

Aspen Care Limited

Aspen Lodge Care Home

Inspection report

222 Weston Lane
Southampton
Hampshire
SO19 9HL

Tel: 02380421154
Website: www.aspencare.co.uk

Date of inspection visit:
10 July 2018
11 July 2018

Date of publication:
29 August 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Aspen Lodge is a residential care home for 20 people with a range of needs including people living with dementia and mental health needs. The service is arranged over two floors and at the time of the inspection there were 17 people living in the home.

This inspection took place on 10 and 11 July 2018. The inspection was unannounced, this meant the staff and provider did not know we would be visiting.

At our last inspection in December 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. The inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People who use the service were kept safe by a service that maintained safe premises and equipment. Staff took steps to reduce risks to people and understood their responsibilities to protect people from abuse. Medicines were managed safely and people were protected from the risk of infection. People's needs were met by appropriate levels of suitable staff.

People received effective care which met their needs. People had access to services to support their health and wellbeing. People's nutrition and hydration needs were met and people told us the food was "very good". People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

We made a recommendation for the service to improve the physical environment for people living with dementia.

Staff were caring, compassionate and kind to people and protected their privacy and dignity. Staff were passionate about providing high quality care. People told us they were treated with respect.

People received care which was responsive to their needs. Staff knew the people they supported including their personal histories and preferences and provided individualised care.

We made a recommendation for the service to seek guidance to improve end of life care plans for people using the service.

Staff, people and relatives fed back positively about the registered managers and the support they received. The service had strong values to provide a "home from home" and recruited staff based on their caring nature. There had been an improvement in submission of statutory notifications since the last inspection.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service was well-led

Registered managers understood and met the legal requirements of their role, including the submission of notifications and other required information.

The registered managers promoted a positive culture that was person-centred, open, and empowering, which achieved good outcomes for people.

The registered managers operated effective quality assurance systems, which identified and managed risks safely.

The registered managers collaborated effectively with key organisations and agencies to support care provision and service development.

Aspen Lodge Care Home

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 checked 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 10 and 11 July 2018 and was unannounced. The inspection team consisted of two inspectors 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.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that helps gather information about the service and helps to inform the inspection. We reviewed information we held about the home including previous inspection reports and statutory notifications. A notification is information about an important event which the service is required to send us by law. We also reviewed information contained within the provider's website.

As part of our inspection we spoke with 12 people living at the home, and six relatives. We spoke with one of the registered managers, three senior care assistants, three care assistants, the cook and the housekeeper. We also spoke with a visiting complimentary therapist.

We looked at care plans and records for four people. We reviewed six staff member files, staff rotas, accident and incident records, policies and procedures, quality audit records and investigation reports. We reviewed five medication records for people. We observed care and support being delivered in communal areas. 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

People and their relatives told us they felt safe at Aspen Lodge, one person told us, "Yes I do. I never think about it." Another told us, "You feel [staff] care about you." People told us the staff always knew what they were doing and were never flustered, which reassured them.

The service had clear processes in place for reporting and investigating concerns to protect people from abuse. Staff knew about the different types of abuse and neglect and had a clear understanding of their role and responsibilities.

Incidents were reported and discussed openly with staff. The registered managers focussed on learning from incidents and implemented actions to reduce the risks of incidents re-occurring. For example, the registered manager had improved communication logs with community nurses following a person developing a wound.

People's needs and risks had been clearly identified and the staff worked with people to reduce risks where possible. Care was delivered in line with risk assessment guidance, which kept people safe and promoted independence.

People were protected from environmental risks within the home. The provider had processes in place to ensure equipment and facilities were maintained safely.

The registered managers assessed staffing levels based on people's needs. Staff had highlighted through team meetings that they felt there were not enough staff on duty in the mornings. The registered managers had revised future staff allocations to provide more cover during busy periods. Staff told us that while staffing levels in the morning often placed them under pressure, this did not impact on the safety and quality of care people experienced, which we observed in practice.

Staff records demonstrated that recruitment, training and support for staff was underpinned by the key values of kindness, respect, compassion, dignity in care and empowerment. Recruitment processes were safe and demonstrated staff underwent relevant pre-employment checks prior to appointment.

People received their medicines safely from appropriately experienced and qualified staff. Medicines records were completed correctly and provided guidance for any medicines taken 'as required'. Medicines were stored and disposed of safely. Senior staff were aware of the action to take if any mistake was found, to ensure people were protected and received the medicines they needed.

People were protected from the risk of infection. Staff maintained high standards of cleanliness and hygiene in the home. Hand washing facilities were available and hand gel was provided throughout the home. All staff clearly understood and followed the provider's policies and procedures on infection control, which were up-to-date and based on relevant national guidance. All hazardous substances were stored safely.

We observed the cook and staff following the required standards of food safety and hygiene, when preparing, serving and handling food. The service had received a rating of five out of five for food hygiene standards in April 2018.

Is the service effective?

