Aspen Hill Healthcare Limited

Tryfan House

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?	Requires Improvement

Summary of findings

Overall summary

About the service
Tryfan house is a care home that can accommodate up to 30 people who require support with nursing or personal care needs, some of whom were living with dementia. At the time of our inspection, 22 people were living at the service.

People's experience of using this service and what we found
Relatives told us their loved ones received safe care and, in our observations, we saw people were relaxed and being supported by staff who knew them well.

Most risks to people's care were assessed and measures put in place to manage these, such as risk of falls or weight loss. However, we saw examples of documentation not always being detailed or completed when people required additional support due to displaying distressed behaviour or evidence of monitoring following an incident or physical restraint. Although there was ongoing cleaning happening, we found examples of some areas at the home or objects used by people not being clean. Most areas of recruitment were managed safely but we found examples of additional improvements required. Medicines were well managed. Staffing levels were safe.

The environment was not always dementia friendly or homely; there was an ongoing programme of redecoration at the home. Staff asked consent before supporting people with care tasks. 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. People were supported to maintain a balanced diet and had access to the relevant healthcare professionals to meet their needs.

The service was located on the same grounds as another 5 care homes owed by the same provider and we saw care documentation related to people living at Tryfan house or any of the other care homes could be accessed by any staff working in those services. This posed a risk to people's confidentiality. People were supported by staff that were caring, compassionate and respectful. People's independence was promoted.

Most care plans were centred around people's needs and preferences however, we also found inconsistencies and areas that required additional detail. People were offered a regular programme of activities tailored to their needs. People who required end of life care received the care they needed. The service had not received any complaints, but the necessary policies and procedures were in place to manage these.

Some areas of the management of the home needed improvement. Quality assurance systems were in place and happening regularly, however these had not always been effective in identifying or addressing in a timely way the issues found at this inspection. We have made a recommendation in relation to ensuring quality assurance processes are effective to ensure adequate management's oversight. We saw evidence of

good partnership work with other professionals, to meet the needs of people using the service. There were plans to continue developing the service. The management team supported this inspection, were receptive to findings and told us the actions they would take to address issues identified.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 14 February 2023 and this is the first inspection.

The last rating for the service at the previous premises was Inadequate, published on 10 June 2022.

Why we inspected
This was a planned inspection.

Enforcement and Recommendations
We made a recommendation in relation to good governance.

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? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our effective 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**

Tryfan 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 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
This inspection was carried out by two inspectors, a medicines 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
Tryfan House 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. [Care home name] is a care home [with/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
This inspection was unannounced.

What we did before the inspection
Before the inspection, we reviewed all the information we held about the service including information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included the local authority safeguarding team, commissioning teams, infection and prevention control team and Healthwatch Leeds. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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. We used all of this information to plan our inspection.

During the inspection
We spoke with 5 relatives about their experience of the care provided. We observed care in the communal areas to help us understand the experience of people. 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.

We gathered information from several members of staff including the registered manager, unit manager, nurse, senior carers, care staff and activity coordinator.

We reviewed a range of records. This included 3 people's care plans, risk assessments and associated information, and other records of care to follow up on specific issues. We also reviewed multiple medication records. We looked at 3 staff files in relation to recruitment, training, supervision and appraisals. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Good

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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Most risks to people's care were assessed and measures put in place to manage these. Such as risk of falls, risks to people's skin integrity or weight loss. However, we found limited evidence of additional monitoring provided to people when, for instance, they had a fall or when they had required physical restraint.
- Some people living at the home could, at times, become extremely distressed and require staff to offer additional support to manage their behaviours to keep them and others safe. This included the use of 'as and when' required medication or physical restraints. Although there had been very few incidents and staff were able to tell us how they would manage people's behaviours safely, risk assessments and care records did not always detail the function of the behaviour, triggers or de-escalation techniques staff should use. The registered manager told us they would review this immediately.
- Keypads which allowed access in and out of the home, and within the home were worn out and it was easily identifiable which numbers were used; this posed a risk to unfamiliar people accessing the service unsupervised or without having the right to do so. We discussed this issue with the registered manager and they told us the action they were taking.
- Equipment in use in the service was maintained and serviced so that it was safe for people to use.
- Accidents and incidents happening at home were being regularly analysed by the registered manager and any patterns and trends considered and acted upon, if required.

Preventing and controlling infection

- Although there was ongoing cleaning happening, we found examples of some areas at the home or objects used by people were not being clean. For example, we saw stained cups in the kitchen ready to be used by people and a stained bowl; we asked staff to take immediate action in relation to these items.
- Records showed ongoing cleaning was completed. Infection and prevention control audits were being carried out which had identified areas that needed improvement and action plans generated.
- Most relatives shared positive feedback about cleanliness at the home. Their comments included, "Would give them 7 out of 10 for cleanliness"; "[Person's] room is spotless, bed made, it is clean and tidy, no smells" and "The home is clean and tidy."

