

Mrs D Roussel

Aspen House 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?

Good ●

Summary of findings

Overall summary

About the service

Aspen House is a 'care home' providing accommodation and personal care to up to 15 people in one adapted building. The home provides support for people living with varying stages of dementia and some with mobility and sensory needs. At the time of the inspection there were 12 people living at the home.

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

People and their relatives described a homely atmosphere at Aspen House where they felt safe and secure. Staff demonstrated a good understanding of how to safeguard people from abuse and systems for managing risks to people ensured that staff had the information they needed to provide care safely. A relative told us, "The home is small and homely enough to be just right. People are very safe and well cared for there."

People were supported by staff who were receiving the support and training they needed to be effective in their roles. People's needs were assessed, and records reflected the care provided. Staff supported people to access health care service when they needed them. People spoke highly of the food and staff supported people to have enough to eat and drink. 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 had developed positive relationships with staff who knew them well and had a good understanding of their needs. Staff were responsive to changes in people's needs and people were receiving a personalised service. One person said, "The staff are very kind and caring and they do spend time with us." Staff were mindful of supporting people's dignity and maintaining their privacy.

Systems for monitoring quality were effective and the registered manager had good oversight of the service. People, relatives and staff spoke highly of the management of the service. They described an open and positive culture at the home where people and staff were able to express their views and felt listened too.

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

Rating at last inspection; The last rating for this service was requires improvement (published 5 November 2020). At this inspection the rating had improved to good.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 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 well-led.

Details are in our well-Led findings below.

Good ●

Aspen House Care Home

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

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

Service and service type

Aspen House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Aspen House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people and spent time in the home whilst people were relaxing in the communal lounge and receiving support. This gave us an opportunity to observe staff interactions with people. We spoke with four relatives by telephone to gain their views on care provided. We spoke with six members of staff including the registered manager, two senior carers and three care assistants. We reviewed records that included care plans, risk assessments and medicine administration records. We also looked at records relating to the management of the service, including policies and procedures and quality assurance systems. After the inspection we clarified further information with the registered manager.

Is the service safe?

Our findings

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

At our last focussed inspection on 30 September 2020, we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

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

- Risks to people were identified, assessed and monitored to support their safety.
- Risks associated with people's health were assessed to determine the level of risk and to identify how to reduce the risk. For example, staff had identified that one person was developing a pressure sore. A skin integrity risk assessment was in place and staff had contacted the district nurses for advice and support in how to support healing.
- Another person had poor mobility and was at risk of falls. The risk assessment and care plan identified the support they needed from staff with specific tasks and when moving around to reduce the risk of falls.
- Incidents and accidents were recorded and monitored. Risk assessments and care plans were reviewed to ensure lessons were learned. For example, when a person had fallen twice, staff contacted the falls team and updated the person's care plan with their advice.

Staffing and recruitment

- Systems for recruiting staff were safe and there were enough staff to care for people safely.
- Staff described recent staffing pressures. The registered manager was seen to be providing hands on support to help the care staff on the day of the inspection. Staff told us this was not unusual. Records of staff rota's showed that staffing levels were consistently maintained.
- Recruitment to vacant posts was in progress. The provider's systems for recruitment included references and checks with Disclosure and Barring Service (DBS). This provides information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- One staff member described how staffing was adjusted according to people's needs. They described how when a person was unwell, the staffing level at night was increased to ensure they received the care they needed.
- Relatives told us they were satisfied there were enough staff to care for people. One relative said, "I am happy with the staffing in the home, most of them(staff) have been here for years, which says a lot for the quality of the care." Another relative said, "There has always been sufficient staff in the home."

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse.
- People told us they felt safe living at Aspen House. One person said, "It feels safe and secure here." Relatives told us, "I think they feel very safe there," and "Yes, people are safe and well cared for."
- Staff demonstrated a clear understanding of their responsibilities to identify and report safeguarding

concerns. One staff member told us, "I would report anything straight away, I know what to look for and I would not hesitate."

Using medicines safely

- People were receiving their prescribed medicines safely and when they needed them.

There were safe systems in place for administering medicines.

- People told us they received their medicines when they needed them. One person said, "Oh yes, they are good about giving me my medicines, including a pain killer if and when I need it."
- Records showed that medicines were managed to ensure people had access to their prescribed medicines when they needed them.
- Staff had received training and had to be assessed as competent before they could administer medicines to people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were receiving visitors in line with government guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection on 3 and 4 January 2019 we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed in a holistic way to include their diverse needs. Pre-admission assessments were completed to ensure that the service could meet people's needs and good outcomes would be achieved.
- A staff member explained how they used this information saying, "It gives us an initial understanding of the person's needs and then we gradually build on it as we get to know them better. We want everyone to have the best quality of life they can." We observed how staff were supporting a person who was new to the home by helping them find their way around and chatting with them.
- Assessments of people's individual need identified risks and their support was regularly reviewed to ensure their diverse needs were being met, and expected outcomes were achieved.

