

J S. Care Limited

Aspen Court

Inspection report

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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

Aspen Court is a residential care home providing personal care to people living with a learning disability. The service can support up to 5 people. At the time of the inspection there were 5 people receiving care and support accommodated in 3 individual houses and two self-contained flats.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and 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 supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

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. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People and their relatives confirmed this.

The service was designed to support people living in individual self-contained houses and flats. Which promoted people's independence. People had access to outside space, and this had been designed to meet their needs. People were supported to maintain and pursue their interests and to achieve their aspirations and goals. The service made reasonable adjustments so people could be fully involved in discussions about how they received support. People received their medicines as prescribed. However, some guidance documentation, for as and when required medicines, required improving. We have made a recommendation that protocols are introduced to ensure the correct guidance is available to staff.

Right Care

People received care and support from staff who knew them well and understood their needs and considered their preferences. Staff interacted positively with people and had a caring and respectful approach. Staff understood people's individual ways of communicating. Staff could recognise and report abuse and there were enough appropriately skilled staff to meet people's needs and keep them safe. It was clear staff cared deeply for the people they supported.

Staff sought appropriate advice from healthcare professionals in a timely way and staff ensured this was followed.

Right Culture

People were supported to lead lives that were person-centred and inclusive. People were involved in planning their support and deciding how they wanted staff to support them to meet their outcomes and

achieve their goals. people received support based on transparency, respect and inclusivity.

Governance systems were in place, which included a series of audits and checks. For example, infection control and care planning. Action plans were used to develop and improve the service.

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 11 March 2021 and this is the first inspection

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 effective findings below

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Aspen Court

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.

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

The inspection was carried out by 1 inspector, a specialist pharmacy inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Aspen Court 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. Aspen court is a care home without 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

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since they registered. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 4 people who used the service and 4 relatives about their experience of the care provided. We spoke with 7 staff including the registered manager, deputy manager and support workers. We reviewed 3 people's care records, staff recruitment records and we looked at the governance arrangements for the safe handling of medicines including the providers policy and audits. We looked at medicine's records and medicine stock. We looked at a variety of management records.

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.

Using medicines safely

- Staff assessed the support people needed to take their medicines safely. People received support from staff to make their own decision about medicines wherever possible. Guidance was in place for people who had difficulties in communication.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely. However, there was limited information for medicines prescribed when required. Whilst staff could explain how these medicines would be administered this was not clearly documented to support staff to make consistent decisions. The outcome of taking a 'when required' medicine was not always recorded to review effectiveness.

We recommend the provider should ensure the process and records meet the requirements in NICE guidance SC1- managing medicines in care homes (NICE guidelines are evidence based recommendations for health and care in England). Further to our inspection the service provided us with evidence that this guidance was now in place.

- Staff referred people to healthcare professionals to review their medicines and to monitor the effects on their health and wellbeing.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles.
- Staff were trained in medicine administration and their competency had been assessed.

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

- The provider ensured people maintained contact with their family and friends and they were welcome to visit the home.

Staffing and recruitment

- Staffing levels were determined by the commissioning authority. We saw these levels were maintained for people's safety. Staff informed us staffing levels were maintained, however, agency staff were used and staff felt this had a detrimental effect on people as they were unfamiliar faces. The registered manager explained they were currently recruiting and were waiting appropriate checks for permanent staff to commence.
- Relatives told us staffing levels were maintained for people's safety. However, they also told us there had been a high use of agency, one relative said they had to raise a concern regarding an agency worker. They understood why agency was required and were kept informed by the registered manager on recruitment progress.
- The provider had a recruitment system in place which enabled them to recruit people safely. The recruitment process included pre-employment checks such as 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.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from the risk of abuse.
- Staff received training in safeguarding and knew what actions to take to keep people safe.
- Relatives confirmed people were safe, when asked if people were safe one relative told us, "I do honestly, they've been [the staff] absolutely amazing." Another relative said, "[Relative] is safe and protected."
- People told us they felt happy and safe living at the service and knew who to talk to if they felt unsafe.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support were identified and appropriately managed to keep people safe. A relative said, "I am very happy [relatives] needs are met. They [staff] know them and understand them, that's massive. I am happy with that."
- Risk assessments included keeping safe in the community, risks in relation to health conditions and positive behaviour strategies.
- Staff were very knowledgeable about people's risk assessments and supported people in line with them. People were supported in positive risk taking, as part of an independent lifestyle. A family member explained how their relative was supported, they said, "If [relative] doesn't want to go out, they are not pushed. But pushed to progress appropriately and left alone as well. They [staff] try to persuade but pull back if needed."