Visiting in care homes

- Relatives and friends were able to visit people living at the home, in line with visiting guidance.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from abuse and avoidable harm.
- The registered manager and staff understood what to look out for and who they should report any

concerns to.
● Relatives told us they felt their loved ones were safe at the home. Their comments included, "[Person] is definitely safe, always staff about, always staff in the lounge, they always know where [person] is when [person walks with purpose], so reassuring for you."

Staffing and recruitment
● Most areas of recruitment were managed safely but we found examples of additional improvements required such as some staff's employment histories not showing when past jobs had ended and references not being dated.
● Staffing levels were safe.

Using medicines safely
● Medicines were well managed.
● Medicines were administered safely and in a kind way. Records showed people received their medicines at the right time.
● Guidance on the administration of medicines prescribed 'as and when' required and medicines to be given covertly enabled staff to make decisions based on each person's needs and best interest.
● Thickening powders were stored and used safely.
● Medicine audits were thorough and effective because action was taken to improve medicines safety when issues were identified.

Good

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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs
- The environment was not always dementia friendly or homely.
- Several areas of the home needed redecorating. We saw there was ongoing work to redecorate the home. The registered manager described the further plan to redecorate the home and acquire new items for communal areas to make it more comfortable and dementia friendly.

Supporting people to eat and drink enough to maintain a balanced diet
- People's nutritional and hydration needs were well managed.
- People's particular needs and preferences around their nutritional and hydration requirements were assessed, recorded and known by staff. People's weights were monitored, and actions taken, when required to help manage any risks to their health.
- Relatives shared positive feedback about the support their loved ones received in this area of their care. Comments included, "They raised concerns about [person's] eating and encouraged me to go in at meal times for [person] to eat more when I was there" and, "They do weigh [person], they told me on the care plan review that [person] was putting on weight despite getting up and walking when the meal is in front of [them], they keep it for [person] to eat and drink, forever giving [person] cups of tea, however many [person] wants."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- Relatives told us staff contacted other healthcare professionals such as doctors, dieticians and chiropodists when required. One relative told us, "[Person] had a [health crisis] and went to hospital and since then [person] cannot walk, they put [person] in a temporary chair and then got [person] the new chair 3 weeks ago; they kept chasing for that."
- The records we looked at confirmed referrals had been made when necessary and the provider maintained regular contact with relevant services such as GPs, social workers and the dieticians.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were assessed before using the service. The service had recently reopened for admissions and the unit manager told us the process they would follow when assessing people's needs. These included considering the needs of people who were already living at the home.
- Information and guidance to deliver effective care and treatment was included in most people's care plans.
- We saw care and support was delivered in a non-discriminatory way and respected people's individual

diverse needs. People's needs in relation to the protected characteristics under the Equalities Act 2010, were considered in the planning of their care, such as communication needs and health needs.

Staff support: induction, training, skills and experience
● Relatives told us staff were attentive to their loved one's needs and effective in their care. Comments included, "Their distraction techniques really work and that reassures me" and, "The atmosphere is very welcoming and vey calming. Things happen but they are controlled by staff and they know how to deal with people throwing food, staff deal calmly and clean it up, it is part of the norm, they are trained to deal with it professionally."
● New staff completed an induction which included training and shadowing experienced members of the team. Staff's knowledge was developed through an ongoing training development programme.
● Staff were supported by regular supervision where relevant aspects of staff's work were discussed.
● Staff told us they felt well supported by the management team.

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

● 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. Relevant mental capacity assessments and best interest decision were being completed, although some best interest decisions did not evidence how relatives or advocates had been involved. We discussed this with the registered manager.
● Relatives told us staff respected and supported people to make everyday choices about the care they received and what wished to do during the day. Comments included, "They do listen to [person];" and "[Person] gets up when [they] want, [person] gets up early it is [their] way and [they] likes to stay up late."

Good

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 good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

● People's care records could be accessed by staff who did not work with them. The service was in the same grounds as another 5 care homes owed by the same provider. Staff working in those homes had access to care documentation related to people living at Tryfan house. This posed a risk to people's confidentiality. The registered manager told us this had already been identified and work was ongoing by their technology partners to address this issue.

● Staff's conversations in communal areas were appropriate and people's private matters were discussed with respect for their privacy.

● People were supported to maintain and develop relationships with those close to them. One relative told us, "My [other parent] is on [nursing home's name] and has been there for a week, [parent] goes over every day to see [person] and spends quality time with [person], holding [their] hand. Staff are keeping that relationship going, they make it happen, they are enabling that."

Ensuring people are well treated and supported; respecting equality and diversity

● People were treated with respect and kindness by staff. Relatives told us, "Respect and dignity, they are totally on this. [Person] has pulled the wardrobe doors off, thrown [their] TV but they always treat [person] with respect, we hear them when we are on facetime and they speak with no raised voices;" "Staff are nice, accommodating and go out of their way" and, "Got a brilliant team of staff who know [person]."

● We observed helpful interactions between staff and people. For example, a person was presenting emotionally distressed, a staff member approach them in a kind way and offered support and reassurance.

● We found evidence that consideration was being given during care planning to people's gender preference of carers who supported them with personal care.

