

Alysia Caring (Aspen Manor) Ltd

Aspen Manor Care Home

Inspection report

Barleythorpe Road
Oakham
LE15 6GL

Tel: 01572494770
Website: www.alysiacaring.co.uk

Date of inspection visit:
04 May 2023
22 May 2023

Date of publication:
15 June 2023

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

Aspen Manor Care Home is a residential care home providing personal and nursing care to up to 78 people. The service provides support to older people including those living with dementia. At the time of our inspection there were 32 people using the service.

Aspen Manor Care Home is purpose built for the service it provides. The home has 3 floors. At the time of our inspection only 2 floors were in use.

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

People were safe. Staff knew how to protect people from abuse and avoidable harm. Medicines administration was safe. The protocols for managing incidents that occurred at the service were safe and used as a tool to improve the service. There were enough staff to meet people's needs in a timely manner.

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 had the skills and experience to provide care and support to people. They provided proactive support with health monitoring and referred people to healthcare services when required. People had access to a variety of meals, drinks and snacks.

People were cared for by kind and compassionate staff. They treated people with dignity and respect. Staff supported people to remain as independent as possible and to be involved in decisions about their care.

The care people received was tailored to their individual needs. People were supported to maintain links with their loved ones and wider community. They had access to a variety of social activities which mitigated the risk of social isolation. Complaints were dealt with satisfactorily.

The service was well-led. People, their relatives and staff could easily give feedback on the service and managers acted on their feedback. Managers were competent, supportive and met required regulatory responsibilities. There were systems to monitor and improve the quality of care delivered.

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

Rating at last inspection

This service was registered with us on 29 October 2021 and this is the first inspection.

Why we inspected

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

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.

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?

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 Manor 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 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

The inspection was carried out by 2 inspectors. Another inspector made calls to relatives of people who used the service.

Service and service type

Aspen Manor Care Home 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 Manor Care Home is a care home with 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 unannounced.

Inspection activity started on 04 May 2023 and ended on 22 May 2023. We visited the location's service on 04 May 2023.

What we did before the inspection

We reviewed information we had received about the service since registration. 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 observed the care people received in communal areas of the home. We spoke with 8 staff including the unit manager, nominated individual, activities co-ordinators, team leader and care staff. We had telephone conversations with 4 relatives of people who used the service. We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were safe at Aspen Manor Care Home. They were supported by staff who protected them from abuse and avoidable harm. The systems within the home equipped and supported staff to do this.
- Staff knew how to raise concerns they may have about people's welfare and wellbeing. Managers investigated incidents, provided any relevant support and where required reported incidents to the relevant authorities.
- The systems within the service supported people and their loved ones to promote safety. They could raise concerns with managers who promptly responded to these.

Assessing risk, safety monitoring and management

- Staff knew how to manage risks associated with people's care and support. Care records included risk assessments to guide staff on risk they may encounter when caring for people and actions required to minimise the occurrence of risk and promote safety and wellbeing.
- Staff practice showed they followed guidance in risk assessments when they provided care and support to people.

Staffing and recruitment

- The provider deployed suitable numbers of skilled staff to meet people's needs. This included staff who provided care and those who worked in other areas of the service. This meant people's needs were met in a timely manner.
- There were systems within the service to regularly review staffing ensuring that staff numbers were tailored to people's changing needs and the home's occupancy levels.
- The provider followed safe recruitment practices. They completed relevant checks which assured them staff were suitable to work with people who use health and care services. For example, Disclosure and Barring Service (DBS) checks which 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 administered safely. Staff completed medicines administration records (MARS) according to the provider's policies. They followed good practice guidance to ensure people received their medicines as prescribed by their doctor.
- Only staff who had received required training in medicines administration supported people with their medicines. There were protocols in place to support their competency with completing medicines tasks.
- The protocols for managing topical medicines were not always consistent. However, this did not impact

on the care and support people received with their creams. We brought this to the attention of the managers who told us they would take immediate action to address inconsistencies.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was 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.

