

Community Care Solutions Limited

Aspen House

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 House is a residential care home providing personal care to eight people at the time of the inspection. The service can support up to ten people and specialises in providing care to people with a learning disability and autistic people.

The service is delivered on two floors and two separate wings with a communal kitchen, lounge and dining room in each wing. Some rooms have en-suite facilities. Where this is not available, there are suitable communal facilities.

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

There had been a number of improvements in the safety and quality of the service since the last inspection. People were protected from the risk of abuse. Staff were knowledgeable around the signs of abuse, how and where to report it. The provider supported staff with whistleblowing and provided support and information to support staff with this. Whistleblowing is the term used when a worker passes on information concerning wrongdoing to an official body such as the police or social care, when they believe it has not been acted on by the internal management.

Risks to people were now fully assessed, planned into care and reviewed regularly. Risks in the environment were better managed. The provider was in the process of improving the environment, and though most areas were clean and odour free, staff did not fully understand good infection control practices and how to keep people safe. There were storage issues for mops and buckets and where documentation was required, some areas were incorrectly recorded as satisfactory. Further improvement had been made by the time we returned for the second day of the inspection and storage issues had improved.

Staff were recruited safely and there were enough staff available to meet people's needs. Medicines were managed safely with only suitably trained staff administering people's medicines.

There was evidence of learning lessons when things had gone wrong. The provider and interim manager were open and transparent, reporting appropriately to the local authority and Care Quality Commission and ensuring families were updated with any concerns.

The provider and management team worked in partnership with other professionals to ensure good outcomes for people. People were considered as partners in their care and were encouraged to be independent and involved, decision making was supported. Easy read and pictorial information for people supported them with this.

The provider had improved audits which now reflected an oversight of the service and the interim manager was open to suggestions and keen to improve the service and develop the staff.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

People were encouraged and supported to be independent and make their own decisions. Easy read and pictorial records were used to ensure people were involved in their care.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

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 inadequate (published 22 September 2021) and there were breaches of regulation. 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 regulations.

Why we inspected

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 the service can respond to coronavirus and other infection outbreaks effectively.

We received concerns in relation to how people were being tested for COVID-19 and staffing numbers. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has improved to requires improvement. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we 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 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 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 one inspector.

Service and service type

Aspen House 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 the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced; however, we spoke to the senior care worker on the telephone before entering the service. This supported the home and us to manage any potential risks associated with COVID-19.

Inspection activity started on 6 January 2022 and ended on 31 January 2022. We visited the home on 6 and 25 January 2022 and reviewed records and information that was sent to us on 31 January 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We observed two people who used the service and spoke with four relatives about their experience of the care provided. We spoke with five members of staff including the interim manager, deputy manager, a senior support worker and two support workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, staff rota's, provider audits and quality assurance records.



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 inadequate. At this inspection this key question has improved to requires improvement. 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.

At our last inspection the provider failed to ensure risks had been assessed and actions to mitigate the risks were in place; to ensure medicines were managed safely or monitor and mitigate the risk of, and preventing, detecting and controlling the spread of, infections. This placed people at risk of harm as their safety was not effectively managed. 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

Assessing risk, safety monitoring and management;

- Risks to people were managed safely. Individual risk assessments had been completed and were regularly updated. Guidance for staff on how to mitigate risk was planned into care. For example, where there was a need for specialised medicine required to control a specific neurological condition, detailed information was placed in the risk assessment. There was also a copy placed on their medicines file (MAR chart) and staff had been trained how to administer the medicine.
- Regular safety checks were now being carried out on the environment and on equipment used to care for and support people. The interim manager had introduced a repairs record which staff used where repairs were required. This record was then 'signed off' when any repair had been completed, this had formed a record where details of the repair could be followed up.
- People's personal emergency evacuation plans (PEEPS) had been updated to ensure people were fully supported in the event of the building being evacuated.
- Regular maintenance checks were completed by staff and where required were backed up with external professionals. Checks to the fire and evacuation system, electrical, gas water and Legionella safety checks were carried out regularly and records maintained.

Using medicines safely

- Medicine administration had improved and were now managed safely. The interim manager had ensured there had been a dedicated storage room for medicines allocated following a recent building refurbishment.
- Other measures put in place included a dedicated member of staff for ordering and administration purposes and the use of a do not disturb tabard for staff to wear. That ensured staff were aware not to disturb them or the second member of staff until the process had been completed.
- These improvements had drastically reduced the number of medicine errors and the system was now being operated safely.

Preventing and controlling infection

- Though there had been many positive changes in the environment, the recording in the infection control audits was not clear enough to ensure all staff knew how to complete the document. We found areas that had used the 'tick-box' system to record a ground floor bath area was free from hazards. However, there were areas of bare wood and the flooring was not intact to allow proper disinfection.
- We also found mops and buckets stored outside, open to the element and potential cross contamination. The interim manager had this area improved by the time we completed the second day of the inspection.
- The home was clean and odour free. Records evidenced frequent cleaning of high touch areas was in place to reduce the potential spread of infection. A staff member told us that the cleaning of high touch areas was regularly undertaken and had been increased since the outbreak of COVID-19.
- Staff were trained in infection control and received regular updates. PPE was readily available throughout the home and we observed this was being used appropriately by staff.
- People were encouraged to further reduce the spread of infection by social distancing and easy read information was displayed to encourage people to wash their hands regularly.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were trained in safeguarding people and had access to safeguarding and whistleblowing policies. Staff also had a dedicated telephone number for whistleblowing which the provider had printed on the back of staff identity cards for ease of use.
- Staff demonstrated a good understanding of recognising the physical, emotional, psychological and financial signs of abuse and knew how and who to report concerns to.
- Relatives told us they felt people were safe. One relative told us, "We haven't been able to visit recently but I don't have any concerns about [named] safety in the home."

