

## Aspen Hill Healthcare Limited

## Pearl Peak House

**Inspection report**

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30 June 2023  
05 July 2023

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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?	Requires Improvement	

# Summary of findings

## Overall summary

### About the service

Pearl Peak House is a care home providing personal care to up to 30 people. The home provides support to older adults and people living with dementia. At the time of our inspection there were 12 people living at the home.

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

We found care records were not always completed or accurate. Some care plans, risk assessments and best interest decisions had not always been completed with specific details required about people's care. Audits we looked at did not always identify the recording issues we found whilst inspecting the home.

We recommend the provider review their governance processes, to ensure record keeping is monitored effectively.

The registered manager and staff were open and honest. There was a positive staff and management culture that people living in the home and relatives had commented on. Staff were keen to learn and drive improvement to ensure people received the best possible care.

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. However, we found not all capacity assessments and best interest records had been completed when required.

We made a recommendation about record keeping for MCA and best interest decisions.

Systems were in place to safeguard people from the risk of abuse. Medicines were managed safely, and audits were carried. Risks to people were managed by staff following appropriate risk assessments. The provider carried out assessments on the home to ensure people were safe to live there. We saw staff followed infection prevention and control guidance to minimise risks related to the spread of infection. Staffing levels were sufficient to meet people's needs and staff were recruited safely. Relatives and friends were encouraged to visit the home and spend time with their loved ones.

People's preferences and choices were being upheld. People were offered choices during mealtimes and enjoyed the food provided in the home. The home ensured people had access to health care professionals when required.

People and relatives told us staff were kind and caring. We observed positive interactions between staff and people living in the home.

Care plans were in place to ensure people's preferences and choices were upheld. People told us they

enjoyed the activities provided within the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

This service was registered with us on 14 February 2023, and this is the first inspection.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 30 June and 5 July 2023.

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.

Please see what action we have told the provider to take at the end of this report.

#### 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 safe findings below.

Good 

### **Is the service caring?**

The service was caring.

Details are in our safe findings below.

Good 

### **Is the service responsive?**

The service was responsive.

Details are in our safe findings below.

Good 

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

# Pearl Peak 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.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

Pearl Peak 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. Pearl Peak House 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 30 June 2023 and ended on 12 July 2023. We visited the service on 20 June and 5 July 2023.

#### What we did before the inspection

We reviewed information we had received about the home. 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 (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with 5 staff including the registered manager and care staff. We spoke with 3 people and 2 relatives about their views of the care provided. We reviewed the care records for 4 people, numerous medicines records, 3 staff recruitment and supervision files, records related to governance systems and processes and other documentation relevant to the running of the service. 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.

# 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.

### Using medicines safely

- Medicines were managed safely. People received their medicines on time from trained and competent staff.
- People with 'as required' medicines had protocols in place to provide staff guidance on how to administer this type of medicine.
- Medicine audits were carried out on a regular basis to ensure medicines were managed safely.

### Assessing risk, safety monitoring and management

- Not all risk assessments had been completed when people required measures in place to keep them safe. For example, one person who was a high risk of falls did not have a risk assessment in place. We have addressed record issues within the well led domain.
- Staff knew people well and were aware of people's risks and how to keep them safe.
- Equipment and utilities were regularly checked to ensure they were safe to use.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. However, the home had been open for 6 weeks and the fire drill was due to take place after our inspection. The registered manager had arranged for this to be completed by staff.

### Systems and processes to safeguard people from the risk of abuse

- People, relatives and staff told us the home was a safe place. Comments included, "Yes, I feel safe" and "I can't fault it. There is always plenty of people at hand to help people. [Name of resident] tried to climb out of bed so now they check [Name] regularly."
- Staff had access to safeguarding and whistle blowing policies and understood their responsibility to report any allegations of abuse.
- There had not been any safeguarding issues reported however, the registered manager had systems in place to report and investigate these when needed.

