N. Notaro Homes Limited

Aspen Court

Inspection report

Hope Corner Lane
Taunton
Somerset
TA2 7PB

Tel: 01823346000
Website: www.notarohomes.co.uk

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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

This inspection was unannounced and took place on 18 and 19 August 2016.

The last inspection of the home was carried out in November 2013. No concerns were identified with the care being provided to people at that inspection.

Aspen Court is registered to provide accommodation with nursing care for up to 42 older people living with dementia. At the time of the inspection there were 42 people living at the home. Some people were not able to tell us about their experiences of life at the home so we therefore used our observations of care and our discussions with staff and other stakeholders to help form our judgements.

There was a registered manager in post, however the registered manager was leaving the service. Another manager was in post who was awaiting an interview with the Care Quality Commission to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had been managing the home for a number of years. At the time of the inspection the registered manager was leaving the home to manage another home by the provider. The new manager was awaiting their interview with the Care Quality Commission to become the registered manager.

We had limited conversations with some of the people who lived in the home as they had complex needs and were not able to tell us their experiences of living at the home. We spoke with relatives and staff, we observed how staff interacted and communicated with people and we reviewed people's care records. We asked for a variety of records and documents during our inspection, including people's care plans and other documents relating to people's care and support. We found that these were well kept, easily accessible and stored securely.

Staff had good communication skills and were kind, caring and compassionate in their interaction with people. One relative said, "There are always staff around that we know". Staff knew people well and pro-actively engaged with them, using touch as a form of reassurance, for example by holding people's hands which was positively received.

The registered manager had a real commitment to constantly reviewing and improving the service offered to people. They sought people's views to make sure improvements made were in accordance with people's wishes. Suggestions made were acted upon for the benefit of people who lived at the home.

People were supported by sufficient numbers of staff who had a clear knowledge and understanding of their

personal needs, likes and dislikes. Staff took time to talk with people during the day and saw their roles as supportive and caring, but were also keen not to disempower people. People valued their relationships with the staff team, one relative said "Its home from home, Buckingham Place as far as we are concerned".

People were supported by staff who had undergone an induction programme. The registered manager explained all new staff completed the care certificate if they did not have a qualification in care. The care certificate is a set of standards that social care and health workers should follow in their daily working life. One member of staff said, "I feel proud to be part of this care team, my induction was supported by the registered manager all the way through ,they made sure I knew what I was doing and signed my work off as I completed it".

Staff received regular one to one supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their needs and individual wishes. Risk assessments which outlined measures to minimise risks and keep people safe were held in people's care plans.

The service had a policy and procedure for safeguarding adults from abuse. The registered manager and staff understood the types of abuse, and the signs to look for. Staff told us they would report any concerns to their manager or senior on duty, in line with the provider's policy, and staff were confident safeguarding concerns would be taken seriously by the management team.

Nutritional assessments and risk assessments had been carried out and we saw that advice had been sought from dieticians and speech and language therapists (SALT) when there were concerns in respect of eating and drinking. Some people had food and fluid charts in place and were being weighed on a regular basis as part of nutritional screening. The mealtime experiences were seen as positive for people living in the home. Throughout the day, snacks and hot and cold drinks were offered, the chef explained if someone had been sleepy during the day and was awake at night, staff had access to pre prepared snacks and soups.

The home was accredited with the Gold Standards Framework (GSF) award. The GSF is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their life. The provider told us in their PIR, "End of life choices are promoted and residents have an advance care plan in place". The plans were reviewed on 'as required' basis to reflect any changes.

Safe systems were in place to protect people from the risks associated with medicines. Medicines were managed in accordance with best practice. Medicines were stored, administered and recorded safely .

People were able to take part in a range of activities, which included group activities or one to one outings. The registered manager informed they planned to make their activities programme more "person centred".

There were quality assurance systems in place to monitor care, and plans for ongoing improvements. Audits and checks were in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training could be arranged if necessary.

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

There were systems to make sure people were protected from abuse and avoidable harm.

There were enough staff to make sure people were kept safe and received care and support in a timely manner.

People's medicines were safely administered by registered nurses and they were protected from the risk of infection.