The provider was following government guidance in relation to visiting at the service.

Staffing and recruitment

- Staff were recruited safely. There was a robust recruitment process in place managed centrally by the provider that ensured suitable staff were employed. This included previous employer reference checks and Disclosure and Barring Service (DBS) checks were completed for all staff prior to them working with people. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- Suitable numbers of staff were deployed across the home to ensure people's needs were met. The interim manager used a dependency tool to calculate staff numbers. Plans were in place for potential staff sickness and holidays which included the use of internal bank staff and agency staff where needed. Agency staff profiles were in place to ensure that the staff supplied had suitable safety checks and training prior to

working with people.

- Where people required one on one support this was well planned in advance. A relative told us, "There is enough staff to look after people and take them out. [Named] still regularly goes out even though there are restrictions in place with COVID."

Learning lessons when things go wrong

- Lessons were learned when things went wrong. For example, where there had been a medicine error this had been fully investigated and measures put in place to reduce the risk of reoccurrence. We saw where staff had been informed about changes to practice in minutes of meetings and on occasions where staff were spoken with individually.

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 inadequate. At this inspection this key question has improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to ensure systems and processes in place were robust enough to have effective oversight of the safety and quality for the service. This was a breach of regulation 17 (Good Governance) 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 17.

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

- The interim manager had established an active, open and accessible profile within the service. They had begun to establish regular care plan reviews, meetings and discussions to help improve people's care experience and inform staff.
- Management measures concerned with staff performance and for their learning, support and supervision were also re-established. However, this was not yet fully embedded due to the timescales involved.
- Auditing of records had improved since our last inspection and now ensured any gaps in records were identified promptly and resolved with the member of staff concerned. For example, there was a comprehensive and thorough check of the medicines system. Again, the entire auditing process had not yet had time to be embedded. The interim manager stated that through time and development the process will become more familiar to staff. Tasks would continue to be delegated to staff to promote staff's knowledge and development.
- The provider understood the need to display their CQC rating and this was placed prominently for people to see.

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

- Staff knew people well and had a good understanding of people's care needs. Care plans had improved and now recorded people's likes, dislikes and individual choices.
- People were encouraged and supported with making decisions and to be as independent as possible.

Continuous learning and improving care

- The provider had appointed an interim manager who we found was open to suggestions for improvement and implemented changes following the first day of the inspection. Staff told us they felt very well supported

by the new manager and found them consistent and approachable. One staff member told us they felt the interim manager had brought some direction to the staff.

- The provider had commenced a refurbishment of the home prior to our inspection. The interim manager took the opportunity and arranged for changes to be made and this had added benefit of a secure area for medicines storage. Some repairs had to be completed due to work being stopped due to an outbreak in 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 provider and management team had demonstrated transparency by reporting incidents to the local authority and CQC appropriately.
- The provider had a complaints procedure in place. People had been provided with an easy read complaints procedure where appropriate and families told us they knew how to make a complaint if needed.
- Relatives told us they were informed of any incident's accidents or issues with their family member. One relative explained the newly developed provider's key worker process and said they received regular updates on their family member. A key worker is a member of staff who maintains oversight of a person's care and is a consistent source of contact and support for both the person and their relatives.

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

- People were supported to be involved in their care. Easy read records were available to people to support their involvement. People's feedback on the service was collected via monthly house meetings and monthly key worker sessions. People's relatives were less involved, but the interim manager was working toward contacting all relatives to increase their participation in this area.
- People were supported to remain part of the community during the coronavirus pandemic by continuing their social life as much as was allowed during the government restrictions.

At our last inspection the provider had failed to notify CQC of an event that stopped the service from running safely and properly to ensure notifications about the event had been sent. This was a breach of Regulation 18(1) (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

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

- The provider noted the concerns in the last report and appointed an interim manager to ensure the failings we highlighted were remedied. The interim manager had engaged with staff and made a number of changes and improvements.

At our last inspection the provider had failed to act in accordance with the Mental Capacity Act 2005. This placed people at risk of harm. This was a breach of regulation 11 (need for consent) 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 11.

- The interim manager had audited all of the care planning documents and began the process of ensuring consent was considered at all times.

- Where a person did not have capacity to consent to changes, the management team had looked at involving the person's family. When there was no family involved they arranged for the appropriate approvals to be considered as part of a 'best interests' decision. A Best Interests decision is a decision made by applying the 'best interest principle', as set out in the Mental Capacity Act 2005. A best interest decision is a decision made for and on behalf of a person who lacks capacity to make their own decision.
- The interim manager was part way through the process and had arranged meetings with people's families to ensure the process had been completed appropriately.

Working in partnership with others

- The service continued to work in partnership with other professionals including specialist nurses, consultants and GP's.
- Referrals were made appropriately to ensure people got the right support as and when needed.