### Staffing and recruitment

- There were enough staff to meet people's needs. The registered manager monitored staffing levels to check they remained at a safe level.
- During the inspection we saw staff were attentive to people and responded promptly to requests for support. Staff and people said they thought there were enough staff. A staff member commented, "Staffing levels are good. No issues with staffing."
- People were cared for by staff who had been safely recruited. References and checks were carried out before new staff began work at the home.

## 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 home to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the home.
- 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 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

- Visits to the home were welcomed by the staff and residents. Relatives also told us they often looked at the home's Facebook page to see what their family member had been up to.

## Learning lessons when things go wrong

- The provider had effective systems to investigate incidents and accidents. Following each incident, they acted to keep people safe. For example, following a medicine incident they put on coaching sessions for staff to improve practice.
- The provider analysed incidents to identify learning and help improve the care people received.

# 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 of 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.

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.

- Systems were in place to assess people's capacity however, we found not all mental capacity assessments had been completed. For example, one person did not have a capacity assessment in place for the use of sensor equipment to ensure their safety.
- We found two best interest decisions which did not contain the relevant information to support the people in care. For example, the best interest recorded for staff to use safe holds if required. However, this was not to be used at the home. Staff were aware of this, and the registered manager updated these immediately. Staff confirmed no safe holds had been used.

We made a recommendation the provider review their mental capacity assessments and best interests for individuals with restricted practices in place.

- DoLS applications to deprive people of their liberty had been properly made and authorised by the appropriate body.
- Staff had received training in MCA and understood how to support people in line with the act. We observed staff supporting people to make their own decisions and choices.

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

- Most people's individual needs had been assessed before they moved in. However, we did identify a new resident who did not have an initial assessment in place to inform staff of what needs the person would require. This was immediately addressed by the registered manager.

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

- The physical environment was continuously being reviewed, updated, and improved. The home was clean and tidy.
- People's bedrooms had been individually furnished in line with their choices and preferences.

Staff support: induction, training, skills and experience

- All staff completed a 3-day induction course followed by shadowing of experienced staff before starting in their role.
- The provider's training matrix confirmed staff had received training to meet people's individual needs.
- Staff were provided with opportunities to discuss their individual work and development needs.

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

- People's nutritional needs were being met. Feedback about the food provided was positive. People told us they had a choice of meals, and the quality of the food was good.
- Drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, through personal choice, had drinks provided and these were refreshed throughout the day.
- Care plans included information about people's dietary needs and their likes and dislikes. People who needed their nutrition to be monitored had records in place which were used to help identify any concerns.

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

- People's records showed they accessed support from healthcare professionals to meet their needs.
- We found staff had acted promptly to seek medical advice when they became concerned about a person'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.

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

- People and their relatives told us staff were kind and caring towards them. Comments included, "It's beautiful and the people are beautiful" and "They (staff) have been amazing, any questions I have they are there. The care has been amazing."
- We observed staff interactions with people which showed they were treated with kindness, compassion, dignity, and respect. Staff knew people well, and understood their likes, dislikes, and preferences. One relative said, "I can't fault the staff, the care and the facilities. I think it's really good. They are up on the wellbeing of the residents."
- The Equalities Act 2010 was designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion, and sexual orientation are met. The care planning process recorded information disclosed by people with regards to some of the protected characteristics, for example their marital status, disability, and religion.

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

- People's involvement and choice for their care and daily living arrangements was generally well promoted and respected at the service. One staff member said, "We have 'resident of the day' to ask people what they want. We also ask people. For example, we can show people clothing to wear for the day. Some people have specific colours they like to wear, one person really liked purple."
- People and their families were consulted regularly about their care and support. One relative said, "Yes, I had a review to tell me how mum was doing and asked if I had any questions. Staff went through the care plan with me."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. People were consulted on how they would like their care to be delivered and specifically in relation to the gender of the care worker.
- We observed staff supporting people in ways that ensured this. For example, making sure people's clothing was protected or properly adjusted; closing doors when needed for people's dignity; checking people were happy, comfortable and any chosen personal items to hand, before leaving them.
- Staff told us they placed significant importance on supporting people's independence.
- People's personal and confidential information was stored securely in line with data protection laws.