Is the service effective?

Good

The service was effective

Staff had the skills and knowledge to effectively support people.

People received a diet in line with their needs and wishes.

People had access to appropriate healthcare professionals to make sure they received the care and treatment they required in a timely way.

The service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment.

Is the service caring?

Good

The service was caring.

People were cared for by kind and caring staff who went out of their way to help people and promote their well-being.

People were always treated with respect and dignity.

People or their representatives were involved in decisions about their care and treatment.

Is the service responsive?

Good

The service was responsive.

People's care and support was responsive to their needs and personalised to their wishes and preferences.

A programme of activities was in place which enabled people to maintain links with the local community.

People knew how to make a complaint and said they would be comfortable to do so.

Is the service well-led?

Good

The service was well led.

People and staff were supported by a registered manager who was approachable and listened to any suggestions they had for continued development of the service.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views.

People were supported by a team that was well led with a skilled staff team.

Aspen Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 and 19 August 2016 and was unannounced. It was carried out by an adult social care inspector.

We used a number of different methods to help us understand the experiences of people who lived in the home, because they had complex needs which meant most people were not able to tell us their experiences. We spoke with relatives and staff, we observed how staff interacted and communicated with people and we reviewed people's care records.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We used a Short Observational Framework for Inspections (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

During the inspection we spoke with three people who used the service, twelve relatives, eight members of care staff, chef, registered manager, manager and quality performance manager. In addition we observed staff supporting people throughout the home and during the lunchtime meal. We also inspected a range of records. These included six care plans, four staff files, medication records, and staff duty rotas.

Good

Is the service safe?

Our findings

People told us they felt safe in the home. One person said, "I do feel safe here, I get looked after well". A relative said "People are very safe here, I reported my relative seemed poorly, by the time I got home the doctor had been called and had been to visit". "We have had some issues as a family but generally feel [relative] is safe". "[Person's name] is very safe, I feel confident to go away on holiday as I know staff will make sure [relative name] is safe".

The service had a policy and procedure for safeguarding adults from abuse. The registered manager and staff understood the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse had occurred. This included reporting their concerns to the provider, registered manager, the local authority safeguarding team, and the Care Quality Commission (CQC). Staff we spoke with told us, and records confirmed that they had completed safeguarding training. They were aware of the provider's whistleblowing procedure and said they would use it if they needed to. Staff and visitors to the home had readily accessible information on noticeboards on how to report abuse, including information on who to contact if they had any concerns. Staff told us they would report any concerns to their manager or senior on duty, in line with the provider's policy, and staff were confident safeguarding concerns would be taken seriously by the management team.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Records seen confirmed that new staff did not begin work until all checks had been carried out.

There were sufficient numbers of staff deployed to ensure people's needs were met. Comments included "There are always plenty of staff around, and they are always staff we know". "Staff are very skilled and trained in supporting people with dementia". "Lots of staff around and familiar faces". "There are fewer staff at the weekend, but they seem to manage fine". Staff spoken with felt they had enough staff on duty to provide safe support to people, but felt they "Were always busy".

The registered manager carried out a dependency assessment to identify staffing levels required to meet the needs of people using the service. The dependency assessment was kept under regular review to determine changes to staffing levels. The registered manager said "I have a responsibility for calculating staffing levels to ensure the correct level of staff is available every day to meet the needs of people living here". The staff rota showed that staffing levels were consistently maintained to meet the assessed needs of the people and that staffing levels increased in line with changes in people's needs where required. A senior member of staff told us, "We do not use agency staff. When somebody can't come on duty because of sickness, or when we need an additional member of staff, a member of the regular team will normally volunteer." The service therefore used staff who knew people well.

Staff completed risk assessments for people who used the service. The risk assessments we looked at were up to date with detailed guidance for staff on how to reduce identified risks. For example, where one person had been identified as being at risk of falls, a risk management plan had been put in place which identified the use of equipment and the level of support the person needed to reduce the level of risk. A relative said "I can't fault the support. We need a hoist now. Assessments were done on what would be the best hoist to use." When asked about people's risks, staff were knowledgeable. One member of staff discussed the importance of ensuring people received their prescribed creams daily when supporting with personal care to prevent break down of the person skin tissue. A variety of assessment tools were used such as the Malnutrition Universal Screening Tool (MUST), assessments to check for the suitability of bed rails, an oral health assessment tool and the Waterlow pressure care tool.

