

Angel Care Homes Limited

Aspen Lodge Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Aspen Lodge is a residential care home providing personal care to 22 people aged 65 and over at the time of the inspection. The service can support up to 25 people in one adapted building.

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

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 however did not consistently support this practice and improvements were needed.

People's care plans were not always up to date and showing accurate information about how to effectively support people. Staff however were aware of how to meet people's needs so this did not impact on the effectiveness of people's care.

The governance and audit systems to check on the quality of people's care had not identified the issues we found during the inspection.

Staff safeguarded people from abuse and managed risks to people's safety. People were supported by enough safely recruited staff. People had their medicines as prescribed and were protected from the risk of cross infection. When incidents happened there was learning in place to minimise the risk of reoccurrence.

People were supported by staff who had received an induction and updates to their training. People were supported in a consistent way with access to health professionals when they needed it. People had enough to eat and drink and had a choice of meals. People were supported in an adapted environment.

People were supported by caring staff who respected their privacy and supported them to maintain their independence. People had their privacy maintained and were able to make choices for themselves.

People received person centred care and support from staff that understood their individual needs and preferences. People and relatives were involved in assessments and care plans. People had individual communication care plans in place to support them. People had access to social activities and visitors were encouraged to visit and made to feel welcome.

People understood how to make a complaint and there was a policy in place to manage these. There were systems in place to check on people's medicines administration and ensure the home was clean. The registered manager was accessible to people, relatives and staff and other health professionals spoke highly of the service. There were partnerships in place and the registered manager had developed a learning culture.

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 20 July 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?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Aspen Lodge Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Aspen Lodge 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 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.

During the inspection

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, senior care workers and care workers. 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 a variety of records relating to the management of the service, including audits, surveys and meeting minutes.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and updated risk assessments, care plans and mental capacity assessments.

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

- People felt safe living at the service. One person told us, "I feel safe here, the staff come and check on you all the time, even during the night."
- Staff were aware of the signs of abuse and could describe the actions they would take to report any concerns.
- The registered manager had ensured staff had received training in recognising abuse and were able to describe how they had reported concerns to the local authority safeguarding team.

Assessing risk, safety monitoring and management

- People's risks were assessed and plans were put in place to mitigate the risks. One relative told us, "They are very good here at keeping people safe. There is always a member of staff present for example in the lounge to prevent any accidents."
- Staff were able to describe how they supported people to keep them safe. For example, staff could tell us about how to safely transfer people using equipment and how to prevent issues with people's skin integrity.
- Information on people's risks were documented in their care plans to help guide staff.

Staffing and recruitment

- People were supported by enough staff. One visitor told us, "The staffing is what stands out to me as there is always enough staff about to support people."
- Staff told us there were always enough staff to meet with people's needs. We saw people did not have to wait for their care and support. Call bells were answered promptly.
- Safe recruitment practices continued to be in place.

Using medicines safely

- People received their medicines as prescribed. One person told us, "The staff manage my medicines which is good. I don't want to worry about them. They are quite prompt with the timings, same time every day."
- Medicines were stored safely. There were checks in place on the room temperature and the refrigerator to ensure medicines were stored at the correct temperature. There were also checks to ensure people had enough medicine in stock.
- Medicine Administration records were accurately completed and there was guidance in place to ensure people received their medicine as prescribed.

Preventing and controlling infection

- People were protected from the risk of cross infection. One relative told us, "Cleanliness is a big thing here,

everywhere is lovely and clean."

- Staff had been trained in how to prevent the risk of cross infection and used protective equipment during the inspection.
- The home was clean and odour free and there were cleaning schedules in place.

Learning lessons when things go wrong

- The provider had systems in place to learn when things go wrong. Where incidents had occurred, these had been reviewed to ensure any learning to prevent reoccurrence was shared with staff.
- Accidents were reviewed, and actions were taken to update individual risk assessments and care plans. Analysis was also undertaken to look for trends.

