

# Aspen Hill Healthcare Limited

# Aspen Hill Village

## Inspection report

Church Street  
Hunslet  
Leeds  
West Yorkshire  
LS10 2AY

Date of inspection visit:  
22 October 2019  
24 October 2019  
31 October 2019

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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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Aspen Hill Village is a large nursing home, spread across five separate houses. It provides residential, nursing and dementia care services for up to 180 people. Care is provided in five separate purpose-built houses. Each house can accommodate up to 30 people and caters for different needs: Rushmore house provides residential and nursing care, Pearl Peak and Tryfan house both provide nursing care for people living with dementia, Ingleborough house provides residential care for people living with dementia and Nevis house provides nursing care. At the time of our inspection there were 123 people living at the service.

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

Medication practices were not always safe, and people did not consistently receive their medicines as prescribed. There were not always enough staff; suitably deployed, to fully meet people's needs. On four out of the five houses, people and relatives said there were not always enough staff who knew them well. The service was not consistently clean and well maintained. However, a full refurbishment was planned and underway, with areas of highest priority identified.

There were systems in place to monitor the quality of the service and identify when improvements were needed. These were not sufficiently robust to have identified the issues we found in relation to the management of medicines, staffing, some areas of risks to people's health and wellbeing and care planning. We have made a recommendation about the need to ensure robust systems of audit are fully embedded in the service.

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. However, we have made a recommendation about records of mental capacity assessments, best interest decisions and obtaining people's recorded consent to care. People's nutritional needs were met. Although, records of people's food and fluid intake were not always completed well. People had access to healthcare services and received ongoing healthcare support as required.

People told us they felt safe. Recruitment processes were managed safely. Overall, suitable arrangements were in place to protect people from abuse and avoidable harm. Staff understood how to raise concerns and knew what to do to safeguard people. Staff received appropriate training and newly appointed staff received an induction. Staff told us they felt well supported.

Staff knew people well and were aware of their individual needs and how to meet them. People and their relatives were involved in the planning and delivery of their care. Some care records were detailed and person-centred; others did not always contain all aspects of people's care and support needs. People and relatives spoke positively about staff; they described them as kind and caring.

People enjoyed a range of activities which included trips out and celebrations of important events. People

were treated with respect and their privacy and dignity was maintained. People and relatives were confident to raise issues and concerns. People and their relatives spoke highly of the new provider and registered manager. They were described as approachable, visible and making positive changes in the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 26 September 2018) and there was a breach of regulation.

Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. The previous provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been sustained and the new provider was still in breach of regulations and remains rated requires improvement.

#### Why we inspected

This service was registered with us on 27 March 2019 and this is the first inspection of the service under the provider Aspen Hill Healthcare Limited.

The inspection was also prompted in part by notification of a specific incident. Following which a person using the service was seriously injured. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the management of falls from height. This inspection examined those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe domain section of this report.

#### Enforcement

We have identified breaches in relation to staffing and medicines management at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will also 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 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 effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Aspen Hill Village

## 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.

#### Inspection team

On the first day, the inspection team comprised of two inspectors, an assistant inspector, two specialist advisors who were supporting with medicines and governance. Three Experts by Experience also attended on the first day. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day, the inspection was carried out by three inspectors and a specialist advisor for medicines. On the third day, four inspectors and assistant inspector attended.

#### Service and service type

Aspen Hill Village is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced on all the days.

#### What we did before the inspection

We reviewed all the information we held about the service. We contacted relevant agencies such as the local authority and local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with 23 people who used the service, 12 relatives and one health professional about their experience of the care provided. We spoke with 21 members of staff. We also spoke with the registered manager, the quality manager, the clinical services manager, the administrator and the director.

We reviewed 17 people's care records, 28 people's medicines records, policies and procedures, records relating to the management of the service, including recruitment records, accident and incident records, training records and quality audits.

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.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at action plans and call bell audits. We also had contact with a health professional who regularly visits the service.

# 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 for this newly registered service. This key question has been rated 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.