The service protected people from the risk of malnutrition and dehydration. Staff monitored people's weight as required. Where risks were identified, staff completed food and fluid charts to monitor people's intake and take further action if required. Guidelines were in place for those at risk of choking and only staff trained in emergency first aid were allowed to support people who were at high risk of chocking. The chef explained they had a board in the kitchen which identified people's likes and dislikes, allergies or risks, they said they ensured these guidelines were adhered at all times.

People's medicines were stored and administered safely. Only registered nurses administered medicines and they had their competence checked annually by the registered manager. Care staff sometimes applied prescribed creams and lotions, after training. We accompanied the registered nurses on the morning medicine round on the second day of the inspection. Medication administration record sheets were properly completed and up to date. Staff were seen sharing information with the nurses regarding who had received their prescribed creams and ointments.

The medication room on one unit contained a controlled drugs (CD) cabinet; CDs for both units were stored in this cabinet. CDs are medicines that have strict legal controls to govern how they are prescribed, stored and administered. We checked that the amount of stock held in the CD cabinet matched the records in the CD book and we found that these balanced. The deputy manager told us the CD book was checked by the registered manager every day and we saw evidence of these checks. Random medication checks were also completed by the registered manager. This reduced the risk of medicine error.

When medicines were being administered covertly to people we saw there were assessments and agreements in place which had been signed by the GP. We noted that guidance for how to administer medicines covertly were clear and staff were aware why they were giving medicines covertly. A recent medication audit by the pharmacist had evidenced good practice.

To ensure the environment was kept safe specialist contractors were commissioned to carry out safety checks. Risk assessments were in place relating to fire and the building. Staff were aware of their responsibilities with regard to their actions in the event of an emergency situation. Accidents and incidents within the home were analysed on a monthly basis to help identify any traits. Cleaning schedules were in place, and the environment on both days of the inspection was noted to be clean and odour free.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to meet their needs. One person told us, "They [staff] know what I want and are so helpful", a relative said, "They [staff] really understand how to support [person name], they always make sure they approach gently so they don't make him jump". Staff were seen to be available to support people when they required assistance in a calm effective manner on both days of the inspection.

Staff completed training relevant to their roles and responsibilities. Staff told us they completed comprehensive induction training in line with the Care Certificate Framework. The registered manager told us all staff completed 12 modules of mandatory training. One member of staff said, "I feel proud to be part of this care team, my induction was supported by the registered manager all the way through ,they made sure I knew what I was doing." Staff were sent letters to remind them to complete their induction. Notices were seen in the nurses offices with names of staff who needed to complete their induction programme. This ensured additional support and motivation was offered to new staff. The registered manager told us, "It is important to make sure new staff are supported to learn their roles. If they need an extended probation period to do this, we offer that support. By investing in our staff we get loyalty back".

The training matrix identified training which had been completed and dates when training needed to be renewed. Training certificates in staff files confirmed the training undertaken, which included safeguarding of vulnerable adults, manual handling, infection control and the Mental Capacity Act 2005 (MCA). Staff were positive about the training and felt they were supported to develop and progress within the service. On-going staff training was overseen by the registered manager, operational manager and other senior staff. People and visitors told us they thought the staff were skilled in their roles, comments included "They [staff] can answer any question," "We moved from another dementia home, this team really do know how to support people with dementia. Excellent". " The team are very skilled in what they do".

People benefitted from staff who were well supervised. Staff told us regular one to one meetings (supervision) took place with their line manager. Supervision meetings are held so staff and their line manager can discuss the staff member's on-going performance, development and support needs, and any concerns. A member of staff told us "My supervisions are about reviewing my performance, my strengths, weakness and how I can improve my practice". The registered manager informed us supervisions were linked to their quality performance audits. This ensured the service values were shared with staff through supervision and staff meetings.