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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- At our last inspection the provider was not assessing people's capacity to make individual decisions and recording in line with the requirements of the MCA. At this inspection some improvements had been made, however MCA assessments were not consistently in place and further improvement was needed.
- Where people may lack capacity to make specific decisions a documented decision specific discussion about what was in the person's best interests had taken place. However, there were no formal assessments of the person's mental capacity undertaken to determine if they lacked capacity to make the individual decision.
- We spoke with the registered manager about this and they provided completed mental capacity assessments for two people following the inspection. They confirmed they would be reviewing people's capacity and completing formal assessments by the end of the financial year. We will check this at our next inspection.
- Where people had their liberty restricted the appropriate applications had been made to the authorising body.
- People were asked for their consent before receiving care and support. Staff sought consent before giving medicines or offering support with meals and personal care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed when coming into the home and care plans put in place to meet them. People and relatives described being involved in this process.
 - However, when people's needs changed care plans were not consistently reviewed and some lacked detail on how to support people. One person's nutritional needs care plan was not up to date and another person's care plan for effectively supporting them with management of behaviours lacked detailed guidance for staff.
 - Staff however were knowledgeable about people's needs so this had not impacted on the effectiveness of their care and support.
 - The assessment considered people's culture, religion and other individual characteristics.
- Staff support: induction, training, skills and experience
- Staff received an induction and updates to their training. One staff member told us, "The training is updated regularly, at least once a year. We can ask for other training as well. I have attended palliative care training as I requested this."
 - Staff had access to a range of training. This included food safety, manual handling and medicines training. All staff were also due to attend updates to fire safety and challenging behaviour training the following month.
 - We saw staff had the skills to support people effectively. For example, when following infection control procedures, manual handling and medicines administration.

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

- People were supported to eat and drink enough and maintain a balanced diet. Risks were assessed, and plans put in place to meet them. Where required people's food and drink intake was monitored.
- Staff understood the support people needed with meals and drinks and could describe this. Care plans included information for staff on people's dietary needs and how these should be met. Cultural needs were understood by staff and meals were provided to meet these.
- People enjoyed their food and mealtime experience. One person told us, "The catering staff have a good way of working and offer a choice of meals." The person went on to explain they had options for main meals, breakfast and could choose anything they wanted.

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

- People received consistent care. A visiting health professional told us, "The staff always follow instructions without exception. I have come in today to help staff learn about one person's health condition, so they will know what to expect."
- Staff worked with a range of other professionals to ensure people had consistent care and worked as a team to ensure people were supported consistently.
- There were systems in place to ensure staff were communicated with about changes to people's care such as regular shift handover sessions.

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

- The service had adaptations in place including adapted bathrooms and toilets. There was an accessible outside area which some people used. We saw rooms were personalised and people had their own belongings around them.
- The service supported people who were living with dementia. The registered manager confirmed they were going to consider how best to adapt the environment for people living with dementia and form a plan with the provider to make changes to the environment.
- We will check the progress of this at our next inspection.

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

- People were supported to maintain their health and wellbeing. One relative told us, "The staff here arrange everything for any hospital visits and keep me well informed."
- Staff understood people's individual health care needs and were able to describe how they were supported to maintain their health and wellbeing.
- People had their oral health care needs assessed and plans put in place to meet them. Staff understood how to support people and records showed plans were followed.
- Where advice had been given from health professionals this was incorporated into people's care plans. Referrals were completed promptly, and relatives confirmed they were kept informed of any concerns with people's health.

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

- People were supported by staff that were caring. One person told us, "The staff here are all nice and friendly." A relative told us, "The staff get to know people really well. When I visit [person's name] it is like I am visiting them at their home."
- Staff told us they had time to spend with people and had got to know them well. Staff spoke about people in a respectful and warm way. Staff were respectful of people's diverse needs and could describe how these were met.
- People's cultural and religious needs were understood, staff ensured people had access to a culturally appropriate diet.
- We saw people were happy and smiling at staff engaging in conversation. People recognised staff and called them by name. There was time for people to have conversations.

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

- People were able to make decisions for themselves. One person told us, "I can go wherever I want to in the home. There are no restrictions."
- Staff described how they supported individuals to make their own decisions. They were able to describe how people were supported to make choices for themselves. People's choices were recorded in care plans to guide staff.
- People were supported to make decisions about their meals, where to sit and what to do during the day.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their privacy and dignity was protected. One person told us, "The staff are respectful they always call me by my name."
- Staff were observed respecting people's privacy and were discreet when offering care and support.
- People were supported to regain and maintain their independence. One person told us about their temporary stay, "Being here is helping me get back on my feet, I can move around and get back to doing things for myself." The person's relative commented the placement had been chosen as they were sure it would help the person regain their confidence and skills to go back home following a previous experience.

