

Aspen Hill Healthcare Limited

Aspen Hill Village

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Aspen Hill Village is providing personal and nursing care to 157 people aged 65 and over at the time of the inspection. The service can support up to 180 people. Care is provided to people across six separate units. Each of the units specialises in providing care to people with varying health and care needs including people living with physical disabilities and people living with dementia.

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

Improvements had been made since the last inspection and medicines were managed safely and issues with staffing resolved. In these areas, systems and processes had been introduced to ensure the service continued to improve.

Numerous audits were regularly taking place to monitor the service. These showed an improving service. There were still some areas where audits had not identified areas to improve to ensure safety was enhanced. This included the assessment of individual risk and moving and handling assessment and recording.

People and their relatives were generally very happy with the care provided and care was provided safely. Relatives reported improvements in their relations wellbeing. A couple of people we spoke with during our inspection told us they had to wait for care to be provided and the response to call bells was slow. The provider identified an issue with the new call bell which they stated was due to incorrect use by staff and further training had been initiated. The provider will monitor this to ensure there is a timely response to call bells and request for support from people.

Accidents and incidents were recorded on a computerised system and monitored. Where identified, lessons were learned to reduce the risk of them happening again.

Infection control procedures were in place and the provider followed current government guidance to ensure people were protected from the transmission of infection. Visiting had commenced and strict procedures were followed to ensure people were protected from the transmission of infection.

Staff had been trained to don and doff personal protective equipment and there was enough stock of PPE. Cleaning rotas and schedules were in place to ensure risks to people were minimised. Overall, the units we inspected were visibly clean with some minor issues which we reported back.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 December 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At

this inspection we found improvements had been made and the provider was no longer in breach of those regulations. However, we did find the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service between 22 and 31 October 2019. Breaches of legal requirements were found. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Aspen Hill Village

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

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

Service and service type

Aspen Hill Village is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave a short period notice of the inspection to ensure the risks of Covid-19 transmission were reduced. Inspection activity started on 10 March 2021 and ended on 7 April 2021. We visited the location on 10 and 16 March 2021.

During the inspection

We spoke with eight relatives and eleven people using the service about their experience of the care provided. We spoke with several staff including the registered manager, chief nursing officer, two of the unit

managers, three nurses, the human resource lead, the hospitality manager, two care staff, two activities coordinators, two domestic staff and a hostess.

We reviewed a range of records. This included 16 people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments were not person centred and did not consider the risk of harm to the person assessed. Generalised risk reduction measures were considered and recorded, but as more individual risks had not been identified these control measures were not recorded in people's care plans. Familiar staff knew people very well and could explain to us people's individual risks, and there were very few incidents of harm. However, there is a potential for harm from staff who do not know people well, and the registered manager agreed to address this shortfall.
- Moving and handling risk assessments lacked essential information, such as issues a person might have with their posture. The associated plans did not detail the hoist or sling type people were to use when assisted to move. Plans did not detail all the equipment in use to move the person safely, and there was no record of the assessment for the suitability of the assistive equipment in people's care plan. This included the type of shower chair, or specialist seating system.
- People did not have their own identified sling, and these were shared between people with no clear system to ensure they were cleaned between use. This was addressed immediately and by the second day of inspection the provider had purchased 300 new slings.

The systems around the assessment of risk were not robust enough to demonstrate this aspect of safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed the actions they had taken to improve safety. Information how to manage people's risks had been recorded and communicated to the relevant staff including the moving and handling lead, with plans in place to further address the concerns.

Staffing and recruitment

At our last inspection, the provider failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of people using the service. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 18.

- There were sufficient staff to meet people's needs and the provider used a dependency tool to determine

staffing levels. This was supplemented using staff knowledge of the needs of people and staffing levels were flexible. Hostesses supported people to eat at lunchtime and the unit managers were not counted into the staffing ratio to support quality improvement plans.

- People still reported issues with responses to call bells. The provider had installed a new call bell system but there was an issue with this. The provider contacted the call bell provider who reported it was not a fault on the system, but staff were not using it correctly. The provider responded by putting on additional training for staff and agreed to monitor the situation to be assured care was provided when required.
- Staff were recruited safely, and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely. There were clear policies, systems and procedures in place. Staff received appropriate training and their competency was regularly assessed. The provider carried out regular audits to ensure processes were followed by staff and to identify any issues. There was a robust process in place for reporting medicines related incidents. Appropriate actions were taken to reduce the likelihood of errors recurring and to improve systems in place.
- People received their medicines as intended and staff kept appropriate records. Records with detailed person-centred information were also kept for when required medicines. Examples included medicines for pain relief and rescue medicines for low blood glucose levels. Medicines for external use such as creams and patches were stored safely and securely. The provider carried out assessments to reduce the fire risk associated with emollient creams.
- Thickeners were prescribed for people with swallowing difficulties. These were stored securely, and appropriate records were kept. However, we found one example where a person was not receiving the consistency of the thickener as prescribed. The provider assured us that appropriate actions were taken to rectify this and share the learning with staff.
- There were clear procedures for giving medicines covertly and these were properly followed. Covert administration is when medicines are administered in a disguised format.