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. 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 were being met. At the time of inspection the majority of people who used the service had authorised DoLS in place because they needed a level of

supervision
that may amount to deprivation of liberty.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether authorisations to deprive a person of their liberty were in good order. The registered manager and staff displayed a good understanding of their roles and responsibilities regarding MCA and DoLS and promoting people's human rights. For example where covert medicines had been agreed with GP care plans held evidence of best interest meetings. The registered manager informed us letters were sent to relatives, regarding any application sent, and competency assessments were carried out frequently to ensure accurate documentation was in place. They said "All staff are aware of their responsibilities. We also use the supervision process to ensure understanding of consent and people rights to make informed choices".

A Short Observational Framework for Inspections (SOFI) was completed. We observed the serving of lunch in two dining areas and noted that people were offered clothes protectors to protect their dignity when eating their meal. People sat in small groups which meant they could engage in friendly conversations with other if they wished. The atmosphere was relaxed and people experienced meals and refreshments brought to them in a timely manner. People were informed what they had chosen to eat but were also informed of other food available. The food was nicely presented and was served from heated trolleys. People were complimentary about the food. Comments included. "Food is always good" and "Excellent you can have what you like, there is always cake, biscuits or fruit being offered. When it hot we have ice cream or lollies". Visitors also commented on being offered cakes, biscuit's ice creams and drinks. One visitor said "The food is freshly made every day including cakes and pastries".

People who required who had specific dietary requirements meals were prepared for them in line with their nutritional assessments. People were offered a variety of choices, especially people who were reluctant to eat. When people required assistance to eat their meal, this was provided on a one to one basis by staff, and we saw that people were allowed to eat at their own pace. Food and drink were available 24 hours a day, the chef explained if someone had been sleepy during the day and was awake at night, staff had access to pre prepared snacks and soups. If people needed additional encouragement to prevent weight loss or if they had been unwell they adapted how the food was offered, for example, some people were offered specially made high calorie ice lollies.

People received effective health care support from their GP and other health specialists such as speech and language therapists and occupational therapists. The service also worked closely with the local community mental health team. Health and social care professionals told us they thought the service gave good support to people to maintain good health, have access to healthcare services and receive on-going healthcare support. Other partnership working included links with the University of Plymouth. The registered manager informed us, "We are part of the nurse training programme with the University of Plymouth, this means we mentor two to three nurses. It is working well. They now planned to have paramedic students through placements.

Good

Is the service caring?

Our findings

People and their relatives told us they were happy with the service and that staff were kind and treated them with respect. One person told us, "It is not too bad living here, all the carers are kind, and I get looked after well". A relative told us, "Its home from home, Buckingham Place as far as we are concerned". We observed positive relationships between people who lived at the home and staff. Staff were seen to be kind, considerate and patient in the way they interacted with people.

Staff told us they were very confident that all staff who worked at the home cared about the people they supported. The registered manager told us that all staff who worked at Aspen Court knew how to recognise loneliness, and understood the importance of treating people with dignity and kindness. They said, "At Aspen Court we are focusing on loneliness, dignity and respect. Respect is more than just knocking on a door, dementia can be isolating. Sometimes just sitting with someone and holding their hands makes all the difference to someone's day. We need to remember to ensure people who are sitting quietly are not overlooked". One member of staff said, "We have a rabbit. People like to smooth it, we often take it to people who are sitting quietly". Staff were seen to spend time with people who did not have visitors or who remained in their rooms.

People were seen to move freely around the home. If people wished to sit in quieter parts of the home they were supported to do so. The environment was calming with fish tanks and pictures of memorabilia. A recent refurbishment had ensured the home was dementia friendly. Wall paper was effective in design colour and touch. Flooring was appropriate to enable freedom of movement. When people were being supported to move staff gently coaxed them to be as independent as possible, and reassured them every step of the way throughout the move.

Care had been taken to ensure people could easily identify their rooms. All rooms had coloured front doors, with knockers and room numbers. Personal memory boxes were visible on the walls by people's doors to further assist people in identifying their rooms. People's room were personalised with items brought from home. One relative said "It is home from home, although [person name] may not remember home, we know they loved some of the items in the room". Another relative said "It is like coming into a family home, I am always made welcomed, offered drinks or food." We saw staff addressed visitors often by their first names in a friendly manner, and they were made to feel welcome and comfortable. Relatives told us there were no restrictions on visitor times and that all were made welcome.

