

Atlas Care Homes Limited

Aspen Court

Inspection report

Old Sunderland Road
Gateshead
Tyne and Wear
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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 Court is a residential care home providing personal and nursing care to 53 people aged 65 and over at the time of the inspection. The service can support up to 63 people and is arranged over three floors. The service provides care to people living with dementia.

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

People were well-supported by staff who ensured they lived in a safe, clean and comfortable environment which was suited to their needs. Staff were adept at administering people's medicines. They knew people's personal risks and what actions to take to prevent accidents and incidents occurring in the home. Lessons had been learnt by the provider and the manager and changes had been implemented.

Staff had undergone pre-employment checks to assess their suitability to work in the home. They had been provided with an induction and training. Additional support to staff was provided through supervision meetings with their line manager.

Staff worked well with other professionals to meet people's needs. People enjoyed their meals and their individual diets were catered for. One person said, "The meals were nice."

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.

Staff were kind to people. They protected people's dignity, respected their wishes and promoted their independence. Staff listened to relatives about people's needs.

People's care plans were up-to-date, accurate and included people's choices and preferences. The plans were regularly reviewed and included changes to people's needs and their wishes about their end of life care.

The manager had recently provided additional hours to improve the activities in the home. A weekly activities plan was in place. Individual activities were displayed on notice boards. Staff changed the plan to meet people's choices when required.

People and their relatives liked the new manager. The manager had appropriately addressed concerns and complaints. The manager evaluated the effectiveness of the service using auditing and surveys and made the necessary improvements.

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

Rating at last inspection

The last rating for this service was good (published 3 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 Court

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.

Inspection team

The inspection team consisted of an inspector and an assistant inspector.

Service and service type

Aspen Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The new manager had applied to become a registered manager. A registered manager 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with 20 members of staff including the provider, a director, the manager, the care coordinator, nurses, senior care workers, care workers, head housekeeper, administration, maintenance and kitchen staff. We 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.

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of how to safeguard people from abuse. They said they felt confident the manager would act if they needed to raise concerns.
- Information was displayed throughout the service for people, visitors and staff on who to contact if they had a concern.

Assessing risk, safety monitoring and management

- The provider had ensured risks associated with the running of the building had been identified and steps had been taken to prevent incidents occurring. These included regular checks on fire safety.
- Staff understood people's personal risks and the actions required to reduce them. One person said, "I feel 100% safer living here, it was the best thing I did moving in."

Staffing and recruitment

- The provider used safe recruitment practices to make sure they appointed suitable staff.
- The manager used a dependency tool to assess the number of staff hours required. They were open to redeploying staff across the home to cover areas where staff felt pressured.
- Staff were attentive to people, people did not have to wait a long time for assistance. Staff said, "The staffing levels are sufficient, we do dependency scores". One relative said, "The staff are friendly but could be quicker at times especially around meal times."

Using medicines safely

- Medicines administration was safe. Staff knew the purposes of 'when required' medicines.
- Topical medicines (creams applied to the skin) were well-documented.

Preventing and controlling infection

- The premises were clean, a team of housekeepers worked on a schedule around the home to ensure all areas were cleaned. One relative said, "Cleaning is regularly done, it's all kept on top of."
- Infection control measures were in place. Staff used disposable aprons, gloves and hand gel to reduce cross infection. Staff in the domestic team received appropriate training and knew the action to take when a person had an infection to reduce the risk of it spreading to others.

Learning lessons when things go wrong

- Prior to the inspection the provider told CQC what steps they had taken when things went wrong.

- The manager regularly reviewed accidents and incidents in the home. They had clearly documented what steps they had taken to prevent similar incidents reoccurring.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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.

- Staff carried out pre-admission assessments in line with appropriate guidance before people were admitted to the home. They wrote an initial care plan based on people's needs and choices, so staff had guidance in place when a person first came to stay. One person said, "I am getting everything I need."

Staff support: induction, training, skills and experience

- Staff had an induction to the service to familiarise them with the home and people's needs.
- The manager maintained a staff training matrix to check staff were up-to-date with their training. They had identified and arranged for additional training where people's needs were changing or where nurses had asked for their clinical skills to be updated. One staff member said, "Our training is good, there is a lot more training on now, it's more in depth and is face to face."

