did not always communicate effectively with them when

their family members needs or activities changed or when incidents had occurred. At this inspection, relatives feedback was more positive on how the home update them about events that had occurred. One family member said, "Staff keep me informed of anything that happens, for example when he had a fall. They installed an alarm under his cushion so they know if he stands up and can come when they hear it. They discussed it fully with me before going ahead." Another relative told us, "Staff inform how he is and then take the phone to wherever he is so I can talk to him."

Arrangements for social activities and engagement were in place to meet people's needs. Due to people's differing levels of need, some required the support of staff to access social and community activities. People were supported by an independent activities organiser who facilitated five sessions each week. The activities organiser had a good knowledge of people's individual needs and engagement levels as they had been supporting people at the service for twenty years. They demonstrated a good knowledge of people's individual communication needs and indicated for whom they needed to speak louder and who was more receptive to lip reading. People engaged in activities such as crafts, painting and singing. Music was used during each session and the organiser would ask people about their personal preferences. People engaged in group activities, although the organiser confirmed that there was a lot of individual work within that. The activities organiser told us, "For some people, Sunday school memories are very strong so hymns can be effective tools. I facilitate rather than entertain, what's important is involvement rather than passive experience. I react to individual responses, for example if someone wants to go down a conversation route, I follow and sustain it."

Staff told us that they worked with the activities organiser to support people to engage in activities. One staff member told us, "We always try to provide a member of staff to work with (activities organiser). It makes a difference to what he and residents can achieve, and he tells us he appreciates it. It's important we write in people's records how they have spent their time. We all promote music, have ball games, do manicures, there are lots of ways to keep people stimulated and it's just a natural way of working here." Some people in the home found it difficult to readily access activities and events in the communal areas without the support of staff. Although the activities coordinator confirmed that he did not provide one-to-one activities in people's rooms, they confirmed that staff would support people to communal areas to participate. People who found it difficult to readily access communal areas were sometimes supported by staff to engage in activities in their room. One staff member told us, "One person chooses to spend his time alone so we check him every hour but it's not just a check, we use the time to play cards, do a crossword or encourage him to use his memory box, where he keeps photos that we can talk about. I allocate staff to spend time with people. For example, (person) likes his local history books and photo album, which we use a lot with him." The person's relative showed these to us and told us how important they were for their family member.

The provider had a system for managing complaints. People and relatives knew how to make complaints and told us that actions were taken to address any concerns. The provider only had one recorded formal complaint but records showed they were proactive and responsive, while the management maintained constructive communication with complainants. The provider also used learning from complaints to improve the quality of care it subsequently delivered.

The provider provided end of life care for people. Information was gathered through discussions with people and their relatives about their wishes to develop advanced care plans. The registered manager told us that they had completed advanced care plans with some people but that others did not wish to discuss this area. The manager stated that they would seek the support of independent advocates to ensure that best interest decisions were discussed for those people who needed it.

Is the service well-led?

Our findings

At the last inspection in December 2017 the provider was in breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009. This was because the provider did not demonstrate that they understood their full responsibilities in relation to their registration with the Care Quality Commission (CQC). The provider had not consistently submitted notifications to CQC as is required by law and as stated in their own CQC notification policy. At this inspection, we found that the provider had made improvements in ensuring that the appropriate notifications had been submitted. Therefore, the provider was no longer in breach of this regulation.

At the last inspection in December 2017 the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have adequate systems and processes in place to enable them to fully assess and identify where safety was compromised and to respond appropriately and without delay.

At this inspection we found that quality assurance systems and audits remained ineffective and failed to identify, and update records, when changes in support had occurred. Quality assurance systems were in place although concerns remained over the provider's ability to maintain standards and continually improve the quality of care.

The concerns highlighted within the safe and effective domains of this report demonstrate that the reviewing and monitoring of people's care plans and guidance had not always been undertaken effectively. There was conflicting guidance and clinical information for staff, despite records showing that management had completed audit and care plan reviews that failed to identify these. For example, one person's full medical care plan indicated that district nurses provided medicines for their diabetes. However, their diabetic medical care plan indicated that this practice had stopped and that staff were now monitoring their condition. This conflicting guidance had not been identified during management audits of these care plans. Furthermore, the risks to that person had changed where they were now at risk of hyperglycaemia and not hypoglycaemia as indicated in both their current care plan and risk assessment. Audits had been completed on these care plans, since the change in the person's clinical needs, but this had not been identified and updated. This demonstrated that audits of care plans and risk assessments remained ineffective.

Medicines audits had been undertaken but had failed to identify changes in a person's PRN medication to ensure that correct information was available. There was no evidence that the provider's medicine policy and procedures had been reviewed or updated for four years despite the providers requirement that this should be completed annually.

We have detailed in the safe and effective domains of this report where some care plans, risk assessments and guidance for staff was found to be incorrect or had failed to be updated following a change of need. Care plan audits and reviews had failed to identify these errors effectively. For example, we saw records that gave conflicting information to staff about people's ability to convey their needs and wishes. One person's consent care plan indicated clearly that the person was unable choose the clothes they wanted and that

staff should choose for them. The person's communication plan however clearly stated, 'I am able to communicate my needs verbally'.

The above evidence continues to show that the systems or processes in place were not consistently effective. There was a failure to assess and monitor and to improve the quality and safety of the services provided. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This is the fourth consecutive time the home has been rated as required improvement. The provider had been in breach of Regulation 12 and Regulation 17 for the last two inspections. This demonstrates that the provider had not learnt from previous inspections and had not effectively used these opportunities to drive improvements at Aspen House.

People, their relatives and staff told us that the management team promoted an open culture at the service where feedback and comments were welcomed. People and relatives told us they felt involved in their support. One family member told us of an area of support that they had planned to discuss with the registered manager. The relative told us, "She is very open and approachable and I'm sure we will work together on this." Relatives also told us that their feedback about the service was sought formally through quality assurance surveys. One relative said, "Staff keep me informed of anything that happens, for example when he had a fall. They have always asked my advice and shared updates with me. We have questionnaires, there was recently one about the food, which (my husband) and I completed together."

Staff worked well together, and with other organisations to co-ordinate support for people to receive effective care. The service had received advice and training from the Care Home Intervention Team (CHIRT). This involved CHIRT working with the home and exploring areas that the home needed to improve awareness of best practice around including dementia, sexuality and dementia, personalisation and meaningful activities and occupation. One staff member told us, "We've had good workshops with them, they really help us and we've been able to discuss things we've found difficult and how to work better with some people."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider was not ensuring that all was being reasonably done to reduce risks to, and ensure the safety of, people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes in place were not consistently effective. There was a failure to assess and monitor and to improve the quality and safety of the services provided.