We saw staff knocked and waited for a response before entering people's rooms, and they kept people's information confidential. We noticed people's bedroom doors were closed when staff delivered personal care. People were well presented and we saw how staff helped people to adjust clothing to maintain their dignity. Records showed staff received training in maintaining people's privacy and dignity.

Staff had good communication skills and were kind, caring and compassionate in their interaction with people. Staff talked gently to people in a dignified manner. They knew each person well and pro-actively engaged with them, using touch as a form of reassurance, for example by holding people's hands which was

positively received.

Staff completed care records for every person who used the service, which included details about their ethnicity, preferred faith, culture and spiritual needs. The registered manager told us that the service was non-discriminatory and that staff would always seek to support people with any needs they had with regards to their disability, race, religion, sexual orientation or gender. The registered manager said the local vicar was a regular visitor to the home and people were able to request to speak with him if they desired. A leaflet shared with the inspection team stated 'At Aspen Court we believe that the way each person views spirituality is a personal belief. We approach spirituality by fostering a sense of identity'. The registered manager said they would ensure all faiths and denominations were available for all.

The service had been accredited by the Gold Standards Framework (GSF) for end of life care. The accreditation process involves continuous assessment against 20 standards of best practice across a two year period. The service had received recognition and accreditation for providing end of life care. The provider told us in their PIR, "End of life choices are promoted and residents have an advance care plan in place". The plans were reviewed on 'as required' basis to reflect any changes. One visitor told us, "It is a lovely home their end of life care is excellent". Each advanced care plan contained information on the person's wishes and desires in regards their end of life care, for example. A letter was available if the person wished or needed to go into hospital, the letter started 'Hello my name is…. And I live at Aspen Court which is a dementia care home. I have come into hospital because…" The registered manager told us it was important to ensure advanced care planning was discussed with everyone on admission to Aspen Court. They said, "We do everything we can to support people and their families at what will be a difficult time. We review the plans on a monthly basis to ensure the information is up to date". The registered manager told us the end of life support they offered people had reduced hospital admissions. They explained "We work as a team to ensure all wishes are met. We work with the hospice, GP, multi-disciplinary teams and staff to ensure the correct support and pain relief is available. We speak with families throughout and after death to ensure "We got it right for the person and their loved ones".
The staff had received numerous compliments and thank you cards and letters, which reinforced comments made by people. Lots of the compliment cards were in regards people end of life support. Comments included, "Thank you for the thoughtfulness and care especially in the last days, it meant so much", "Thank you for the wonderful care and attention you gave to our mum", "Complements to the team for excellent care of residents" and "Everyone is extremely welcoming and willing to help you out whenever we need it".

The registered manager told us, "At Aspen Court the care we deliver is underpinned by the NHS England Compassion in Care". The NHS Compassion in care relates to 'The 6 C's which is, compassion, competence, communication, courage, and commitment.

Good

Is the service responsive?

Our findings

People and their relatives told us they received care and support that met their needs. One visitor told us, "We do hear call bells often, but staff always seem to respond quickly if bells are ringing". People who were unable to mobilise were seen to have call bells at hand. One visitor told us, "They [staff] listen, they always let us know if they are worried about [relative's name]." One person told us, "When I ring my bell they come fairly quickly."

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. The information gathered from the initial visit was used to help them draw up a care plan. This ensured staff had information about how people wanted their care needs to be met. Relatives confirmed they were involved in pre assessment meetings before people moved to the home. The registered manager said following the assessment when people were ready to move to the home they ensured all the staff were prepared. They told us "Everyone is allocated a keyworker/carer. We only move people in during the afternoon, to ensure there is always someone to meet and greet the person and their family. We ensure the room is personalised, with a welcome card and vase of flowers. We try to make it easier and make a difference to people's lives in a positive way."

