

Aspen Care Limited

# Aspen Lodge Care Home

## 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 

### Overall summary

This Inspection took place on 26 November and 01 & 07 December 2015 and was unannounced. Aspen Lodge Care Home provides accommodation and care for up to 20 older people with mental health needs or people living with dementia. At the time of our inspection there were 17 people living at the home.

The home had a registered manager who had been registered since November 2010. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found safety was compromised in one area. There was no hand washing sink available in the laundry for staff to wash their hands. However staff were aware of the procedures to follow to reduce the risk of cross infection.

People felt safe. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. However incidents of potential conflict between people were not audited effectively so the home

# Summary of findings

did not learn from these incidents. The registered manager had not informed us of four incidents where a person had physical altercations with other people living at the home.

Staff sought consent from people before providing care or support. The ability of people to make decisions was assessed in line with legal requirements to ensure their liberty was not restricted unlawfully. However there was some confusion over three people's Deprivation of Liberty safeguarding authorisation in place.

Risk assessments had been completed for the environment and safety checks were conducted regularly of gas and electrical equipment.

People were supported to receive their medicines safely from suitably trained staff and these were stored, administered and audited effectively. There were enough staff to meet people's needs and people were attended too quickly. Relevant checks were conducted before staff started working at Aspen Lodge to make sure staff were of good character and had the necessary skills. Staff received regular training and support where they could discuss their training and development needs.

People received varied and nutritious meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and offered alternatives if people did not want the menu of the day.

People were cared for with kindness, compassion and sensitivity. We observed positive interactions between people and staff.

People and their families were involved in assessing, planning and agreeing the care and support they received. People were encouraged to remain as independent as possible. Their privacy and dignity was protected.

Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

People were supported and encouraged to make choices and had access to a wide range of activities tailored to their specific interests. 'Residents meetings' and surveys allowed people to provide feedback, which was used to improve the service.

People liked living at the home and felt it was well-led. There was an open and transparent culture with people able to access the community as part of their daily activities. There were appropriate management arrangements in place and staff and people told us they were encouraged to talk to the manager about any concerns.

We identified one breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we have told the provider to take at the back of the full version of the report.

# Summary of findings

## 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.

No hand washing sink was available in the laundry, however staff were aware of procedures to follow to prevent an infection risk.

Staff knew how to identify, prevent and report abuse and medicines were managed safely.

There were enough staff to meet people's needs at all times and recruiting practices were safe.

Good



### Is the service effective?

The service was effective.

Staff sought consent from people before providing care.

People received sufficient food and drink and could choose what they wanted to eat.

Staff received appropriate training, supervision and appraisal. People were supported to access health professionals and treatments.

Good



### Is the service caring?

The service was caring.

People and their families felt staff treated them with kindness and compassion.

People were involved in planning their care and were encouraged to remain as independent as possible. Their dignity and privacy was protected at all times.

Good



### Is the service responsive?

The service was responsive.

A range of daily activities were available within the home, which people could choose to attend.

People received personalised care from staff who were able to meet their needs. Care plans provided comprehensive information and were reviewed monthly.

An effective complaints procedure was in place and concerns were listened to.

Good



### Is the service well-led?

The service was not always well led.

There was an open and transparent culture in the home, although the provider had not notified CQC of four incidents of suspected abuse.

Requires improvement



## Summary of findings

The quality and monitoring system was not effective in order to ensure necessary changes were implemented.

Staff spoke highly of the registered manager, who was approachable and supportive.

# Aspen Lodge Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 November, 01 and 07 December 2015 and was unannounced. The inspection team consisted of one inspector and an expert by experience in services for people living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the

service, what the service does well and improvements they plan to make. We used this information when planning and undertaking the inspection. We reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with twelve people living at the home, and three family members. We also spoke with the registered manager, the manager, one cleaner, one cook and five care staff. We looked at care plans and associated records for five people, staff duty records, four members of staff's recruitment files, accidents and incidents records, policies and procedures and quality assurance records. We observed care and support being delivered in communal areas. We also received feedback from a community nurse and a community social worker.

We last inspected the home in November 2013 and found no concerns.