Our findings

Relatives told us they felt that people living in the home were well looked after and their quality of life had improved. One relative told us, "[The person] was falling all the time at home and was a danger to herself, but since she came here she has no problems. The staff are very good at keeping people safe and keeping them active at the same time."

We observed staff encouraging people to stand and walk independently and to participate in activities if they wished to. People's care was delivered based on guidance from professionals involved in their care.

People's health and wellbeing needs were reviewed regularly and staff responded to their changing needs. People had access to services to support their health and wellbeing. The registered managers regularly booked a complimentary therapist to provide aromatherapy, massage and relaxation, particularly for people who experienced living with dementia.

People's emotional and mental health needs were identified in their care records. Care plans provided guidance for staff in managing and improving people's emotional wellbeing, such as anxiety or depression.

People were given the time and support they needed to eat and drink and their dietary needs and preferences were met. We observed mealtimes where staff offered people choices of what to eat and where they wanted to eat, for example the dining room, their bedroom or the garden. People told us the cook was very good and they enjoyed their food. One person said, "The food is very good."

People were involved in decisions to change the décor. The home had some "dementia friendly" signs on doors, however dementia friendly principles were not fully used in the décor of the home. Almost 25 per cent of the people living in Aspen Lodge experienced living with dementia. During our inspection we observed one person over two days walking around the home frequently asking where different rooms were, such as the toilet and the lounge and was reliant on staff to direct them. People with dementia were not enabled to live independently by an appropriate environment.

We recommend that the service updates the premises to meet the needs of people living with dementia in line with Department of Health Dementia-Friendly guidance.

People's consent to care and support was sought by staff. Assessments of people's capacity to consent were evident where required. There was clear documentation showing their capacity was assessed. This meant people receiving care had the freedom to make decisions and choices for themselves.

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 Act 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 confirmed that the service was working within the principles of the MCA, for example; the registered manager ensured best interest processes took place when required. Staff had completed training in relation to mental capacity and were able explain how this applied to their role. This included assuming everybody had capacity to make decisions unless there has been an assessment which showed they did not.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards. Deprivation of Liberty Safeguard applications had been submitted and renewed where appropriate.

Staff were encouraged to maintain and develop their knowledge and skills. Staff consistently told us that both registered managers encouraged staff to ask if they wanted one-to-one training about anything they were unsure about. Staff demonstrated they had appropriate skills, experience and knowledge to meet people's needs. Staff fed back positively about the support and training available to them to develop their skills and were up to date with their mandatory training. Staff received an induction when they commenced work and had regular supervision and feedback to improve their practice and people's experience in the home.

Is the service caring?

Our findings

People told us that the staff were good at taking time to listen to them to ensure they understood their needs and wishes. One person said, "The staff are always interested in you." We asked one person how they find the staff, they responded "Out of this world...they seem to know everything about me."

People and relatives told us they were always treated with kindness, compassion, dignity and respect. One person told us, "They do anything for you...they treat you with such respect." Another relative told us, "The staff are so sweet and kind. Nothing is too much trouble."

We observed staff acting with care and compassion towards people. Staff sat with people to talk to them and engaged in two-way conversations with people about things that were important to them, such as their families. Staff offered comfort to people and regularly checked on them to see if they needed anything.

Staff were passionate about caring for people. One staff member told us, "We are all one big happy family. The residents, the relatives, and us (staff)" and, "The best thing for me is getting close to the residents. I really love making them laugh, dancing and singing with them."

People's records identified friends and family important to them and staff took the time to involve them in people's day to day lives. The registered manager told us that people's friends and relatives were always invited to any parties or events they had, for example the service had a Christmas party for people and families.

The registered manager told us that they took time to recruit the right people. One relative told us, "The consistent continuity of care is the secret here. The manager is very good at recruiting the right staff who are natural carers."

People were given information in a way that they could understand, for example; staff took the time to explain medicines and activities. One person said, "She is very kind and explains everything to me."

Staff knew people and understood their care needs, nutritional needs, communication needs, their likes and dislikes and personal histories. For example; staff knew who experienced living with diabetes and dementia. The registered manager demonstrated a clear understanding through the planning and delivery of care about the requirements set out in The Equality Act to consider people's needs on the grounds of their protected equality characteristics. The Equality Act is the legal framework that protects people from discrimination on the grounds of nine protected characteristics including age, sex and disability.

We observed staff treated people with respect and were mindful of their privacy and dignity. Staff knocked before entering rooms and ensured doors were closed when delivering personal care. We observed staff sensitively adjusting people's clothes to maintain their dignity in a communal area.

People's independence was valued and promoted by staff. Staff took the time to allow people to get up and

walk themselves and encouraged them. We asked one person if staff offered them snacks between meals and they responded, "Don't be funny. I just help myself."

People's information was kept and stored in a way which protected their privacy. Records were disposed of when no longer required in line with legislation.

Is the service responsive?

Our findings

People received care and support which was personalised and reflected their preferences and wishes. The registered manager told us that each person was assessed prior to the service supporting them, to make sure that Aspen Lodge would be able to meet their needs.

People's needs were assessed and documented in their records. People were involved in creating their care plans and in reviews to update them. Care records captured information in people's words.