Care plans seen contained information about people's personal life and social history, likes and dislikes, their interests and hobbies, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals. If people had specific health conditions for example diabetes or epilepsy, management of pressure sores, information sheets were available to support staff to provide the best care. Care plans were regularly updated and reviewed by the management team and the provider, or people's legal representative.

More formal reviews were organised by the registered manager. People and their relatives confirmed they had regular reviews with the management team. Comments included "The reviews are good and we get to say what we want to happen in the future" and "We even get asked about communication and how to support [person's name] if their mood needs lifting or they are not explaining themselves." Care plans we viewed guided staff how to coax people, or how they liked to be addressed.

Staff completed daily care records to show what support and care they provided to each person. They also maintained a record which listed the specific tasks for the day such as who required a weight check, fluid and food intake monitoring, repositioning of people in the bed and skin care management. Staff discussed the changes to people's needs during the daily shift handover meeting, to ensure continuity of care. The Head of Care told us, "Handovers are good opportunity to ensure we all know if there are any particular concerns or health issues, or changes in people's support". The deputy manager told us the nurses used a communication log to record key events, such as changes to health and healthcare appointments for people. They said this ensured needs were met in a timely manner. They told us "We have excellent links with other health professionals and work closely with them".

The registered manager and staff ensured people were able to take part in a range of activities according to their interests. A recent survey suggested a more varied programme of activities needed to be implemented. Action had been taken with a new activity coordinator employed. A programme of activities was advertised around the home. The registered manager told us they planned to move away from group activities in the future, to ensure that activities were more "person centred". Photos around the home showed people enjoying different activities. The activity coordinators told us, "We try to ensure all people are supported to take part". On both days of the inspection people were seen being supported out into community, either on a one to one basis or in groups. A mini bus was available to take people out. Over the days of the inspection people were seen being involved in a variety of activities. , Some were helping to prepare for the homes forthcoming summer fete, while others were receiving one to one interaction from staff. A musical entertainer visited the home on the first day of the inspection. People went out on the mini bus for a pub lunch on the second day. The registered manager told us funding for trips out to the pub for lunch was provided by the provider. They said "If we are doing things in the community, we pay entrance fees or for people's meals".

Each person received a copy of the complaints policy when they moved into the home. People and their relatives told us they knew how to complain and would do so if necessary. One person told us. " I have never complained but would if I needed to". The service had a clear policy and procedure about managing complaints. We saw information was displayed in the communal areas about how to make a complaint and what action the service would take to address any concerns received. The registered manager had maintained a complaints log. Records showed complaints were investigated and a clear audit trail was available. Relatives told us they were confident that any concerns or complaints they raised would be listened to by registered manager and provider. However one complaint was still being addressed by the provider.

The registered manager sought feedback from people and staff and took action to address issues raised. Resident meetings, staff meetings, quality audit questionnaires, suggestion box, client reviews were on going within the home. The recent satisfaction survey showed people were generally satisfied with the home. One relative said "We always come to the residents meeting every month; it is a good way to find out what is going on. We even had a 'meet and greet' with the new manager. It will be a shame to lose the old manager but the new one seems nice". Another relative said "The residents meetings are always happening they are a good source of information".

Good

Is the service well-led?

Our findings

The home had a registered manager in post. The registered manager was in day to day charge and supported the staff within the home. People and relatives we spoke with all knew who the registered manager was and felt that they could approach them with any problems they had. One person said "They are always around to talk to." We saw that there were clear lines of communication between the registered manager, the quality performance manager, management team and staff. The service had a positive culture, where people and staff felt the service cared about their opinions and celebrated success.

All staff had defined roles within the team, staffing files held job descriptions. The registered manager told they felt very supported in their role by the quality performance manager and the provider. They told us "This is a family run business, which makes the home family orientated. The owner is a family man, they visit often. If we have any concerns they are here all the time to support".

The registered manager explained the ethos of the home by saying it was a family home; people could remain there for the rest of their life if they wished to stay. They explained it was also important to ensure staff felt part of the Aspen Court "family". They told us "All staff who work on their birthdays receive a birthday cake, and staff, residents and visitors all gather to sing Happy Birthday. We incorporate this in activities. Residents enjoy a trip to a local supermarket where the cakes are brought, they also enjoy a cake and coffee in the café paid by the service".

