

Aspen House Limited

# Aspen House Limited

## Inspection report

33 Carlton Road  
Littleover  
Derby  
Derbyshire  
DE23 6HB

Tel: 01332342541

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**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 up to 22 people. The service provides support to older and younger adults who may also receive care with their mental health. At the time of our inspection there were 22 people using the service, 2 of whom had been temporarily admitted to hospital.

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

Safeguarding systems had not always been operated effectively and safeguarding referrals had not always been made when required. Medicines were not always managed safely. Risks were assessed however, not all risk assessments reflected people's current risks. The principles of the Mental Capacity Act (MCA) had not always been applied to people's care decisions. Managers and staff had been trained but had not always put this training into practice. The provider's governance systems to assess, monitor, improve and reduce risks in the service were not always effectively operated. Statutory notifications had not always been submitted and policies had not always been followed.

People were not supported to have maximum choice and control of their lives and did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

There were enough staff to meet people's needs in a timely manner. Recruitment processes were in place but some required checks had not always been completed. Measures were in place to help prevent and control risks from infection. People were supported to have enough food and drink and the provider worked well with other health and social care professionals involved in people's care. The premises had been adapted to meet people's needs. The service aimed to provide person-centred care to people.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Last rating and update

The last rating for this service was good (published 24 December 2018). At this inspection we found the provider was in breach of regulations in relation to the safe care of medicines, safeguarding systems, arrangements for assessing people's capacity for their care decisions and the governance and oversight of the service.

### Why we inspected

We carried out an unannounced focused inspection of this service on 14 November 2023.

This report only covers our findings in relation to the key questions safe, effective and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aspen House Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan from 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 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?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective 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 Limited

## 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 1 inspector and 1 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 House Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed feedback from the local authority who commissioned people's care. We used the information the provider sent us in the provider information return. 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 of this information to plan our inspection.

#### During the inspection

Inspection activity started on 14 November 2023 and ended on 22 November 2023. We visited the service location on 14 November 2023. We spoke with 7 people who lived at the service. We spoke with 6 staff including the registered manager, the deputy manager, 3 support workers and the chef. We reviewed the relevant parts of 3 people's care plans and medicines administration record (MAR) charts. We looked at 3 staff recruitment files, training matrix, audits and policies and procedures.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection we have rated this key question 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.

Systems and processes to safeguard people from the risk from abuse

- People were not always safeguarded from abuse and avoidable harm. Safeguarding referrals had not always been made to the local authority safeguarding team when incidents had occurred.
- During our inspection we made safeguarding referrals to the local authority for 5 people where records showed they had been placed at risk of harm and no safeguarding referrals had been made by the provider.

Systems and processes designed to safeguard people from the risk of abuse were not operated effectively. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- People were not always supported to receive their medicines safely. Staff had not always left enough time between medicines. For example, paracetamol had been administered without leaving a 4-hour gap between administrations. This meant there was an increased risk of over-dose which could place people at risk of harm.
- Some people were prescribed medicines to have when they needed them. Staff had not always written why these had been administered or whether they had been effective. This meant it was not possible to monitor if people's medicines were effective.
- People did not always receive their medicines as prescribed. Records showed some people's skin creams had not been applied at the frequency prescribed and the prescriber had not been contacted for a review. This meant people's medicines had not been kept under review to ensure people received their medicines as prescribed.
- Some medicines required additional controls to ensure they were stored safely. On our inspection we found some improvements were required to ensure these controls were in line with good practice. The provider sent us evidence shortly after our inspection to show they had made these improvements.

Medicines were not always managed safely. This was a breach of regulation 12 (Safe care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe, however risk assessments had not always clearly identified current risks. For example, risks from smoking whilst using flammable creams had been identified on a previous version of a person's risk assessment but had not been included on their most up to date risk assessment.

- Other risk assessments were in place and reflected people's care needs and environmental safety. For example, risks from malnutrition and fire safety checks.

#### Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. We observed staff were available throughout the day to provide people with timely care and support.
- The provider had mostly, but not always operated safe recruitment processes. We found 1 staff member's previous work history had not been checked through. This meant any gaps in employment and their reasons had not been identified as required.
- Other checks had been completed in line with the provider's recruitment policy, for example, Disclosure and Barring Service (DBS) checks. 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 including cleanliness of premises

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The premises had been kept clean and tidy. Some furniture required replacement due to it being difficult to clean and the provider told us they had identified this and replacement furniture was on order.

#### Learning lessons when things go wrong

- Staff completed reports for any accidents and incidents. These had not always captured what actions had then been taken to reduce the chances of an issue reoccurring. However, the registered manager was able to tell us of the actions they had taken. For example, providing a raised toilet seat and other adaptations to help reduce the chances of further falls.

#### Visiting in care homes

- People were able to receive visitors without restrictions in line with best practice guidance.

# Is the service effective?

## 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.

At our last inspection we rated this key question good. At this inspection we have rated this key question requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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.