### Staffing and recruitment

- There were not always enough staff properly deployed to provide people with their care. On four out of the five houses, people, and relatives said there were not always enough staff. One person said they had to wait up to half an hour for support to the toilet. Another person told us, "I just have to wait for them to get the hoist and help when they have time; can be up to an hour, I get really depressed."
- Staffing levels were supplemented using agency staff. Staff said it was stressful if they were the only regular staff member working with agency staff, as although this gave them enough staff numbers, agency staff did not always know people's individual needs or risks. People commented on the difficulties encountered by having agency staff who didn't know their needs. There were times when communal areas were left unattended and people were showing signs of distress.
- There were not enough staff to ensure call bells were responded to in a timely manner. One person told us staff came to turn off their buzzer and said they would be back in five minutes but did not come back.

The provider failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of people using the service. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection, the registered manager reviewed the deployment of staff in the service and we saw staff became better organised and ensured supervision of communal areas. The registered manager agreed to review the deployment of agency staff.
- Staff were recruited using safe recruitment practices.

### Using medicines safely

- Medicines were not managed safely, and people did not always receive their medicines as prescribed. Some medicines such as laxatives and pain relief were not being administered as regularly as prescribed.
- There were inconsistencies and gaps in medicines administration records (MARs). Therefore, it was not clear if people had always received their medicines at those times. Staff had not always recorded the reason they had administered 'as and when required' medicines to people.
- Storage of medicines was disorganised and not always in line with the manufacturers' guidance. Medicines were not kept at the recommended temperatures and staff had not acted to address this.
- Homely remedies should only be used with the agreement of people's GPs. This had not been sought. Some people were given their medicines covertly (without their knowledge). The safety of the method of administration had not always been checked with a GP or pharmacist.
- The provider's audits confirmed there were medicines inconsistencies across the service and an action

plan had been put in place. However, these were not robust enough.

Medication practices were not always safe and required improvement. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection, the registered manager acted to review medicines practice and action plans were put in place to ensure regular checks of specific areas of medicines management.
- People told us they received their medicines on time and when they needed them.

Assessing risk, safety monitoring and management

- People's safety was not always monitored or managed to ensure they stayed safe. One person, who smoked was not being supported as recorded in their risk assessment. Staff knew how to identify signs of pressure ulcers and repositioning records showed people's regimes for repositioning were being supported. However, staff did not know the mattress settings to support individual people where they were at risk of pressure ulcers. Mattresses we looked at were not correctly set.
- Other risks to people were assessed and management plans were in place. For example, falls. Staff demonstrated safe practice when moving and handling and people confirmed staff were careful when helping them, using the equipment they needed safely.

Preventing and controlling infection

- People were not always protected from the risks of infection as some parts of the service and some pieces of equipment were not clean or well maintained. The décor, furnishings and carpets were tired and worn and this hindered cleaning. The provider had recognised this and a full service refurbishment plan was in place and underway.
- There were checks in place to ensure the safety of the premises.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff we spoke with understood how to protect people from abuse. They had received training in safeguarding. However, we found one alleged incident of abuse had been raised with staff and had not been reported to the registered manager. The registered manager took immediate action regarding this.
- People told us they felt safe at the service. Comments included; "I feel safe here the doors are always locked and checked at night and it's secure. I'm looked after."
- There were systems in place to monitor accidents and incidents; to identify patterns and trends and learn from these. However, we noted some areas of concern raised by us had also been raised by relatives and were still occurring. For example, concerns about people's dietary and fluid intake.



# 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 for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Overall, staff received the induction, training and support they required to carry out their roles. As part of their induction new staff shadowed more experienced staff. One member of staff said they had covered a lot of training in one day and this had been a lot to take in. Specialist training was provided in areas such as diabetes, insulin and catheterisation. Staff were positive regarding the training delivered by the provider.
- Supervisions and appraisals were not always carried out in line with the provider's planned frequency. The registered manager was aware of this and had put plans in place to get back on track.
- Staff said they received the support they needed to effectively carry out their role.
- Most people and relatives we spoke with said the staff were well trained. One person said they felt some staff could be better trained to use the hoist when moving them. We had no concerns with the moving and handling we observed and saw all staff had received appropriate training.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. 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. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments and best interest decisions were recorded but principles of the MCA were not always followed. For example, one person had one capacity assessment for two separate decisions; the assessment concluded the person lacked capacity yet there was no best interest decision recorded. People's family had signed consent, even though there was no legal authorisation for them to do so.
- Staff understood the principles of the MCA and how to respect people's rights to make their own decisions. Systems were in place to monitor DoLS authorisations, however, staff showed a lack of awareness of whether these had been granted. The registered manager and provider had identified the need to improve in this area and were currently engaged with the local authority quality team who were providing training and new documentation for capacity assessments.