# Is the service safe?

## Our findings

People told us they felt safe and were treated with respect. People said they felt safe and comfortable around the staff and they told us the staff supported them to move around their home safely. One person said, “I’ve been here a long time, but I really feel like they look after me, the staff are always kind.”

There was no hand washing sink available in the laundry. Staff used a bathroom next door to the laundry to wash their hands; and the home had installed a magnetic door holder on the door so staff would not need to touch the door. A notice was available in the laundry room which informed staff of the procedure to follow for washing their hands. We spoke to the registered manager, who stated they would get a builder in to fit a sink, and agreed it was an area for improvement, but staff were aware of procedures to follow by washing their hands in the bathroom next door. Staff followed a daily cleaning schedule and areas we looked at in the home were visibly clean.

Risk assessments had been completed for the environment and safety checks were conducted regularly of electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed that staff had received fire training and staff were aware of the action to take in the event of a fire, and fire safety equipment was maintained appropriately. People had individualised evacuation plans in case of an emergency. For example, one person’s stated they ‘would not respond to a fire alarm and needs assistance to come downstairs as on first floor.’

Staff showed that they understood people’s risks and we saw that people’s health and wellbeing risks were assessed, monitored and reviewed regularly. We saw that people were supported in accordance with their risk management plans. For example, one person’s risk assessment stated that ‘they can be quite unsteady when walking, ensure they have their Zimmer (walking frame) with them when walking and carer to accompany them.’ For another person it stated to ‘ensure person has Zimmer with them at all times as they often get up and will walk without it. Also to make sure foot wear is secure.’

Robust recruitment processes were followed that meant staff were checked for suitability before being employed in the home. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the home. One staff member told us, “I applied to a few care home, my interview process at Aspen was really good and they made me feel at ease.”

There were enough staff to meet people’s needs at all times. We saw that people were able to easily request support from staff by a call bell system. During the inspection we saw that staff were not rushed and responded promptly and compassionately to people’s request for support. Staffing levels were determined by the number of people using the service and their needs. Staff told us staffing levels were sufficient. The manager told us, “If no one is able to cover a shift, I will come in and cover myself, so it is always covered.” Staff informed us that they always helped out cover shifts, and worked well as a team.

All staff had been trained in safeguarding adults from abuse. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. They said if they had any concerns they would report them straight away to the management, who would take appropriate action. One staff member told us, “If I had any concerns I would report it to my manager and we have the whistle blowing policy, I could follow.”

People were supported to receive their medicines safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Medication administration records (MAR) confirmed people had received their medicines as prescribed. The home used a system of using specific labels supplied by the chemists to record the date of opening and the expiry date to ensure creams remained safe to use. Training records showed staff were suitably trained and had been assessed as competent to administer medicines. Audits were carried out once a month on MAR charts and audits of medicines in the trolley were carried out once a week. The local pharmacy also carried out a yearly audit on all medicines and MAR charts.

# Is the service effective?

## Our findings

People were happy with the service offered at Aspen Lodge. People told us, "It's marvellous! I've been here two and a half years, and I've always enjoyed it." Another person told us, "We're happy in the lounge, I haven't got time to be miserable." Another person told us, "I'm very happy here; good carers, good food; I'm very comfortable!" A health professional told us, "Staff are proactive and will share any concerns with us"

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to making particular 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's care plans showed where necessary, people's capacity to make specific decisions had been assessed and recorded. Most staff knew how the principles of the MCA applied in the home and what to do if they were concerned about a person's ability to make decisions. Before providing care staff sought consent from people and gave them time to respond.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met. We found that the home was ready to follow the requirements in the DoLS and after some initial confusion, where the registered manager believed that DoLS applications had already been submitted to the local authority. However this was found that this was not the case. During our inspection the registered manager had submitted three applications to the local authority. In the meanwhile, staff were aware of the support those people needed to keep them safe and protect their rights. Some staff informed us that they would benefit from further training in this area. We spoke to the registered manager about this who agreed to add more information for staff in the training they deliver on MCA.