- The provider was not always working in line with the Mental Capacity Act. Both the registered manager and the deputy manager told us mental capacity assessments had only been completed as part of people's DoLS assessments. They told us no further mental capacity assessments had been completed to help inform people's care plans where they did not have capacity to understand those care plans and specific decisions. This demonstrated a lack of understanding of the MCA.
- People's needs were not always assessed, care and support was not always delivered in line with current standards. Records showed staff had decided 1 person was not to have any more of a particular drink that day. This was not in their care plan and there was no mental capacity assessment or best interests' decision making in place. This meant there was no legal authorisation in place for this restriction and there was a risk the person's rights were not being upheld.

The principles of the MCA were not always upheld and applied to people's care. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's oral health needs were assessed. Care plans included guidance for staff when people needed any prompting and assistance with this.

### Staff support, training, skills and experience

- Managers and staff had not always put their training into practice. Training records showed staff had completed training in medicines management, safeguarding and the MCA. However, we found the principles of these had not always been applied and followed in the service.
- Training records showed staff completed a range of training relevant to people's health and care needs. Managers maintained an oversight of staff training to ensure they remained up to date.
- Staff told us they felt supported in their job role. Records showed staff were supported in team meetings, supervision and appraisal meetings with managers.

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

- People were supported to eat and drink enough to maintain a balanced diet. People told us they could choose what they wanted to eat, and alternative choices were available. One person told us, "If we don't fancy it we can ask for something else."
- People's weight was monitored to ensure any risks from weight loss or gain could be managed in a way to help reduce further risks. Fluid intakes were monitored. We saw these were shared with visiting healthcare professionals to help them assess people's health.
- Where people required diets of a modified texture these were provided and detailed in people's care plans. This helped to ensure people had food and drink that were suitable for them.

### Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment. We saw people received support from a range of health care professionals such as the mental health crisis team and speech and language therapists. This helped people receive effective care.
- People's care plans reflected guidance from health professionals involved in people's care. For example, information on people's dietary requirements from the speech and language therapy team was included in 1 person's care plan where they required food of a specific consistency.
- People were supported to live healthier lives, access healthcare services and support. Staff responded to changes in people's health and made appropriate referrals for healthcare and support as well as supporting people to attend any healthcare appointments. This helped people receive effective healthcare support.

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

- People's individual needs were met by the adaption, design and decoration of the premises.
- People shared communal areas of the home, and these had been adapted to support people's needs. For example, people told us they enjoyed playing pool in the conservatory and used the garden to smoke in. People's bedroom decoration reflected their preferences and people had enough space to accommodate their personal belongings. The premises had been adapted to meet people's needs.

# 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 our last inspection we rated this key question good. At this inspection we have rated this key question 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.

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

- The provider did not have a fully supported management structure. The provider's systems did not always effectively monitor the quality of care provided to drive improvements.
- Statutory notifications had not always been submitted as required. Notifications are changes, events or incidents that providers must tell us about. They are important as they help to show the provider is working in a transparent and open way. Systems were not operated effectively to ensure statutory notifications had been submitted as required.
- The provider had not always followed their own policies and procedures. For example, the provider's recruitment policy stated candidates work history must be checked and any gaps in employment must be investigated. We found this had not always been completed. We found other examples of where the provider had not always followed their own policies and procedures, for example regarding the MCA, safeguarding and medicines management.
- The provider had not consistently created a learning culture at the service which meant people's care did not always improve. Systems and processes designed to assess, monitor and improve the service were not always effective. We found medicines audits had not been completed accurately. Audits and checks had not identified the issues we found on this inspection, for example with the MCA, safeguarding and medicines management. This meant systems were not always effective at improving care or helping to ensure continuous learning.

Systems and processes designed to assess, monitor and improve services and reduce risks were not always operated effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the provider sent us an action plan and evidence of the actions they were taking to address the shortfalls found during this inspection.

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

- There was a positive and open culture at the service. People told us they felt confident to speak with the staff and both managers. 1 person told us the managers were, "Great and always around." Another person told us, "I'll speak with [name of staff] or any of them, all the staff are helpful."
- The provider had systems to provide person-centred care for people. 1 person told us, "Staff support me

to look after my health because it's important to do that." Other people told us how staff supported them with outings to places they liked or with activities they liked to do. This helped promote an inclusive and person-centred culture.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- 1 person told us there were residents' meetings every month where they could discuss and plan food choices, activities and trips out. Staff told us they attended team meetings and they could raise any issues and they felt managers listened and took on board their feedback. This helped people and staff to feel engaged and involved in the service.

Working in partnership with others

- The provider worked in partnership with others.
- People's care plans recorded contact details for other health and social care professionals involved in people's care, as well as any family contacts. Referrals and advice had been obtained when needed from others and this helped to show the service worked well in partnership with others.

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 understood their responsibilities under the duty of candour and had a policy in place to guide their actions should such an event occur.

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 11 HSCA RA Regulations 2014 Need for consent  The principles of the Mental Capacity Act had not been followed and applied to people's care.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not always managed in line with good practice
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  Systems and processes to ensure safeguarding referrals were made had not always been followed.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes to assess, monitor, improve services and reduce risks were not always operated effectively.