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

- People were offered a choice of food, drinks and snacks throughout the day and at mealtimes. No one in the home was losing weight. One relative said, "My husband eats well, they come around with drinks regularly."
- Staff assisted people with their meals and were aware of people's preferences. People confirmed they enjoyed their meals.
- The service met people's specific dietary requirements based on their religious and cultural beliefs. A staff member told us, "The chef is brilliant, people are well fed and looked after."

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

- The home had been purpose built with wide corridors and accessible bathrooms and toilets. Handrails contrasted with the walls, so people could easily see them.
- The home was well decorated throughout. There was pictorial signage around the home to help people living with dementia orientate themselves independently.
- People had familiar personal items in their bedrooms.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with local GPs and had developed a ward round approach to meet people's health needs. Staff prepared for a local GP to visit the home each week by listing people for the GP to see. A staff member said, "We work well with the GP and older persons nurse, they are really supportive."
- Care plans and people's records demonstrated people had access to healthcare services. People were

supported to attend appointments and staff worked with professionals who regularly visited the home to meet people's 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.

- The service was working within the principles of the MCA.
- The manager had made applications to the local authority to deprive people of their liberty. The applications had been granted and the manager knew when they needed to apply to renew them.

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were 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

- Staff treated people well and with respect. Staff spoke to people in kind tones and were patient with people. One person told us, "The staff are lovely and caring."
- Staff understood how to promote people's well-being. They were able to describe people's personal preferences in detail. One person said, "I like it here; the staff are all very nice."
- Staff paid attention to people's religious beliefs. Monthly church services were held in the home.

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

- Staff had engaged people and their relatives in discussing people's care needs. They listened to relatives as people's natural advocates.
- The service held meetings to support involvement in the home. One relative told us, "I am welcomed into the home and they (staff) offer me lunch."

Respecting and promoting people's privacy, dignity and independence

- Staff ensured all personal care was carried out in private to protect people's dignity.
- Staff encouraged people to be as independent as possible. People had access to a tuck shop to purchase their own goods.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Care plans were person-centred. Staff had written care plans which described how people wanted to be supported and to ensure their needs were appropriately met. Each plan identified goals for people and documented their choices.
- Staff regularly evaluated the plans and updated them when changes were required. People and their representatives were involved in reviews.

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.

- Staff had documented care plans to meet people's communication needs. They ensured people wore their glasses and hearing aids to enhance communication.
- Information was provided in larger print on notice boards. The manager had identified improvements for menu boards.

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

- Activities staff had developed a weekly programme of events in the home. People were informed of the activities using noticeboards situated throughout the home and in newsletters.
- The provider had an activities room available. One relative said, "There are facilities for people to do activities." Relatives raised concerns about activities for people cared for in bed. The manager had recently increased the hours to provide activities and the activities coordinators were looking at ways to provide additional support.
- Relatives repeatedly told us how they were welcomed into the home. Staff knew the names of relatives and their visiting routines.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and process in place. The manager had used the process and appropriately responded to complaints. They had acted to improve people's care.

End of life care and support

- Staff worked with healthcare professionals to ensure people were comfortable at the end of their life.

- End of life plans were in place which documented people's wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and their relatives were complementary about the manager. One relative said, "I have met the new manager and she is really nice". The manager recognised as they were new in their role, they needed to continue to gain the trust of staff.
- Staff felt supported by the manager. They felt their morale was good. One staff member said, "We have a new manager who seems focussed on the home and the residents."
- The manager and the staff had a clear focus on achieving good outcomes for people. One person said, "I have no faults with this place."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and the manager were aware of the duty of candour and demonstrated they worked with people in an open and honest manner.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Effective arrangements were in place to monitor the quality of the service. Audits carried out by the manager and the staff identified areas for improvement. These were quickly addressed.
- The manager had used a survey to seek relatives views. Their views were largely positive with the majority of relatives rating the service as excellent or good across a range of topics.
- Staff were clear about their roles and the areas of the service for which they were responsible.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service worked in partnership with key stakeholders to enhance people's healthcare. Care records demonstrated staff working with a variety of professionals who regularly visited the home.
- The manager had involved staff in staff meetings. The meetings resulted in actions for everyone to take forward.
- Irrespective of people's age or disabilities, staff engaged members of the public with different backgrounds to improve people's well-being.