The provider ensured all staff, people and their families had access to a forum called 'Lifeworks'. This was a forum where everyone could recognise and thank each other for work or care well done. Other staff benefits included shopping at discounted rates. The registered manager said, "Staff often get recognised for achievements and can congratulate and celebrate each other's success. Relatives also thank the team for their care and commitment. The provider and senior managers can see if someone is often recognised for outstanding achievements or support". The registered manager explained they felt very supported in their role by receiving supervisions, mid-year reviews and annual reviews. They told us they also attended a home managers' meeting with the provider at head office approximately every six weeks.

People and their relatives commented positively about staff and the registered manager. The registered manager led by example and their vision and values were communicated to staff through staff meetings and informal discussions. They told us the aims of the service were to provide support and care to all people to a standard of excellence. They felt they achieved this by "Having core values of care, promoting dignity and respect, offering person centred care, giving people rights to fulfilment in their lives regardless of their abilities".

Although the home was busy, the atmosphere in the home was calm and friendly, and we saw meaningful interactions between staff, people and their relatives. We saw the registered manager interacted with staff in a positive and supportive manner. Staff described the leadership of the service positively. Comments from staff included "If the manager is around they notice if people don't have call bells within their reach, which is good, it keeps us on our toes". "I will miss our manager, but am also looking forward to working with the new

manager". The quality operations manager reported that, "Overall staff had a good understanding of aims of the service".

The registered manager held regular staff meetings where staff shared learning and good practice so they understood what was expected of them at all levels. Records of the meetings included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health and social care professionals, and any changes or developments within the service. The registered manager informed us as part of their quality monitoring system the management team regularly spent time walking around the home to see how care was being provided. They regularly attended staff handover meetings, and they sometimes visited the home during evenings, nights and weekends to monitor the care outside of normal office hours. . The registered manager said "We often carry out visits at night or weekends to ensure the quality of care remains to our high standards". The registered manager told us when issues had been identified these have been addressed quickly. Records demonstrated where actions had been taken by the management time to ensure consistency in people care.

We asked for a variety of records and documents during our inspection, including people's care plans and other documents relating to people's care and support. We found that these were well kept, easily accessible and stored securely. The registered manager told us, "I link closely with all agencies informing them what is happening at Aspen Court re falls, infections, and risks. It's another way of having a monitoring journey of continuing health care, and further evidences our commitment to all residents care and welfare. We use record keeping competency assessments frequently to ensure accurate documentation is kept and staff are aware of their responsibilities. I also use this in supervisions if required".

The registered manager promoted an ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The registered manager had a real commitment to constantly reviewing and improving the service offered to people. They sought people's views to make sure improvements made were in accordance with people's wishes. Suggestions made were acted upon for the benefit of people who lived at the home. For example, changes were being made to the activity programme following after people and their relatives said they wanted more personalised activities.

People and relatives told us the registered manager was open and honest. They would not hesitate to speak with the registered manager if anything was wrong. . The registered manager told us "There is a no blame culture if we do something wrong we admit and learn from it."

The registered manager was supported by the quality performance manager. On one of the days of the inspection the quality performance manager was visiting the home. The quality performance manager discussed the auditing of the service. They visited the home every two months to assess areas within the home, speak with residents, staff, and visitors. If there were any issues identified, the registered manager sent an action plan with timescales for improvements and expected outcomes. They said, "We have an open door policy in that the home manager is accessible at all times.

People were at the heart of the service. Meetings for people who used the service and relatives also took place on a regular basis. People and their representatives, and stakeholders, were encouraged to share their views of the way the service was run. A satisfaction survey had been carried out, and the outcomes were available in the hall. This included information about the actions that had been taken following the survey. The results of the service showed that everyone was very happy with the care and service received.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident or incident was recorded to establish patterns and monitor if changes to practice needed to be made. For example, if a person was identified as having an increased risk of falling they were referred to the GP for assessment and relevant measures to minimise risk were put in place.

As far as we are aware, the registered manager has notified the Care Quality Commission of all significant events which have occurred, in line with their legal responsibilities.