Information about managing people's physical health conditions was not always detailed or present in care plans. For example, for one person living with a respiratory condition and for three people living with diabetes. Care plans did not state how people's blood glucose levels were monitored or managed, or signs that their blood glucose levels were too low or too high. Regular staff we spoke with knew who lived with diabetes and actions to take should they become unwell. The registered manager usually deployed staff who knew people well, with very low use of agency staff which reduced the risk of impact to the people in the service.

This information was fed back to the registered manager who acted to ensure that all care plans were updated to contain the required detail.

We observed activities occurring in the home during the inspection, including a quiz and skittles. Staff were proactive in engaging with people in these activities. One person told us, "We have on and off entertainment", "There is someone to sing, I love it, I can't get enough of it." Another person told us, "There's not enough activities, it gets very boring." One relative voiced concerns over the level of activities and felt these had decreased recently.

There was a daily record of activities which showed a range of group activities such as exercises, bingo and nail care took place twice daily. The registered manager said they were recruiting to an activities co-ordinator post to improve the activities available to people and that existing staff were supporting activities in the meantime.

We saw staff acting to meet people's needs, for example a member of staff saw a person sat in the garden, so they brought them a sun hat and drink. People and their relatives told us that senior staff administered their medicines in the manner they preferred, which was in line with their management plans. People told us that staff provided them with pain relief promptly when they needed it.

People and relatives told us the registered manager was always seeking their feedback in daily conversation but also in monthly 'resident meetings'. People and relatives were given information on how to make a complaint should they need to. There had been no complaints since the last inspection.

We spoke with the relative of one person who had lived at Aspen Lodge and had received end of life care there. He told us, "The staff were very supportive. We couldn't have asked for it to be any better, and mum

got her wishes to stay in the home 'till the end." and said, "They (staff) were very good at listening to what Mum wanted and making it happen."

The service had taken part in 'Six Steps' training in end of life care and had put in place record templates which prompted staff to identify peoples wishes, religious and cultural considerations. No-one at the service was approaching the end of their life at the time of the inspection.

People's records contained limited information and one record contained no information in relation to their wishes for care at the end of their life or their wishes after their death. Asking about and recording peoples wishes is referred to as 'advance care planning' and is considered best practice, particularly for people with dementia. The registered manager had taken some steps to prompt discussions with families regarding end of life care.

We recommend that the service seek advice and guidance in relation to end of life and advance care planning.

Is the service well-led?

Our findings

At our last inspection in November 2016 we found the provider had not informed us about all notifiable incidents. At this inspection we found the provider had made the required improvements, for example; they had appropriately sent 15 statutory notifications, in accordance with regulations.

Since the last inspection, an additional registered manager had been brought in by the provider (who was also the existing registered manager). A 'registered manager' is a person who has registered with CQC 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 new registered manager had worked within the home in different roles. The existing registered manager told us that he had recruited her to provide more "hands-on" management support to staff. The new registered manager had the appropriate skills and knowledge to carry out this role.

The service had a clear vision of Aspen Lodge as a "home from home". This approach was mirrored in the culture of staff and was reflected in feedback from people and their relatives. One member of staff told us, "I only live just up the road but this is my real home." And a relative said "This really is a home from home."

The service was open and honest when things went wrong. The registered manager, staff and relatives told us that people and families were informed if anything happens, such as a fall or an infection. The registered manager told us, "Any mistake; we learn, work together to get the best outcome for residents."

People told us they would feel comfortable speaking to either registered manager and any of the staff, and had confidence any issues would be resolved. We observed an open and inclusive culture and staff told us the registered managers were open to constructive feedback, which they listened to.

Team meetings took place regularly and staff were encouraged to feedback and make suggestions for improvements to the service. People and relatives were involved in planning care and were able to raise concerns or ideas through 'resident meetings'.

The registered manager had worked with the local primary school to look at emergency plans should there be an incident in the local community or which impacted on the school or home. The service has promoted links with the local shop which people visit regularly, the shop has been involved in fund raising at the home by donating prizes for a tombola.

The registered manager told us the service had good links with other organisations, including the GP and community nurses, and could seek advice and support from them if needed.

People and relatives told us the service was well-led by registered managers who were highly visible and provided staff with clear and direct leadership. One relative told us, "The attention and care is first class and

the man at the top keeps the standards high."

Staff told us they felt valued by the registered managers. The registered managers had a 'Carer of the month' award for staff to recognise their achievements and good work.

The registered managers had daily quality audits in place and time for "hands-on" management with staff to assure the quality of care. The registered managers kept records of improvements required, prioritised and worked to resolve any issues identified.

Staff had regular formal and informal supervision and had yearly appraisals to look at their performance and development. Staff were positive about the management team and told us that they had received a lot of support to develop their skills. Staff told us one of the strengths of the service was that they could approach either of the registered managers for support at work or relating to their personal lives. One member of staff told us, "[The registered manager] has been very good to me. He told me that he chose me because I have a good heart and that was the most important thing."