Visiting in care homes

- People could receive visitors without any restrictions. The visiting protocols within the home was in line with government guidelines at the time of our visit. Relatives were supported to visit and maintain links with their loved ones. A relative told us, "Family members visit and take [person] out to various different places. This is supported well by the home."

Learning lessons when things go wrong

- Systems within the service were used effectively to ensure improvements were made when things went wrong. Incidents were managed and used as a tool for improvement. Relatives and staff also told us concerns raised were acted on and improvements made. A relative told us, "I have raised minor concerns previously and these have been listened to, taken on board and changes made to accommodate. Had minor issue [example], but this has improved."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The managers completed robust assessments of people's needs before they began to use the service. This included their needs with respect to the protected characteristics such as race, gender, disability etc. as described by the Equality Act.
- Care plans reflected staff understood and met people's assessed needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had the right skills and experience to provide care and support. Staff had received the relevant training required to fulfil their roles and responsibilities. A relative said, "I do feel staff are trained appropriately to support [person]."
- New staff received robust induction and shadowing support. Shadowing is when new staff spend time observing a more experienced member of staff.
- Managers supported staff through regular supervision and appraisals.

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

- People's nutritional needs were met. They were provided with a choice of meals, snacks and drinks according to their preferences and assessed needs. A care staff told us, "Food is good - people get to eat what they want - can also snack between meals like they would at home. Never any restriction. Range of snacks available." We received positive feedback from people and relatives about food and drinks provision at the service.
- Staff provided adjustments and support where required in order to support people to eat and drink well. These included physical assistance to eat, prompting and reassurance.
- The provider promoted an atmosphere of relaxed social interaction which promoted a pleasurable mealtime experience for people.

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

- Staff promoted people's health and wellbeing. Care records and staff practice demonstrated regular health monitoring which supported staff to monitor trends and any changes to people's health and wellbeing.
- Any changes or updates in people's health and the support they received from staff was reflected in their care records. This showed staff practice promoted the delivery of consistent support which met people's health needs.
- Staff promptly referred people to other professionals when needed. We saw they also followed

professionals' advice to support people with maintaining and managing health conditions. A relative told us, "If [person] were to become unwell I am confident the service would contact the right medical professionals and would inform me. They have done so before."

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

- The premises was purpose built to meet people's needs. People had access to well-planned spaces which met the needs for privacy, sensory stimulation and social interaction.
- The environment was well maintained and safe for the needs of the people who used the service.

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.

- The support people received was in accordance to the requirements of the MCA. People were supported without unnecessary restrictions to their freedom and liberty. Staff asked people for their consent before they provided care and support. Relatives told us staff always sought people's consent before providing care.
- Where required DoLS were in place or applied for to ensure any restrictions were in line with relevant laws and guidance. Staff followed agreed DoLS guidance when they provided care and support.

Is the service caring?

Our findings

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

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

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

- Staff were very compassionate and treated people with kindness and respect. Feedback from relatives included, "The staff are really kind and caring and [person] is listened to and respected.", and "I feel the staff are kind and caring, and [person] always voices that they listen to what she has to say and do things the way she likes them done".
- Staff knew people well. They used this knowledge to support people in a way that made them feel like they mattered. We observed very caring interactions between staff and people who used the service. A relative told us, "Staff are really aware of what [person] likes and dislikes, past history and the activities [person] enjoys. Another said, "Staff are really kind and caring – they know people really well and the genuinely care about [person]."

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

- People were supported to be active participants in decision making about their care and support. A relative told us, "[Person] gets to make everyday choices and can choose when to get up, when to go to bed, when to have a drink, just like any other person." Other relatives echoed this.
- People were supported with information and access to advocacy services should they require support with making their own decisions. Some people within the service had support from independent advocates. A relative told us, "We have had discussions with the management team about advocacy should we no longer be able to support [person] with this."
- A care staff told us how they supported people who use other forms of language to express their views. They spoke about people who may display distressed behaviours as a means of communication. They told us staff would find out what people needed, pre-empting choices, thereby reducing distressed behaviours.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Relatives gave us several examples of how staff promoted the privacy and dignity of their loved ones when delivering care to them.
- People were supported to be as independent as possible. Staff supported them to remain independent with tasks they chose and to maintain skills they had where possible. A relative told us, "Staff recognise what [person] can do and they encourage her to continue to do the tasks she can." Another said, "Staff encourage mum to do as much as possible for herself. They are really good at making sure mum is encouraged to maintain the things we would normally take for granted."