Learning lessons when things go wrong

- The provider had systems in place to ensure lessons were learned when things went wrong.
- Accidents and incidents were individually monitored and analysed to identify trends. The registered manager then guided staff in implementing different approaches to minimise risk and improve outcomes for people.

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.

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

- Staff completed a comprehensive assessment of each person's physical and mental health and took the time to understand people's behaviours. Independent Mental Capacity Advocates (IMCA) supported people where applicable.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.
- Staff explained how they involved people in making choices about their care and promoted independence. However, the care plans did not always show involvement of people and were not always person centred.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and required training. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have.
- Relatives told us staff were well trained and understood people's needs. one relative said, "Staff get properly trained, number ratio is good, they [staff] think of their safety. [Relative] is safe."
- Updated training and refresher courses helped staff continuously apply best practice.
- The registered manager checked staff competencies to ensure they understood and applied training and best practice. Staff received support in the form of continual supervision, appraisal and recognition of good practice.

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

- People received support to eat and drink enough to maintain a balanced diet and were involved in choosing their food, shopping, and planning their meals. One relative said, "[Relative] likes to eat with evening staff, they all do the cooking together and sit and eat together. [Relative] does baking with staff together."
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. People could have a drink or snack at any time, and they were given guidance from staff about healthy eating. A person told us, "I have lost weight, I am really happy."

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

- People had personalised their rooms and were included in decisions relating to their interior decoration and design. People lived in properties that looked like any other residential property in the surrounding area and there was no indication they were any different.

- The home environments were homely and stimulating. Some repair was required in some properties and some replacement of equipment, this had been identified as part of the providers environmental audit and were being actioned.
- The design, layout and furnishings of people's homes supported their individual needs.

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

- People's quality of life and self-esteem was improved through creative best practice approaches and dedicated support to their mental wellbeing and physical health.
- Staff worked well with other organisation to ensure people's needs were met. Staff explained to us how they contacted and liaised with health care professionals to ensure people's needs were met.
- People had health actions plans and were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- People played an active role in maintaining their own health and wellbeing.
- People were provided with joined-up support so they could travel, access health centres, education and or employment opportunities and social events.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

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 of 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 received their care with kindness, respect and warmth from skilled staff who demonstrated the values of right support, right care, right culture. Observations of staff providing care and interacting with people showed they were passionate about ensuring people received the best possible care.
- Staff understood how people with learning disabilities and autism can succeed and have a fulfilled life with high standard of support and care, based on understanding people's individual likes, dislikes and needs.
- Relatives felt positive outcomes were achieved as a direct result of the support provided by staff. One relative said, "Staff know [relative] very well. They know when to ask if they are okay or if they need five minutes or if they would like to go to the kitchen for a chat to try and calm them." They explained that the staff knowing their relative well, meant their behaviours were managed in a positive way, improving their well-being.
- Staff pride in helping people to lead full and meaningful lives was clear to see

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

- People could express their views and where they were unable to communicate, the provider advocated on their behalf or sought advocacy from relatives or IMCA's.
- People were encouraged to express opinions about their care and were involved in decision making processes. Plans to support them in achieving their expressed goals were carefully considered to maximise the potential for success. One relative said, "[Relative] struggles with making choices, but staff help them to be independent and make decisions with support."
- Relatives and other professionals contributed to reviews of people's care and praised staff for promoting inclusion when planning and assessing plans for all aspects of people's care.

Respecting and promoting people's privacy, dignity and independence

- Staff had a detailed understanding of how to promote people's dignity and independence and protect their privacy; they told us when providing personal care, they would ensure doors, curtains and windows were closed. They knew information should only be shared with relevant people and understood when consent was needed.
- People's independence was promoted. They had personal items in their rooms and had independently chosen how their room was decorated. People were encouraged to be in control of household tasks which was managed safely by staff, and risk assessments had been completed.
- People were encouraged to be independent when taking part in community activities and when planning trips out and holidays. Some holidays had been planned for people with their involvement. Challenges

which occurred during holidays were reflected on and used to plan future events to better enhance people's experiences. Evidence of holidays and activities in the service were plentiful. Pictures showed people clearly enjoying the experiences.