Staff support: induction, training, skills and experience

- Staff were receiving the training and support they needed to be effective in their roles.
- One staff member described their induction to the service and told us they felt confident to provide care to people. They said, "It was good training, for example, after doing the medicine training they check you know what you are doing and sign you off as competent. That made me feel more confident."
- The provider had a training plan in place to ensure that staff regularly received the training they needed to be effective in their roles. Staff told us they were well supported and had regular meetings with the registered manager or the deputy to talk about their work.
- People and their relatives said the staff were experienced and understood their needs. One person said, "They definitely know what they are doing, it is reassuring they have all had training." A relative said, "I think all the staff are experienced and skilled." Another relative commented, "I think most of the staff are experienced and have been in the care industry for a while. They definitely support people with a good quality of life."

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

- People were being supported with food and drinks and had a healthy and varied diet.
- People and their relatives told us the food was nice and they enjoyed meals at the home. One person said, "It's all good home cooking." Another person said, "The food is really good and you get a choice, if you don't like something they bring, you can have something else." We observed people enjoying their lunchtime meal which looked appetising and well presented.
- Some people had risks associated with nutrition and hydration and needed support to ensure they had enough to eat and drink. Their care plans included guidance received from Speech and Language

Therapist(SALT) and staff were aware of how to support the person with their meal.

- Relatives told us people enjoyed the food on offer. One relative said their relation always ate well saying, "She has put on weight, so that's a good sign."
- Records showed that staff supported people to maintain a healthy weight. They kept records of what people had to eat and drink when necessary, and monitored any changes.

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

- People and their relatives told us they were supported to access the health care services they needed. One person said, "The staff are good at getting in touch with the GP if needed." A relative said, "If they need a nurse or GP that is arranged by the staff."
- People were supported to access routine health care appointments. One relative told us, "My (relation) has seen a chiropodist, dentist and optician since they have been here. "
- Records showed that people had also been supported with access to more specialist advice. For example, when a person was having mobility difficulties advice from a physiotherapist and occupational therapist was included within their care plan.

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

- The service was a large adapted house in a residential area. The building was in need of some refurbishment in places, but people said they considered it to be "cosy" and "comfortable". One person told us, "It's a lovely old place, but very homely."
- Some relatives told us they felt the decoration needed updating and we asked the registered manager about this. They told us plans were in place for a refurbishment and people would be consulted about colour schemes before decorating began.
- People were able to personalise their rooms with photos or objects that were important to them.
- A stair lift was used by some people who found it difficult to use the stairs.

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.

- Staff had received training in MCA and demonstrated a clear understanding of their responsibilities with regard to gaining consent from people. One staff member said, "We have to check with people and get their consent, for example before personal care, if they don't want to do something, we can't force them. If they don't have capacity because of dementia we have to make some decisions in people's best interests. We would involve the family or the GP if that was the case." We observed staff checking with people to ensure their consent throughout the inspection.
- When the registered manager thought DoLS might apply, appropriate applications had been made for authorisation from the local authority. The registered manager was aware of their responsibility to comply

with any conditions associated with DoLS authorisations and to notify CQC.

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.

At our last inspection on 3 January 2019, we rated this key question good. At this inspection the rating has remained 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; Respecting and promoting people's privacy, dignity and independence

- People were well supported and cared for. We observed positive and caring relationships, and this was evident in how staff communicated with people. One person told us, "All the staff are very kind. They try and spend time with us. One staff member takes me out for coffee sometimes, I really enjoy getting out with them, it's like having another friend."
- A relative explained how staff were sensitive to their relation's cultural needs, saying, "All the staff are very kind and caring and treat (person's name) well, respecting their background and history."
- We observed how staff were respectful towards people. For example, during mealtime when one person needed support and a staff member took time to support them in a gentle and patient way, encouraging them to finish their meal. We noted how another staff member protected a person's privacy and dignity by speaking to them in a quiet and discreet way.
- A staff member described how they supported people to remain as independent as possible saying, "Of course we help people with certain things they can no longer do, but we also encourage them to keep doing what they can for themselves."
- People's personal information was kept securely, and staff demonstrated a good understanding of how to maintain confidentiality. A relative told us, "I believe people's privacy, dignity and confidentiality is respected. I do not have any concerns about this at all."

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

- Staff supported people to express their views and were heard to involve them and offer encouragement when completing tasks. For example, one person with dementia was showing signs of being distressed, a staff member recognised this and spent time talking to them about their concerns. They offered options for some activities that the person enjoyed and they soon appeared calm, smiling and engaged with the task they had chosen.
- A family member told us staff understood how to support their relative with their care and provided it in the way their preferred. They described how they had been involved in developing a care plan saying, "From the outset we had a care plan and it's been reviewed annually."
- The registered manager explained how they had contacted an advocacy service for support and advice for one person who needed support to express their views. They explained how this had been helpful in ensuring the person was happy and content to be living at Aspen House.

Is the service responsive?