People received varied and nutritious meals including a choice of fresh food and drinks. There were a choice of two hot meals at lunch time and a choice of two different puddings. Staff were aware of people's likes and dislikes and offered alternatives if people did not want the menu of the day. People told us they could choose where to eat, either in one of the two dining rooms, lounge or their room. People were encouraged to eat well and staff provided one to one support when needed. People were shown plates of food so people could make a choice, then helped discreetly if they required it. One person chose to eat their hot meal at tea time, staff ensured they received this and always gave them the choice of when they would prefer to eat their hot meal, as this could vary some days. Most people were able to eat independently, but when support was needed, such as to cut up food, this was provided appropriately. Drinks were available to people at all times and they were encouraged to drink well. The lunch time experience was a calm, relaxed and social occasion. The registered manager told us, "In between meals people can just ask the girls at any time for anything, and they will prepare something for them.

The cook who had been employed by the home for a long time told us "I go round and ask them what they would like. I am aware of people's likes and dislikes and I do most of the shopping, so I know what people like. All the food is homemade and we have fresh vegetables delivered by the local farm shop."

Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. Staff praised the range of training and told us they were supported to complete any additional learning they requested. One staff member said, "We have lots of training, and it keeps being refreshed, if we are unsure of anything the manager will recap in training for us." Another staff member told us, "Sometimes on training, something can be hard to understand, but the manager will really explain it to me, so I understand what it means." The registered manager informed us they used to have a "company come in to provide training, but staff were falling asleep." The registered manager informed us received updated training materials and used these for training staff. Staff were tested on their understanding of the training to ensure they could use the information when working with people. The registered manager told us, "I use an outside company for my training materials and DVD, who continually update the training with the latest legislation,

## Is the service effective?

and send updates of DVD, so it is always up to date.” First aid and medication training was provided by an outside company. The manager told us, they were voluntarily undertaking extra dementia training, and they were also studying to become a “Dignity champion and a “Falls champion.”

New staff to Aspen lodge completed a comprehensive induction programme before they were permitted to work unsupervised and all new staff were now completing the new care certificate. This is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care. One staff member told us, “My induction was very good and very comprehensive and I have just completed the care certificate.”

Staff had one-to-one sessions of supervisions every three months. Supervisions provided opportunities for them to discuss their performance, development and training needs. As well as a yearly appraisal. Appraisals were a two way process, with staff requiring to fill out a form and bring it to the appraisal to talk about their development and training needs. A member of staff told us, “Supervision is very good, if I have any concerns I will express them in my supervision.” Another staff member told us, “Supervisions are really helpful, we talk about how I can develop myself and what we have observed in the care home.” A third staff member told us, “I have just had an appraisal, they are quite happy with me and I got my development needs across, they are very good supporting me with my development needs.”

The manager also completed spot checks of staff practices over the weekend and at any time of the day and night and early in the morning. The manager told us, “I observe staff when they are supporting people, to see if they are using protective equipment and that people are receiving appropriate care.” One staff member told us, “On my first spot check it was quite tense, but now I see it as part of my role, and it helps us learn and develop.”

People were supported to access healthcare services and staff knew how to access specialist services for people. Staff knew which professionals were visiting each day and arranged appointments for people when required. Records showed people were seen regularly by GPs, optician’s, chiropodists and district nurses. A health professional told us, “Staff are very welcoming and the home is clean. There is always somewhere to wash your hands.” They also told us, “The registered manager is very proactive. There are no concerns with pressure areas on people, so really good.”

People’s bedrooms were personalised with pictures and personal items. The garden was dementia friendly as people could walk all the way round the garden safely. One person told us, “I like to walk in the garden, I have one of the girls with me, it’s what I like to do, even when it’s frosty. They don’t mind helping me it’s nice.” However, there was a mirror in the passenger lift, which could possibly be detrimental to people living with dementia. We spoke to the registered manager about the mirror, and agreed it might cause some confusion but they had not received concerns from any of the people living at the home.



# Is the service caring?

## Our findings

People were treated with kindness and compassion. One person said, "I'm on top of the world!" Another person told us, "I feel really looked after." Another person told us, "I've been here a long time, but I really feel like they look after me, the staff are always kind." A family member told us, "The staff are lovely; nothing is too much trouble for them."