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

● Relatives told us they were involved in decisions about the care of their loved ones. Records that we looked at confirmed regular reviews were taking place and involving the relevant people. Relative told us, "Care plan, they talk to me about anything told me they had weighed [person] and is putting on weight. I do feel involved, staff do listen to you" and, "Had a meeting couple of months ago, face to face and went through care plan and got feedback, we are very involved and comfortable with what they do."

● Relatives were invited to relatives' meetings where they could give their views about relevant aspects of the service.

Good

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 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 received personalised care however, some areas of people's care plans required additional detail.
- Most care plans reflected people's needs and preferences when being supported. For example, one person was unable to mobilise independently and required support from staff to transfer them to specialised equipment and maintain their skin integrity. We observed this was happening and staff were able to describe how to safely support this person. However, their care plan did not detail the sling loops required to be used for this person. Another person had recently been seen by the speech and language therapist and placed on a textured diet; some areas of the care plan were accurate and others still mentioned their previous dietary requirements. In our review of records and conversations with staff, we were assured this person was receiving appropriate support. We discussed these issues with the registered manager, and they told us they would review and update the care plans.
- Relatives told us the service met people's needs in a personalised way and staff knew people well. Their comments included, "They are aware of [person's] history;" "When [person gets distressed] they distract [person] and intervene and lead [them] away and fetch [them] back 5 minutes later when [person] has calmed down" and, "[Person] will refuse medication and they say to me that they go back in 5 minutes and [person] had forgotten that [they] had refused, or they send someone different."
- We saw staff responded quickly when people required assistance and had time to spend with people.

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 carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was working within the AIS. The registered manager told us how they could made information available to people in different formats to facilitate communication, if required.
- People had communication care plans and we observed staff adapting their communication when speaking to people.

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

- There was a regular and varied programme of indoor and outdoor activities to promote people's wellbeing and interaction. Activities were mainly overseen by an activities coordinator.
- Records reviewed confirmed people were offered with regular group or one to one activities, according

with their preferences.
● Relatives were positive about the offer of activity provision their loved ones accessed at the service. Comments included, "They do a lot of bingo, [person] goes in the garden, someone comes from Elland Road and talks about football, [person] went to the Royal Armoury; they get enough to do" and, "They asked me what activities [person] wanted in his room, they read train books to [person], hold hands with [them], talk cricket, do colouring, [person] likes that; they do try."

Improving care quality in response to complaints or concerns
● Relatives told us if they had any concerns, they would not hesitate to discuss them with care staff or management and were confident their concerns would be acted on.
● The provider had policies and procedures in place to manage complaints, concerns and compliments. We reviewed how this was being managed by the registered manager and found it to be appropriate.

End of life care and support
● People who required end of life care were appropriately supported. Care plans were developed, and staff told us they were in contact with relevant healthcare professionals to meet people's needs. Although no one living at the service required anticipatory medication, staff were aware of how to access it.

Requires Improvement

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 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

- We found several aspects of the home were well managed, but we also identified areas where improvement was required due to management oversight not always being effective.
- The home used to form part of what are now 5 nursing homes and we found some of the processes were still in the process of separating. The registered manager for Tryfan House was also responsible for the management of another 5 nursing homes and several tasks linked with day-to-day management of the service were delegated.
- We found examples where management oversight and quality assurance processes were not always effective. For example, infection and prevention control and mealtime audits had not identified issues with very stained cups and bowls. Care plan audits, resident of the day and staff file audits did not identify the issues we found. Some audits were being completed by staff who were also involved in care tasks.

We recommend the provider reviews their quality assurance and management oversight processes to ensure these are effective in identifying and addressing areas for improvement.

- Feedback from staff and relatives was positive about the management team. Staff told us, "[Name of unit manager] is so good, I talk with her anytime, even if there is an challenge and she is not at the home." Relatives commented, "[Name of unit manager] been there for a few months and now everything is running efficiently;" "Met the manager once, she is pleasant" and, "It is a well-run unit, everyone is friendly there, it is a lovely place."

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

- The registered manager told us they were in the process of sending out questionnaires to gather relative's feedback. This was currently gathered during relatives' meetings and reviews of care.
- There were systems in place to ensure effective communication with staff including staff meetings and handover meetings. Records we looked at showed staff meetings were being held regularly and relevant issues were discussed.

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

- Relatives shared positive feedback about the quality of care their loved ones received, and the positive

impact this had on their lives as well. Comments included, "[Person] has been there 6 weeks and they keep in touch, they treat [person] and me like a person and they understand that I am upset and they are supporting me and [person]" and, "[Person] is happy 24 hours a day, [person] is clean and fed and what we see we are happy with."

● There was an open culture within the service. Staff told us that the managers were supportive, that they could raise concerns with them and they were listened to.

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 Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and accountability when things go wrong. The registered manager fulfilled their responsibilities in relation to this requirement.

● The provider was responsive and open with the inspection process; they quickly acted on recommendations and demonstrated a willingness to continuously learn and improve.

Working in partnership with others

● The service worked in partnership and collaboration with a number of key organisations to support care provision and joined-up care. This included working effectively with health care professionals from multidisciplinary teams to make sure people had their health and social care needs met such as social workers and occupational therapists.