# 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;

- Most care plans were in place and reviewed to keep information about people up to date. We did identify some care plans that lacked specific details about people's needs. We have addressed this in the well led domain.
- Staff had a good understanding of people's needs and told us they were kept informed of any changes to people's care and support through handovers at each shift change.
- People and their relatives told us they were involved in the planning of their care and how their choices were respected.

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 stay in regular contact with friends and family.
- People were offered a variety of activities to join in with during the day. One person said, "I do activities and do my own knitting. We have been out on trips. Went to a park. Been out a couple of times."
- The home also linked with other organisations to develop relationships within the wider community.
- Feedback from the activities was positive and this was collated by the activities team to ensure activities were benefiting people.

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 assessed people's communication needs, and these were recorded in their care plans.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. Records evidenced the action taken when a complaint or concern had been received.
- People said they knew what to do if they were unhappy with anything or wanted to make a complaint. There had only been one concern raised since the home opened.

End of life care and support

- People were given the opportunity to discuss and make advanced decisions about their future care and support needs. Some people did have DNACPR documents in place. DNACPR means an advanced decision

made by the person and their GP relating to resuscitation.

- End of life care plans we reviewed were generic and did not always identify specific details. We discussed this with the registered manager who confirmed this had been identified and staff were working to improve these and make them more person centred.

# 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 of this newly registered service. This key question has been rated 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

- We found records were not always completed or accurate. For example, best interest decisions had incorrect information recorded.
- Care plans did not always contain specific information about people's needs. For example, one person frequently displayed behaviours which had not been care planned nor information recorded as to what staff should do to support them. Another person who was newly admitted had no care documentation recorded to inform staff of their needs.
- Risk assessments had not always been completed. One person was at high risk of falls and their falls risk assessment was not complete.
- We reviewed two care plan audits which had not identified the issues we found on inspection. Following our feedback all recording issues had been updated and completed.

We recommend the provider review their governance processes, to ensure record keeping is monitored effectively.

- Staff showed a good understanding of their roles and responsibilities.
- The registered manager knew their legal responsibilities for sharing information with CQC and other bodies. Where the service had to tell us about significant incidents, statutory notifications had been sent to CQC.

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

- The registered manager encouraged people and staff to be open with each other. Staff felt supported by their colleagues and the registered manager. One person told us, "The manger is very approachable and helpful. If you have any doubt you can ask. The manager is very knowledgeable about care. The manager is managing well. We have group discussions about improvements needed."
- Staff were encouraged to learn and improve their practice. One person said, "The manager supports each and every person. The home has paid for our nursing exams and encourage us to do outside training and pay for this. It's good. It's a good support."
- Managers promoted equality and diversity in all aspects of the running of the service.
- Staff felt able to raise concerns with the management.
- People's relatives shared their feedback with us on the positive culture of the service.

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

- Regular staff meetings were held which gave the opportunity for people to raise any concerns and for the management team to inform staff of any changes within the home. Due to the home only being open for a short period of time the manager told us the resident and relative meeting had been arranged.
- People, and those important to them, worked with managers and staff to develop and improve the service. Residents were offered the opportunity to be part of the homes committee meetings to encourage participation in decisions made.
- Newsletters were sent out to residents including what's happened, what's coming up in the month. For example, trip to Yeadon tarn, cooking class doing cupcake decorations, Ascot theme day and national wear pink day. In May they had attended a farm and one person said, "I really enjoyed going around the farm, and getting some fresh air you know. I like listening to the animals."

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 duty of candour was understood by the registered manager and throughout our inspection the registered manager and staff were honest and open.
- Incident management records we looked at during this inspection, showed appropriate action was taken to ensure the quality and safety of people's care, including any additional measures when needed, to help prevent any reoccurrence.

Working in partnership with others

- The home worked together with health and social care professionals to ensure people received support to meet their needs. This was evidenced in records we viewed.