Staff were well-attuned to people's needs. Staff referred to people by their preferred name, usually with a touch, and always with a smile. The atmosphere was friendly and relaxed, and it was clear that staff knew the people well, and felt affectionate towards them. One staff member told us "I used to dread coming to work in my last job, but here I look forward to it! We are a family." Another staff member told us, "I always tell people what I am doing and why, if they can be forgetful, I say it in simple terms and strike up a conversation by talking about a photo for example, to put people at ease so they feel comfortable."

Staff respected people's privacy and dignity. We observed care was offered discretely in order to maintain personal dignity. People's privacy was protected by ensuring all aspects of personal care were provided in their own rooms. Staff knocked on doors and waited for a response before entering people's rooms. One staff member said, "I always close the door, and pull the curtains in the room for privacy." Another staff member said, "I ensure privacy by closing the door and listening and respecting them." The manager informed us that as part of their daily checks around the home they made sure that doors and curtains were closed, and that staff were knocking on doors.

Staff told us they helped people by promoting their independence. One staff member said, "If I am washing someone I always pass them the flannel if they are capable, so they can do it themselves. I don't want to take their independence away from them." Another staff member said, "I always give choice and listen to what they want."

There were no restrictions on visiting and visitors and relatives were made welcome. A comment from a recent thank you card stated, 'we were made to feel very welcome when visiting at any time.' Another comment stated, 'they enjoyed their time with you and found the staff both friendly and caring.' Staff had a good knowledge of people and knew their likes and dislikes. People told us they could make choices and that their decisions were respected. People had a choice of a male or female staff when receiving personal care.

When people moved into the home, they (and their families where appropriate) were involved in assessing, planning and agreeing the care and support they received. Comments in care plans showed this process was on-going. The manager informed us, "We invite people to the home, for the day, to see if they like it, and have lunch and see if we can meet their needs."

We observed a lot of genuinely caring behaviour in staff interactions with people, which demonstrated person-centred care in their familiarity with each person, and the ease of communication. Confidential information, such as care records, were kept securely and only accessed by staff authorised to view it. When staff discussed people's care and treatment they were discreet and ensured conversations could not be overheard.

# Is the service responsive?

## Our findings

People received personalised care and people were able to make their own choices. One person told us, “I was lonely at home and didn’t do much at all, but here I like the company, we have a laugh and a good sing-song.” A family member told us, “I’m very happy with his care. I do feel involved with his care, and they keep me informed.”

People had access to activities that were important to them. One person told us, “I’m never bored there’s always something to do.” Another person told us, “I do take part in exercises and making things, but I like to choose which ones, and today I just feel like staying in my room and watching TV.” Another person told us, “I played lotto the other day. You know they ask you what you want to do, they’re very fair.”

Activities were held daily in the morning and afternoon, seven days a week. These included skittles, armchair exercises, ball games, singing, bingo and arts and crafts. We spoke with the activities organiser who told us that they booked outside group outings and individual outings, for example, one carer and a person visiting the shops. Outside entertainers also visited the home regularly, which people really enjoyed. Activities were recorded and evaluated after each event. The registered manager regularly reviewed these activities to see how successful they had been.

Care plans provided information about how people wished to receive care and support. They gave detailed instructions about how they liked to receive personal care, how they liked to dress and were personalised with how people liked things to be done. For example one plan, gave detailed instructions on what time the person liked to get up and go to bed, where they preferred to eat and what movies they liked to watch. For another person their care plan stated, ‘that they really enjoy reading and have lots of books and newspapers. It said the person ‘gets flustered if staff move them.’

One person’s care plan showed how staff supported the person to maintain skills and independence. They enjoyed washing up and being involved in the running of the home. Staff supported the person to clear the dirty dishes after meals and assisted them with washing up.

People were involved in their care planning and care plans were reviewed monthly by the registered manager, the manager or their key worker. All the people living at the

home had a keyworker. A keyworker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person’s care and liaising with family members. We spoke with a staff member who was a keyworker. They told us, “I sit with the person and review their care plan and risk assessments. We check they are happy with it and agree with it. We look at any changes they may want to make and discuss these with the registered manager.”

