

Community Care Solutions Limited

Aspen House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Aspen House is a residential care home providing personal care for up to 10 people. The service provides support to people with learning disabilities and autism. At the time of our inspection there were 8 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

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.

People received care and support to maintain an environment that suited their needs and preferences.

Staff supported people to make decisions following best practice in decision-making. People were supported to carry out their daily living activities and pursue their hobbies and interests.

Staff supported people to access health and social care services. Staff supported people with their medicines safely and in their preferred way.

Right Care:

People received care that was person-centred, and dignity, privacy and human rights were promoted.

Staff communicated with people in ways that met their individual needs.

People received kind and compassionate care. Staff understood and responded to people's individual needs. They protected and respected people's privacy and dignity.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service employed skilled staff to meet people's needs and keep them safe.

People's care plans reflected their needs and wishes and promoted their wellbeing. Risks that people may face were appropriately managed.

Right Culture: The ethos, values, attitudes and behaviours of the registered manager and staff team ensured people lead confident, inclusive and empowered lives.

People received good quality care and support because trained staff and specialists could meet their needs and wishes.

People and those important to them, including social care professionals, were involved in planning their care. The registered manager and the staff team ensured people received support based on best practice, respect and inclusivity.

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 requires improvement, published 10 March 2022.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aspen House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Aspen House

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Aspen House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Aspen House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 7 February 2023.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service. We made phone calls to 10 relatives of people who used the service. We also spoke with 2 care staff members, the deputy manager, and the registered manager. We reviewed multiple documents including 3 care plans, staff recruitment files, training files, audits and policies.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm .

Preventing and controlling infection

- At our last inspection, infection prevention control measures were not always followed, and documentation in this area was not always clear. Improvements had been made at this inspection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm by staff who understood safeguarding procedures, and were trained in this area. One relative of a person told us, "[Name] is absolutely safe, yes."
- Staff were able to explain safeguarding procedures, and felt confident that everything reported to managers would be followed up appropriately.

Assessing risk, safety monitoring and management

- Risk assessments were in place to document risks present in people's lives. These assessments were detailed and personalised, and covered areas such as health conditions, communication, and positive behaviour support.
- Staff felt confident in managing risk within the service. This included supporting people who may at times display distressed behaviours. Staff understood appropriate communication and de-escalation techniques, and this was all documented.

Staffing and recruitment

- There were enough staff working at the service to meet people's needs. One relative of a person told us, "When I go to visit, there's always plenty of staff on, I've never seen a problem. They do change quite frequently but always pleasant."
- Sufficient staffing levels ensured that people received any one to one support hours they were allocated.

Staff told us they had the time they needed to spend with people, to ensure that goals and tasks could be planned for and achieved.

- Staff were recruited safely into the service. This included ID checks, employment references, and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely by trained staff. There had been some medicine administration errors over previous months, but when this occurred, appropriate action was taken by the registered manager, and improvements had been made.

- People we spoke with were happy with the support they received with their medicines. One person told us, "They [staff] help me with my tablets, I'm fine with that."

Visiting in care homes

- The provider was following guidelines regarding people visiting the service. One relative of a person told us, "It's a lot more clean than it used to be."

Learning lessons when things go wrong

- Accidents and incidents were recorded in detail and prompt action was taken. Staff told us that information was shared openly, to ensure that lessons could be learnt from any mistakes made.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this .

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At our last inspection, the provider was not always working within the principles of the MCA. At this inspection, improvements had been made and appropriate assessments had been carried out.
- People's capacity to make informed decisions were considered. The service had worked alongside other professionals in ensuring that appropriate authorisations were applied for when depriving a person of their liberty.

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

- A detailed assessment of people's needs was completed before they moved into the service. This were used as a foundation for people's plan of care. Care plans were detailed and considered the compatibility of people living together in the same house.
- People's needs in relation to equality and diversity were considered and documented within their care plans.

Staff support: induction, training, skills and experience

- Staff received the training they needed to complete their roles effectively. This included training to work with people who have a learning disability and autism. Staff felt confident the training prepared them for their roles, including the support of people with complex needs.

- New staff to the service received a robust induction training package, which included shadowing more experienced staff to ensure they got to know people. Further training and qualification was available to staff such as NVQ's, to continue their knowledge and skill within care.

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

- People were encouraged to maintain a healthy diet. People were offered choice with their food and drink, and staff knew what food people liked. People were involved in shopping and planning for their own diets. One person told us, "I like the food, I get what I choose."
- Where required, people's food and fluid intake was monitored for health reasons. Care plans documented any food and fluid likes, dislikes, allergies and requirements.

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

- The service had undergone decoration and maintenance since our last inspection and was personalised to people's preferences. One relative told us, "[Name's] room is a lovely room, only decorated last year. It was just emulsion before but now it's wallpaper with a rainbow pattern. It's en-suite, it's lovely."
- Some areas still required updating, for example, a person's bath was waiting to be replaced, but an ongoing programme of work was continuing with decoration and refurbishment.
- There were outside areas for people to use, and several communal inside rooms which enabled people to socialise and take part in activity.