Is the service responsive?

Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The information on people's care records was robust and tailored to reflect the individual needs of each person. This meant staff had the information required to meet people's needs.
- People and their relatives were involved in planning people's care. A relative told us, "The service does involve us in discussions around [person's] care plans and any changes that may be required."
- The provider used an electronic care recording system which each care staff could access from a mobile device. Staff told us this worked well because it allowed 'live time updates of system as care needs change'. A staff member said it was, "Good to have the information always to hand and not to have to go to find a file."

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.

- At the time of our inspection, none of the people who used the service required information in an accessible format. However, the service had systems in place to provide information that complied with the Accessible Information Standard if required.
- People's communication assessment and care plan included information about their abilities, preferences, wishes and needs for effective communication.

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

- Staff supported people to engage in a range of activities and to follow their interests. Spaces within the home also supported this. For examples, some people were part of an initiative rearing ducks within the home.
- People had access to a cinema, private social areas, a variety of group activities and staff who were dedicated to support their social needs and minimise the risk of social isolation.
- People were supported to maintain links with the local community. They were part of community events such as fundraisers. People's friends and relatives were encouraged and supported to be part of these events. This promoted a community spirit within the home.

Improving care quality in response to complaints or concerns

- The provider had systems in place to deal with and respond to concerns and complaints people raised about their care. People knew how to use the complaints protocols to report concerns. A relative said, "If I did need to make a complaint I would feel comfortable doing so and I would know who to talk to. I feel like the manager would respond appropriately."
- Complaints to the service had been dealt with in accordance to the provider's complaint's policy. We saw the outcome to complaints investigations were satisfactory.

End of life care and support

- The provider had systems in place to support people at the end of their life. This included training and working collaboratively with other professionals to ensure people would be comfortable and receive dignified care that meet their needs and wishes. At the time of our inspection, none of the people who used the service received 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.

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

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

- There was an open and positive culture within the service. Staff, people and their relatives spoke positively about their experience of the service.
- Managers were easily accessible to staff, people and relatives for support when needed. A relative told us, "I think the home is well managed and the manager listens, is responsive and will go above and beyond to meet the needs of residents." Another said, "I do feel the home is well managed. We see the manager around quite a lot and she is approachable."

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

- We saw that the provider understood and acted within the requirements of the duty of candour. This included how concerns raised were dealt with and how lessons were learnt from feedback or incidents at the service. Duty of candour is a requirement for providers to be open and honest with people when things may/could have gone wrong with the care they received.

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

- The service had a registered manager in post who was supported in the role by a team of other management staff including a unit manager.
- The staff team had a shared vision of providing a good standard of care that achieved positive outcomes for people who used the service. There was a clear staff structure and tiers of accountability. This meant staff were clear about roles, responsibilities and tiers of accountability.
- Staff felt supported by their managers to fulfil their role. A staff member told us, "Any problems we can always speak to someone more senior and things get done – never any need to go outside of the home as things get dealt with."
- Managers completed a range of quality assurance checks and audits which they used to monitor the quality of care people received. Their checks and audits identified where improvements were required and they put plans in place to implement them.

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

- There was open communication within the service. People, their relatives and staff could contribute to

shaping the culture within the service. The provider acted on feedback. A staff member told us, "The company is good, one of the best. I can speak up and the management listen and act." Another staff member said, "If I'm worried I can speak to a senior and a team leader and they always listen and do something."

- Staff worked collaboratively with health and social care professionals to ensure people received good quality of care which suited their needs. A relative said, "They [staff] can't do enough for the residents. They can basically ask for what they want and nothing is too much trouble. [Person] has gone from being very distressed in her own home to being very calm and happy at Aspen Manor."