Preventing and controlling infection

- At our last inspection we found the service had not always managed the risk of infection as some equipment was dirty and not well-maintained. Improvements had been made at the service. Each unit had a dedicated housekeeper lead by the head housekeeper for the service. The units inspected were clean and odour free, but there were some issues noted which were addressed and resolved during the inspection.
- Staff had received training in the appropriate use of personal protective equipment (PPE), and the unit managers checked their compliance.
- Visits to the home had restarted at the time of our inspection in line with government guidance. The provider was preventing visitors and people using the service from catching and spreading infections by strict protocols.
- The provider was accessing testing for people using the service and staff. Infection outbreaks were effectively prevented and managed.

Learning lessons when things go wrong

- Accidents or incidents were recorded and investigated. Root cause analysis were conducted for each incident. However, more detailed analysis was required to ensure a better understanding of the causes of incidents which would help to prevent future incidents.

Systems and processes to safeguard people from the risk of abuse

- Relatives were asked whether they felt their relatives were safe. We received comments such as, "From the conversations I have had and my own visits, I feel sure that he is safe, they do a lot for him and I feel happy he is where he is", and said "I do yes, I like that security cameras outside the unit and the lounge area."
- There were systems in place to help protect people from abuse. Staff had received training on safeguarding vulnerable adults and were able to tell us what they would do if they suspected abuse had taken place.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant some aspects of the service management was inconsistent which in turn 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

- The registered manager and provider had initiated significant improvements since our last inspection. For example, the policies and process around the management of medicines which had been put in place were very detailed and comprehensive, and easy for staff to follow.
- There remained areas of care that required improvement such as the management and recording of some risks to people. The registered manager and provider demonstrated their commitment to improve this promptly.
- The management team were fully engaged and committed to their improvement programme and had a desire to improve the service. They were very proactive and responsive to our findings and actioned improvements immediately.
- The provider had contracted specialist training for staff to improve their knowledge and skills, for example, around the management of pressure ulcers.
- Regular audits were carried out to measure the quality of the service. Some lacked robustness, as they had not picked up some issues we found. More in-depth information and analysis of audits and spot checks were required to drive some improvements.

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

- There was a real willingness amongst management and staff to continuously learn to improve the care and outcomes for people at the service. Most staff told us it was a good place to work and they enjoyed their role. Staff described the leadership as good, present and approachable. They told us their door is always open and described the culture as good, friendly and supportive.
- Management told us the provider was very supportive and resources were made available to support the continuation of improvements at the home.

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

- The registered manager was open and honest with the inspection team throughout the process and was keen to ensure any shortfalls were remedied immediately. They were aware of their responsibility to act upon the duty of candour.
- Complaints were acted upon and resolved where possible. We noted that some concerns people told us about had not been reported back from the units to the registered manager, such as waiting for call bells to

be answered, which meant this issue had not been recognised, addressed and resolved.

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

- People, relatives and staff were asked for their feedback about care at the service through surveys and questionnaires to support the service to gauge their view and drive improvements. Relatives we spoke with told us they felt fully involved and updated. One said, "They have Facebook page and other web pages and newsletter, so we are kept updated with everything."
- One relative said they have not had the need to complain. They said, "No, they have been amazing – able to discuss anything with them at residents meeting".
- Staff had been provided with a mobile App to give feedback about their experience. The provider had engaged a company to provide staff with a service to support their mental wellbeing.

Continuous learning and improving care

- The registered manager and provider demonstrated they had used innovative ways to improve care. For example, the registered manager designed pocket guides for staff to don and doff PPE, and flow charts and pictures, to be certain to embed best practice.
- The service had locked down early in the first wave of the pandemic and managed to control transmission. COVID champions were identified, and the registered manager had really thought about how to alert staff to risk without alarming people. They designed a system using red, amber and green fruit symbols as a traffic light system to cohort areas in relation to COVID-19 risk.
- Medicines management had improved at the service by the employment of a pharmacist who had implemented robust policies, procedures and was actively monitoring staff practice.

Working in partnership with others

- The service engaged regularly with healthcare professionals to review people's medicines including antipsychotic medicines. We saw examples of medication reviews that had been undertaken with a multi-disciplinary team that had helped reduce unnecessary medicines.
- The service worked closely with the local authority and Clinical Commissioning Group. Infection control team advice had been sought appropriately during the Covid-19 pandemic.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment |
| Treatment of disease, disorder or injury | 12(2)(a). Risk assessments relating to the health, safety and welfare of people using services lacked the necessary information to ensure risks were reduced to the lowest possible level. Risk assessments were generalised and did not contain information about the particular risks to the individual. Moving and handling risk assessment and care plans required more information to conform to best practice and to minimise the risks of harm and to provide a detailed plan for staff to follow. |