

Aspen Hill Healthcare Limited

Blencathra House

Inspection report

Church Street
Hunslet
Leeds
West Yorkshire
LS10 2AY

Tel: 01132771042
Website: www.aspenhillvillage.com

Date of inspection visit:
23 May 2023
26 May 2023

Date of publication:
30 June 2023

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Blencathra 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 28 people living at the home.

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

The registered manager and staff were open and honest, in dealing with concerns raised. The manager was competent and met required regulatory responsibilities. There was a positive culture within the home that people and their relatives had commented on. Effective governance systems were in place to ensure oversight and monitoring of the home. However, we did identify some recording issues.

We have made a recommendation about record keeping.

Staff knew how to protect people from abuse and avoidable harm. Medicines were managed safely and risks to people were managed by staff following suitable risk assessments. The provider carried out the relevant assessments on the home to ensure people were safe to live there. Staffing levels were sufficient to meet people's needs and staff were recruited safely. Staff followed infection prevention and control guidance to minimise risks related to the spread of infection and the home was kept clean.

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 and any necessary referrals were being made.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives told us people received good care from staff who were friendly and kind.

Care plans were up to date, regularly reviewed and person centred to ensure people's preferences and choices were being upheld. People were encouraged to visit the home and spend time with their loved ones. People told us they enjoyed the activities provided within the home and often went out on trips.

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

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 23 and 26 May 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.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Blencathra 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 3 inspectors, 1 of whom specialised in medicines and an Expert by Experience who carried out observations and spoke with relatives to gain their feedback about the service. 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

Blencathra 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. Blencathra 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 23 May 2023 and ended on 1 June 2023. We visited the service on 23 and 26 May 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 staff including the registered manager, care staff and activities staff. We spoke with 8 people and 4 relatives about their views of the care provided. We reviewed the care records for 3 people, numerous medicines records, 4 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.

Assessing risk, safety monitoring and management

- Risk assessments were in place and contained the details staff needed to care for people safely.
- Staff we spoke with were knowledgeable about people's risks and how these should be managed.
- People had personal emergency evacuation plans in place with information should they need evacuating from the home.
- The environment, equipment and building safety certificates were in place and maintained to keep people and staff safe.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate safeguarding processes and procedures in place to protect people from the risk of abuse.
- Staff had completed safeguarding training and understood their responsibilities to protect people from possible harm or abuse.
- People and their relatives told us they felt the home was safe. Comments included, "My wife has been here two years and I feel (name) is safe compared to being at home" and "I feel safe and well looked after and I have no worries."
- The registered manager kept individual safeguarding folders to ensure there was oversight of any concerns raised and actions taken.

Using medicines safely

- Medicines were managed safely, and protocols were in place. Staff who gave medicines had been assessed as competent for the role.
- With one exception people received their medicines at the right time.
- Guidance on when to administer a person's 'when required' medicines was available on their electronic medicine administration record (eMAR) and medicines that were controlled drugs were managed safely.
- Medicines and thickening agents were stored safely at the right temperature.
- The unit manager carried out a weekly medicine audit to check medicines were managed safely.

Staffing and recruitment

- There were enough staff employed to ensure people's needs were being met daily. People and their relatives also told us there were enough staff to meet their needs.
- Staff confirmed they had enough staff to carry out their care role. One staff member said, "Staff to resident ratio is ok, most times we are overstaffed."
- The provider had recruitment checks in place to ensure staff were suitable to work in a care setting. This

included identity checks, previous employment, references, their right to work in the UK and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- We observed people's friends and families visiting the home throughout our inspection. The registered manager told us they used a private Facebook page for family to access and share pictures.

Learning lessons when things go wrong

- Records showed accidents and incidents had been monitored and recorded appropriately.
- Incident and accidents were managed effectively with appropriate actions taken to prevent future risks and lessons learnt.

Is the service effective?

Our findings

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.

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

- Initial assessments were carried out by the home to ensure people's needs could be met prior to them coming to Blencathra House.
- People's care needs were assessed and reviewed regularly on an online system called "Nourish" to ensure their care needs were relevant to them.
- Staff ensured people had up-to-date care and support plans, including medical, psychological, functional, communication, preferences and skills.

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.
- Staff received relevant training to help them meet people's needs. The registered manager had also encouraged staff to complete other training to enhance their learning. For example, the unit manager had completed a course in 'Recognising Deterioration in a Patient.'
- Staff told us they received regular supervisions and had annual appraisals.

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

- People were supported by staff to eat and drink enough to meet their needs. People told us they enjoyed meals at Blencathra House. One person said, "The food is nice, and you can choose and there is plenty."
- We observed the lunchtime service and people were offered choices of food and drinks. Throughout the day people were offered drinks and snacks at regular intervals. We also saw people had jugs of drink in their rooms to ensure they stayed hydrated.
- Staff understood people's dietary needs and any specialist needs. People with swallowing difficulties or who were at risk of choking were provided with modified foods. These were prepared in accordance with the International Dysphagia Diet Standardisation Initiative (IDDSI) standards and instruction provided by speech and language therapists.
- Although there was a communal lounge and dining room, staff respected people's choices to eat in their rooms should they wish. One person said, "The food is good I can't complain, and I eat in my room."
- The home encouraged people to participate in cooking activities including making petit fours and decorating chocolate eggs at Easter. We also saw catering themed days took place where staff would decorate the home to match what would be eaten. For example, they had done an Irish themed night, Burns night and Valentine's night.