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

- People were involved in their assessments and care planning. One person told us, "My assessment and care plan were done by staff, but I was involved with my family and my social worker."
- Staff could describe how they adapted people's care to meet their individual preferences. A visiting health professional told us, "The staff work hard to accommodate people here and treat people how they would want to be treated."
- Staff knew people well and understood their likes and dislikes. People and relatives confirmed staff had a good knowledge of how people wished to be supported. One relative said, "The staff have got to know [person's name] really well. They are a bit of a character and the staff all know this about them."

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 provider was meeting the accessible information standard. People had their individual communication needs assessed and plan put in place to meet them.
- Staff understood how to communicate with people effectively and used the plans in place to guide their communication with people.
- We saw staff used a range of different techniques to communicate with people. One relative told us, "Staff have been great, they have taken time to learn different phrases, so they can communicate with [person's name] this is really important to them and to me."

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

- People were supported to avoid social isolation and take part in activities. One person told us, "There is always something going on, "They bring animals in. I held a snake the colours were fantastic, and I learned a lot."
- We saw there were different activities in place for people to take part in. For example, people commented about really enjoying the singer that came in each week.
- Staff understood people's individual interests and supported people to maintain these. Visitors told us they felt welcomed in the home and could visit at any time.

Improving care quality in response to complaints or concerns

- People and relatives told us they were aware of how to make a complaint but had not had the need to do so. One person told us, "I have never had any complaints in over three years." Another relative commented, "Staff are responsive to any queries and always have the answer."
- There had not been any complaints since the last inspection. However, there was a system in place to manage these with investigation and response if needed.
- The registered manager confirmed where people or relatives had any concerns they approached them directly to resolve these, usually verbally and they had encouraged this through an open-door policy. One relative commented, "The registered manager keeps us well informed and always sticks to what they say they are going to do."

End of life care and support

- Nobody was receiving end of life care at the time of the inspection. However, a visiting health professional told us staff worked with them where people needed end of life care and worked to ensure people could stay at the home.
- The registered manager told us they were working with other health professionals to further develop care planning for end of life care.

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was no system in place to check people's care plans were up to date and accurately completed. This meant the provider had not identified the concerns we found with care plans and the completion of the MCA assessments.
- The provider took immediate action to address these concerns and shared with us how they would introduce audits to care plans in the future. We will check the effectiveness of these at our next inspection.
- There were a range of other audits in place to drive improvements in the quality of care such as medicines audits, infection control and reviews of accidents and other incidents.
- The registered manager was clear about their role and responsibilities. Notifications were received by CQC as required about important events and the rating from the last inspection was on display in line with the regulations.

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

- People and relatives told us they felt the home was good and achieved positive outcomes for people. One relative told us, "The home gave [person's name] their independence back to the best of their ability." Another relative told us, "You can always get hold of the registered manager and they respond to you without any worries."
- The registered manager told us they promoted person centred care and an open environment. Staff confirmed they felt supported by the registered manager and other senior staff through supervisions and team meetings.
- Other professionals were positive about the service people received and the culture of the home. One health professional commented, "They advocate to promote the person's dignity and quality of life and have a solution focus approach with a 'can do' attitude looking for ways to make a difference to improve quality of life."

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

- The registered manager understood the duty of candour and were open and honest when things had gone wrong.

- People and relatives were engaged in the service and shared their views. We saw feedback from relatives which was positive about their experience of the home.
- Surveys were completed by people and relatives which gave them the chance to share their views. We saw where people had made comments about the service actions had been taken to address these.
- Staff and other health professionals also had their views sought. We saw the registered manager had used this information to make changes to the home. For example, where people and relatives had commented about the environment looking tired decorating had been done in response.

Continuous learning and improving care

- The registered manager had systems in place to learn when things went wrong and from feedback about the service.
- The provider also had other care services and learning was shared across these.
- Following feedback given at the inspection the registered manager made immediate changes and shared their plans for further improvements with us to show us how they planned to make improvements following our inspection.

Working in partnership with others

- Health professionals involved with the service consistently gave feedback and the home worked in partnership with them to meet people's needs.
- One health professional said, "The staff always follow my instructions and communication between us and the staff is really good." Another health professional told us, "They work very closely and liaise with health and social care professionals and do not hesitate to seek advice and guidance from us to help maintain and improve the health, safety, wellbeing, happiness and dignity of people".
- The registered manager told us about community organisation they had links with to support people to access and be part of the local community for example to attend church.