Handover meetings were held daily, at the end of each shift and were very detailed. We observed the handover on the day of our visit, staff provided a detailed description of how each person was feeling, what they had done, eaten and enjoyed (or not enjoyed). This was really beneficial for example we observed staff passing on essential information about on person who had not eaten much of their lunch. Staff were advised to observe the person and encourage them with drinks and snacks later on, as this was essential information that should have been passed on. This demonstrated very good appreciation of the meaning of person centred care, and demonstrated how much the carers respected, and wanted the best for people.

Resident meetings were held every two or three months, and minutes from a meeting in October 2015 showed that people wanted to see more of a particular entertainer. This request had been met as they were booked to perform at the resident’s Christmas party. One staff member told us, “In the residents meetings we talk about what they need, their choices and preferences, it’s their meeting and home, and so they can bring anything they want up in the meeting.”

People knew how to complain or make comments about the service and the complaints procedure was prominently displayed. Records showed that complaints had been dealt with promptly and investigated in accordance with the homes policy. The registered manager informed us, we take it to the highest point, so we can take it to improve the service and people’s lives, “We take action immediately.” The registered manager also told us, “Our policy’s says we will take action within twenty four hours, but we always take immediate action. I always tell people and their families, if you notice anything let us know straight away.” The home had one formal complaint in the past year, which had been investigated and responded to appropriately.

# Is the service well-led?

## Our findings

There was an open and transparent culture within the home. Visitors were welcomed and there were good working relationships with external providers. However, we identified four incidents where a person had physical altercations with other people living at the home. The provider had sent us notifications relating to other incidents including deaths. The registered manager informed us that appropriate action had been taken and no apparent injuries had taken place and the incidents had been reported to the local safeguarding authority. The registered manager told us they were not aware that such incidents needed to be notified to CQC.

Failure to notify us was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager and manager used a system of audits to monitor and assess the quality of service provided. These included medicines, care plans, emergency call bells, falls, first aid and infection control. The infection control audit did not reflect the latest Department of Health guidance. Consequently, this was not being followed in respect of the laundry processes. The registered manager did not carry out audits on safeguarding incidents. These had been recorded but there were no records on how to reduce the risk of these occurring again and how to support people. We spoke with the registered manager about our concerns and they informed us they would address our concerns immediately.

The provider had policies in place for most aspects of service delivery. However, we noticed that most of these were in need of updating and some important policies were missing. The registered manager informed us they had been in discussion with a company about updating the policies and procedures. They had been given a quote and they were hoping to work with them in the new year about updating the policies in line with the home. These would then be reviewed and updated regularly.

A member of staff told us the manager, "Was very open and approachable; there's a feel of an open relationship between us all here which I enjoy." "Everyone is very supportive, and we work together well." Another staff member told us, "Both bosses are very good, helpful and friendly."

The registered manager informed us the main principle of Aspen Lodge was to promote independence. "If someone has some capacity, we always promote independence." An example of this was a person who had broken their hip and the home worked with a private and national health physiotherapist. The registered manager told us, "It was great to see the person walking about now."

Staff meetings were carried out every two or three months or earlier if needed. Minutes of these meetings showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up and acted upon swiftly. Staff told us they felt they were able to bring ideas to meetings and that they would be listened to and supported. One staff member said, "I always feel supported, and if management aren't here I can phone then at any time day or night for support." The registered manager told us, "I work with staff if there is anything they want to discuss they can come to management at any time."

The registered manager carried out quality surveys once a year with people using the service, their relatives and health professionals. The most recent of these was in January 2015. Which showed people were happy with the care they were receiving at Aspen Lodge. The registered manager also used an external company which provided working feedback, where people and their families and health professionals could fill in a survey and send it to the company who showed the feedback on their internet site. A recent quote from a family member stated. 'My father always tells me that he has no complaints and the staff look after him well.'

The home had links within the local community. People from the local church came to visit the home once a month. People could choose to get involved if they wished to do so. The home also supported one person to access a local garden centre nursery regularly.

There was a whistle blowing policy in place and staff were aware of it. One staff member told us, "I am aware of the whistleblowing policy and how to access this." Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation and nursing or personal care in the further education sector	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents  The registered person did not notify us of allegations of abuse involving the people who used the service. Regulation 18 (1) and 18 (2) (e)