Supporting people to live healthier lives, access healthcare services and support; staff working with other

agencies to provide consistent, effective, timely care

- People were supported to manage their healthcare conditions and needs. The registered manager told us they held a weekly meeting with the local doctor to discuss any issues required within the home.
- Staff were knowledgeable about people's conditions and how they should support people with these.
- People and their relatives told us they had access to health care when required. One relative said, "They organise doctors and dentists' appointments."

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

- The design, decoration and layout of the home was clean and tidy.
- The environment was suitable for people living with dementia.
- People's bedrooms had been individually furnished in line with their choices and preferences.

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. If people lacked capacity to make specific decisions about their care the provider would involve people's representatives, relatives and healthcare professionals to ensure decisions would be made in people's best interests.
- Staff empowered people to make their own decisions about their care and support. They supported people to make choices without staff restricting them. One person said, "I can make my own choices."
- DoLS applications to deprive people of their liberty had been properly made and authorised by the appropriate body.
- Staff understood their responsibilities under the Mental Capacity Act.

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 caring and treated people with respect. People's comments included, "Staff treat me with respect and dignity and are nice people" and "The staff are very nice people, and they have time for me."
- We observed staff engaging with people during the inspection, in a caring and pleasant manner. For example, one person at lunch said they were cold, so a staff member got them a jumper to stay warm.
- Relatives were also complimentary about the care their loved ones received. One relative said, "The staff are lovely, and you only have to ask, and they do it."

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

- There were systems in place to ensure people had the opportunity to express their views and make decisions about care provided.
- We spoke to people and relatives who said they participated in the reviews of their care on a regular basis.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Care plans reflected what people required support with, but also what they could do for themselves.
- We observed staff promoting people's independence and dignity during the inspection, such as encouraging people's mobility.
- 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

- Staff were knowledgeable about people's specific needs and knew how to care for people.
- People were involved in their care planning and their care plans included preferences for care. People told us they were offered choices and their needs were met by staff. One person said, "The best thing here is being looked after, that is the best thing about it."
- People were encouraged to have full control of their lives and their preferences were met.

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 told us they enjoyed the activities offered and one relative said, "The activity staff are amazing and they find time to sit with them as well."
- A range of activities were available for people to reduce social isolation and for people to take part in hobbies they enjoyed. For example, one person told us, "There is bingo and I have been to the Royal Armouries and Swithen's Farm. My hobby is painting and I can still paint here."
- People were supported to maintain relationships with their family and friends.
- The home also linked with other organisations to develop relationships within the wider community. For example, they used the local club for exercises, Yorkshire dance, Leeds United and the Church of the Nazarene.

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.

- People's communication needs were assessed and recorded in care plans. Care plans provided staff with guidance on the most effective ways to support people to communicate.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of the care they received. They felt confident any feedback would be managed effectively. One relative said, "If I needed to complain it would be to the manager."
- There was an appropriate complaints management system in place. The provider had policies and procedures in place to guide staff in how to manage complaints. The management team investigated and responded to complaints appropriately.

End of life care and support

- People's wishes and preferences regarding the end of their life were discussed and recorded. Care plans documented people's preferences. One relative said, "The senior carer was lovely and has discussed end of life care with us and it is all linked to their care plan."

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The home used to form part of what are now 5 nursing homes and we found some of the processes were still in the process of separating. The registered manager for Blencathra House was also responsible for the management of another 5 nursing homes and several tasks linked with day-to-day management of the service were delegated.
- We found generally the home was well managed. However, we did identify some recording issues which meant documentation was not always effective. For example, one person should have been checked hourly as they were unable to use their call bell. Checks were being completed but not always recorded hourly. There was no impact of risk as the person remained safe.
- Another person should have been repositioned every four hours to prevent skin integrity issues. However, this had not always been recorded. There was no impact caused by the recording issue, as the person did not have any skin issues at the time of our inspection.

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

- Staff showed a good understanding of their roles and responsibilities. Staff were positive about continuous improvement and learning. The registered manager and staff spoke positively about their commitment to making improvements to the care people received.
- 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.

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

- The registered manager told us surveys for the home were due to be completed and that these had been planned to gather feedback from residents and relatives.
- Staff meetings and handovers were completed on a regular basis for effective communication and to share views.

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

- Staff told us the management team were approachable and supportive. One staff member said, "I think it is well led, I have no concerns. Whatever the problem, it is explained well. They (manager) take care of it."
- The duty of candour was understood by the registered manager and throughout our inspection the registered manager and staff were honest and open.
- We observed positive relationships between staff, people living in the home and their relatives. One relative said, "The best thing is the staff and their friendliness."

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.
- Staff ensured referrals had been made in a timely manner to enable people to access health and social services when needed.