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

- Information identifying health and social care professionals involved in people's care, and their contact details were contained within people's records. Staff alerted health and social care professionals where they had concerns about people's health and well-being. Prompt action was taken to make sure medical attention was sought when required.
- Staff we spoke with had a good understanding of the needs of people, any underlying health conditions and their role in providing support and care.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care .

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

- At our last inspection, people had not always been well treated. Living conditions such as the cleanliness of the building was a concern and people were not consistently protected from the risk of harm. At this inspection, improvements had been made and the environment was clean and safe.

- People were supported by staff in a kind and caring manner. One person told us, "I like all the staff." One relative told us, "They [staff] are kind and caring, from what I've seen they're all nice. Do you know [name] came to stay with me for a week and they kept saying 'what day am I going back?!' A week was too long for them. It's much better that way around. I'm happy."

- Staff and manager we spoke with all had enthusiasm and passion to support the people, and fully respected their equality and diversity.

- During our inspection, we observed that people were relaxed and comfortable within the home and around the staff. We saw positive and friendly interactions between staff and people.

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

- People and relatives were involved in their own care and decision making as much as was possible. One relative said, "'We have a review meeting for [name] each year. Overall, they look after their best interests, we have no qualms and we don't have any problems in saying if there was a problem."

- We observed people's opinions being sought throughout the day, and staff encouraging people with tasks, but respecting people's choices and opinions.

- Care planning documents referenced the way people preferred to be cared for, and how they could be involved in their own care and decision making where possible. Staff understood and respected this.

Respecting and promoting people's privacy, dignity and independence

- Care records provided information for staff around promoting people's privacy and dignity. One person told us, "Staff ask if they can come in first." Staff told us they would always close doors and curtains when providing personal care to people and provide care in the way the person preferred.

- People's personal information was not shared inappropriately. People's personal information was stored securely at the office location, and within a secure electronic care system. Staff were aware of keeping information safe and data protection.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery .

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

- At our last inspection, People were not always supported to maintain relationships with family, and activities had been limited. At this inspection, improvements had been made and people were well supported with relationships and activities
- People's care was personalised to them, and people were respected as individuals. People and relatives all feedback that care was person centred and considered people's preferences and goals. One relative told us, "[Name] has been on holiday, to theme parks and they have been abroad. [Names] room is nice, they've got a nice leather chair and an en-suite and a TV. All their stuff around them and personal stuff."
- Care planning documents detailed people's likes, dislikes, preferences and goals. We saw people had regular goals set for them, with a clear plan of how to achieve them. For some people this was smaller day to day tasks, and others it was trips out to areas of interest such as London, theme parks, and other attractions.
- Staff were passionate about supporting people to achieve their goals. A 'keyworker' system was in place where staff were assigned a person to focus on with extra day to day tasks, family contact, and planning goals and targets.
- Staff understood any barriers that were in place for any individual in regard to achieving goals and maintaining independence, and worked with people to overcome this where possible.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was available to people in different formats. For example, pictorial menus and pictorial service contracts.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place, and people and their relatives knew how to use it. At the time of inspection, no complaints had been made.

End of life care and support

- Nobody living at the service required end of life care at the time of inspection. End of life care information was completed for people who wished to, which included preferences and choices around funerals and last

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care .

Continuous learning and improving care

- At our last inspection the provider had failed to ensure systems and processes in place were robust enough to have effective oversight of the safety and quality for the service. At this inspection, systems in place were consistent and had improved.
- Systems and processes were in place to monitor the quality of the care provided. The management team had checks and audits in place to ensure any mistakes were found, and improvements could be made.
- There was a clear ethos and direction for improvement within the service following issues found at previous inspections. The management and staff team were proud of the improvements they had made and were positive about continuing improvements and maintaining good quality care. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
- There was an open and positive culture within the service. The managers and staff we spoke with had a clear passion and vision for providing a good quality service for people, and to achieve good outcomes.
- The staff told us they were well supported and enjoyed their jobs. One staff member said, "The registered manager is brilliant, ray of sunshine, her demeanour never changes. There is an open door policy with everyone, same with families. They are always open to ideas, and everyone is involved. We worked really hard at making the place better."

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

- The registered manager was aware of the duty of candour, and that if mistakes were made, they had a duty to be open and honest and take any necessary action.
- The registered manager understood information sharing requirements and knew that when concerns were identified, notifications should be sent to the CQC as required by law.

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

- The management team were knowledgeable about the skills of their staff team and the people they were supporting, and were clear about their own roles in managing and improving the service in a way that met people's needs safely, consistently and effectively. One staff member said, "We are like a family here, we all look out for each other."

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

- People and their relatives felt engaged with and involved in care. One relative of a person said, "They [staff] update me, they're very good at keeping in touch."
- People and relatives were able to feedback formally and informally, including the use of surveys to answer questions about the quality of care. One relative said, "We do get surveys asking for feedback, it tends to come from the company."

Working in partnership with others

- Contact with health professionals was made promptly to ensure joined up care was effective and met people's needs.
- The registered manager and management team were open and receptive to feedback during our inspection.