Our findings

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

At our last inspection on 3 January 2019, we rated this key question requires improvement. At this inspection the rating has changed to 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; 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

- At the last inspection on 3 January 2019 people's care plans were not always personalised. At this inspection improvements had been made and care plans and risk assessments reflected people's diverse needs and preferences. For example, a person who was living with dementia had a dementia passport in place to ensure that staff and health care professionals would have the information they needed about the person, their needs and preferences, such as the name the person preferred to be called.
- Staff knew the people they were caring for well and this meant people were receiving a personalised service. Staff demonstrated a good knowledge of people's background, their diverse needs and preferences. One staff member spoke proudly of how they cared for a person with dementia saying, "Sometimes they just need reassurance and you to be present with them, sitting with them and talking about their life, that usually works for them." We observed how the staff member used this technique to good effect. They responded to support a person who showed signs of being distressed, their calm approach soothed the person and they quickly became calm, smiling and engaged in a discussion with the staff member.
- Relatives were consistently positive about the responsiveness of staff and how people's diverse needs were supported. One relative told us, "They do respect (person's name)'s background, one staff member speaks their native language and they have a chat now and again." Another relative told us. "I have seen staff respond quickly to both my relation's needs and other residents when they have needed support." A third relative said, "The staff support people to have a good quality of life and they engage well with people."
- We observed that staff were supporting people to follow their interests and spent time engaging with people, including those people who were in their bedrooms. One staff member told us how a person enjoyed jazz music, "They like the radio on every day and staff pop in regularly, they like to chat." We noted this was reflected within the person's care plan.
- People were supported to maintain relationships that were important to them. One person had moved from another care home and staff said they missed their friends. The registered manager had put arrangements in place to support the person to maintain contact and visit their friends. Relatives told us staff communicated with them effectively and they were able to visit as frequently as they wanted to.

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.

- People's communication needs were met in line with their needs and preferences.
- Assessments and care plans included people's communication needs. For example, one person used a mixture of speech, facial expressions and gestures to communicate, this was clearly documented with guidance for staff in how to support the person.
- Information could be provided in large print, for example, or in an accessible format using photos or pictures.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and people and their relatives said they knew how to make a complaint if they needed to.
- There had been no recent complaints recorded and the registered manager said that any minor issues were dealt with quickly. A relative told us they had spoken to the registered manager and were confident their concerns were taken seriously. They said, "She was very approachable and listened to me."

End of life care and support

- People were supported with end of life care and support.
- Staff supported people to plan for their care at end of life. Care plans included details of where and how people wanted care provided, including if they preferred not to be admitted to hospital. Plans were personalised to include details about religious or cultural needs or preferences such as particular music they would like to hear.
- The registered manager said they were well supported by the GP's surgery to ensure everything was in place to plan for good end of life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last focussed inspection on 30 September 2020, we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- Staff demonstrated a clear understanding of their roles. Systems for monitoring standard of care were embedded within practice and this meant the registered manager and the deputy manager had good oversight and identified where improvements were needed.
- The registered manager told us about recent pressures on staffing levels at the home and what had been put in place to manage this, including recruitment to vacant posts. They had already identified the impact on people, for example since the post of activities co-ordinator had been vacant. A plan was in place to ensure that people did not become isolated and continued to have activities to occupy them.
- Regular audits and quality assurance checks were in place to ensure that records were updated and reflected people's current needs. For example, incidents and accident reports were monitored to identify patterns and trends, this had resulted in a person being referred to the falls clinic and their advice was included within the person's care plan.
- People and their relatives were consistent in their view that the home was well led. One person said, "The manager is very good, she knows what she is doing." A relative told us, "I feel the home is very well managed."

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

- People and their relatives were consistently positive about the person-centred care provided. One relative told us, "The staff do a good job and understand and carry out their job to the best of their abilities." Another relative said, "The home is small and homely and people are getting good care and have a good quality of life, I know (relation) is happy here."
- Staff described a positive culture where their views were welcomed and encouraged. One staff member said, "The manager is very hands on, they work alongside us and know people well, we are very much a team."
- The registered manager understood their responsibilities to be open and transparent when things went wrong.

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

- People, their relatives and staff said they were involved with changes at the service. One person said,

"They ask us what we think about things, like the menu for example." A relative said, "They (registered manager) are very approachable and listen to my views and ideas."

- Relatives described the homely atmosphere at Aspen House but commented on the need for redecoration in some areas of the home. The registered manager told us they had already received similar feedback from relatives and there were plans in place for decorating in the coming months. They explained how staff would be involving people with choosing colour schemes for the planned improvements.

- Staff described being encouraged to express their views about the running of the home.

One staff member told us how they had noticed lots of crockery was chipped and cracked and they mentioned this to the registered manager, saying that it did not support people's dignity. They explained that new crockery was purchased as a result and they felt proud that their views had been listened to and supported. They told us, "It was important because the people here should have decent things, it's their home."

- Staff had developed positive working relationships with health and social care professionals. One staff member described how improved communication with the GP's surgery had supported them with providing end of life care. We observed staff seeking advice from the dementia in-reach team and they explained how this was invaluable in developing strategies for supporting people as their dementia progressed.