- Staff demonstrated a deep understanding of how to advocate on people's behalf and empower them to be in control of their care, life and home. Staff promoted people's choices, respecting their wishes and managing an unusual situation [the inspection] in the best interests of the people living at the service.
- People received kind and compassionate care. Staff protected and respected people's privacy and dignity and understood and responded to their individual needs. We saw staff knocking on doors before entering rooms.
- All relatives we spoke with said, staff were extremely kind, considerate and respected people. People told us staff were kind and interactions we observed confirmed this.

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 of 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

- People were supported by staff who knew them well and supported them in a person-centred way.
- Relatives we spoke with were complimentary about the service and the support their family member received. They thought support was appropriate and that staff facilitated people to be the centre of their own care and as independent as possible. One relative said, "I go in team meeting and speak to Social Worker, DoL'S Assessor, the Local Authority, I have got a say and a voice, I'm not pushed to one side, I am able to advocate for [relative]."
- We observed staff supporting people and found they were caring and considerate and assisted people to make their own choices. One person told us, "Staff help me make choices and plan my week with things I like to do."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their careers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's support plans and information throughout the service were written in an accessible format.
- Care plans detailed how to communicate effectively with people.
- Staff were very knowledgeable on people's communication methods. For example, one person who used the service did not verbally communicate. Staff were able to explain how they used other methods of communication to understand what the person wanted.

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

- Staff were committed to explore different possibilities with people such as exploring new social and recreational interests.
- Relatives told us staff supported people to maintain relationships and social activities. One relative said, "Activities are great, [relative] is taken to different places and encouraged and motivated to participate and join in, but it depends on them staff respect their choices." Another relative said, "Staff support [relative] to visit me and this is managed well."
- People had schedules in place of activities they had expressed an interest in. These helped people focus

on what activity they were doing that day and how they needed to plan for it.

- The service had developed scrapbooks to capture activities that took place. These included trips away, birthday celebrations, holidays, picnics and trips to see family.

End of life care and support

- The service was not supporting anyone who was receiving end of life care at the time of our inspection. For most people at Aspen Court, this concept would be difficult for them to comment on. Essential information such as who to contact in the event of illness and death were clearly recorded.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. People were involved in regular reviews of how the service could improve. Any concerns were investigated comprehensively, and feedback was given, and lessons learnt. The registered manager was passionate about learning from complaints and improving the service and outcomes for people
- Staff involved people, healthcare professionals and relatives, as appropriate, in ongoing discussions and formal reviews which gave them the opportunity to speak on behalf of people and voice any concerns.

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.

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

- The management team and staff showed a passion to support people to meet their outcomes and enjoy a life they had chosen.
- During our inspection we saw people living busy lives they had chosen. People were occupied and empowered to achieve their outcomes.
- People and their relatives were happy with the support they or their family member received. One relative said, "I'm happy with it. I'm not worried, [relative] is safe, main thing, they are protected and prevented from having an accident." Another relative said, "I am really pleased with it all [care and support], its second to none, they are [staff] absolutely amazing with them."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 management team consisted of the registered manager and deputy managers. The team understood their roles and were aware of their regulatory duties.
- People and their relatives felt the management team and staff were very approachable. One relative said, "All staff are approachable, you can talk to any of them. [Registered manager], he's lovely, yes, he's genuine."

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

- People were involved in the service and had regular meetings both as a group and individually to discuss their support. Meeting minutes were available in an accessible format.
- People, their families and staff took part in a satisfaction survey. We saw positive results from the last survey.
- Systems were in place to monitor the quality of the service. We saw audits took place on a regular basis.
- Action plans were used to address issues and make improvements to the service where needed. For example, following our inspection of medicines management, the registered manager Improved the audit systems to ensure improvements made were monitored and embedded into practice.

Working in partnership with others

- The provider could evidence they worked in partnership with others to ensure people received timely and appropriate care and support.