We recommend the provider considers current guidance on obtaining and recording people's consent to

care and treatment and keeps this under review until fully embedded.

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

- Monitoring of people's food and fluid intake, where there were complex needs and risks in relation to eating and drinking was not always robust enough. For example, one person's record showed they had had very little to eat and drink. The person's food and fluid records for the previous day also showed this. The record did not show what action had been taken in response to this. Another person's records were not completed correctly; and there were inconsistent recordings. This made it difficult to clearly monitor what had been eaten and drank. These concerns were addressed by the registered manager during the inspection.
- Overall, people's comments about the quality of the meals were positive. Comments included; "There is plenty of choice and we are overfed if anything. They do lovely sweets here" and "I like the food I get." A relative spoke highly of the support their family received with encouragement to eat more and gain weight.
- We saw people were offered and enjoyed regular food and drink throughout the day.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People's needs were assessed prior to their admission to the service.
- Some adaptations had been made to help people living with dementia find their way around the service. The provider had plans in place to improve environments and make them more dementia friendly with the on-going refurbishment.

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

- Staff worked with other organisations to ensure they delivered effective and efficient care and support.
- Health professionals spoke positively about the service. They said staff took on board any advice given and implemented recommendations.
- People had access to healthcare services when they needed them.
- People told us they were supported with teeth care and we saw oral health care plans in place.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated as 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 told us most staff were kind and caring and they were happy at the service. Their comments included; "They are kind and caring, they encourage me." One person said they did not find all staff to be approachable.
- Overall, our observations showed staff had a warm, caring, friendly and positive approach with people. They engaged in friendly conversation and banter; using humour appropriately. One relative told us, "Staff here are fantastic, they really are, always there if we need anything."
- We saw one person did not receive any staff intervention for a significant period of time. We discussed this concern with the registered manager, who said they would address the matter.
- People said they were well cared for. One person said, "They help me in everything really, shower me and stop me from falling."
- People looked comfortable with the staff and staff offered support to people if they were upset. One person was showing distress and was comforted by a member of staff who sat singing with them.
- Staff were aware of people's diverse backgrounds and beliefs. They received training in equality and diversity. The registered manager told us of initiatives in place to ensure people's cultural needs could be met. This included meeting people's dietary and religious needs.

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

- People and relatives were involved in the planning of their or their family member's care. People told us they were asked their views and made decisions about their care. One person said, "I have a care plan and it is reviewed every six months I think; and we can change things if needed."
- Staff explained things clearly in a way that could be easily understood. For example, when asking people for their choices of activities or when explaining moving and handling procedures.
- People were offered choices such as what to eat and drink, where they wished to sit and how they wanted to spend their time. Other people told us they could not always get up at the time that suited them as they had to wait for staff to be available. We discussed this with the registered manager.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff knocked on people's doors and consulted with people about their care. People's clothing was adjusted if it became revealing and staff supported people to cover their legs when moving and handling. One person told us, "I like that I have my own room. They knock before coming in so that they don't startle me."
- People were comfortably dressed and well groomed. Staff were confident people received good care and told us they would be happy to have a relative cared for at the service.

- People told us they were encouraged and supported with their independence. Staff gave good examples of how they supported people to be as independent as possible. We saw people were encouraged to maintain their mobility and support themselves at mealtimes. Appropriate equipment was supplied to enable this. Care records clearly noted what people could do for themselves.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant overall, 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; End of life care and support

- People were satisfied with the care they received. However, care records did not always show people received care in the way they wanted it. For example, one person's care plan stated they preferred a shower at least once a week. The person's records did not reflect this had been provided. The registered manager said they would investigate this.
- People's care plans varied in content and detail. For example, one person's sleep care plan provided detailed information about their preferences and wishes. Yet their personal hygiene care plan said they required support from staff but provided no details.
- Despite some inconsistencies in care records, staff had a good understanding of people's needs and how to meet them. They described the person-centred care they gave to people.
- Care plans relating to people's end of life care were not sufficiently detailed. They did not include people's preferences and wishes relating to their protected characteristics, culture and spiritual needs. Staff were trained in end of life care and described how they ensured compassionate care for people.
- Recent audits had identified improvements were needed in care documentation and the registered manager had action plans in place to address this. We saw some records had improved in response to audits. The registered manager had also identified the need to carry out more audits of care records and was recruiting additional staff in to the management team to ensure this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Overall, staff understood people's communication needs and how best to communicate with them. For example, staff did not rush people when speaking with them and allowed them plenty of time to respond. On one occasion we saw an agency staff member who did not communicate well with a person when offering menu choices.
- People's communication needs were identified and recorded. Some people's plans required more detail. For example, a person was described as using hand gestures to communicate but there was no description of what the hand gestures were.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported and encouraged to take part in social activities. People enjoyed activities such as arts and crafts, film afternoons and pub games. One person told us, "I paint, help to raise money, do crafts. Everything is a laugh a minute."
- People told us they had enjoyed outings which included canal boat trips and meals out. Activities organisers had been recruited to work from each house in the service. They were enthusiastic and passionate about their work and keen to develop links with the local community. On one of the days of the inspection local people, staff, relatives and their children had been invited in for a Halloween celebration. We saw people thoroughly enjoying the preparations for 'trick or treating'.
- People were supported to maintain relationships with those close to them; relatives confirmed they could visit any time and felt welcome.

#### Improving care quality in response to complaints or concerns

- People and their relatives felt able to raise a complaint or concern with the service.
  - One person told us of a previous complaint they had reported, and it was resolved to their satisfaction.
  - The provider had systems to analyse complaints and concerns to make improvements to the service.
- Information relating to how to make a complaint was readily available throughout the service.

# 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 for this newly registered service. This key question has been rated as good. This meant the service management and leadership was not always consistent. Governance systems were not always effective or fully embedded in the service.

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

- There was a range of management audits in place, however these had not always been effective. They had not fully identified issues highlighted by us during the inspection related to medicines management, consent, risk management and staffing.
- There was however, a service improvement plan in place to manage improvements in line with the main themes identified from the provider's audits. Although, some risks recently identified by other stakeholders were still apparent. For example, health and safety issues regarding open storage cupboards and lack of staff interactions on one house.
- Throughout the inspection, the registered manager and provider were responsive to our findings and suggestions and demonstrated a commitment to continue to improve the service. Action plans were put in place following each day of our inspection. Progress of these was monitored by the management team to make sure people received safe care and support.

We recommend the provider continues to review their quality assurance systems to ensure sustained improvement.

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

- People and their relatives told us the service was well-led and the provider and management team were visible and approachable. One person said, "I've noticed a difference recently since the new owners have taken over." A relative said, "The [provider] walks around a lot and always has time to stop and chat with people and ask their opinions. He does seem nice."
- Staff consistently described the provider, registered manager and management team as supportive and approachable. Staff said they felt listened to and able to make suggestions to improve the service. They described a good morale and said they were seeing the home improve for the better of all.
- Information was shared through good communication systems to learn when things may have gone wrong. Records showed evidence of information sharing from audits and checks. There were effective systems of meetings and walk rounds to support this. Staff said they were well informed about important matters related to people's care as well as changes and matters regarding the service.

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 registered manager and provider understood the need to comply with duty of candour when things had gone wrong. They also notified the Care Quality Commission of important events that happened in the service in a timely manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff were asked for their feedback about care at the service. This was done through satisfaction surveys and residents and relatives' meetings.
- Recent surveys showed a high degree of satisfaction with the service. Any suggestions and comments were acted upon. Staff surveys indicated staff were satisfied in their work and would recommend the service as a good place to work.
- Staff and the management team worked in partnership with other agencies, such as social workers, nurses, GPs and hospital and hospice staff, to help to provide coordinated care to people.



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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider did not always ensure the proper and safe management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider did not ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff to ensure people's needs were always met safely.