

Mrs D Roussel

# Aspen House Care Home

## Inspection report

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Date of inspection visit:  
30 September 2020

Date of publication:  
04 November 2020

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

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 11 people living at the home.

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

People and their relatives told us they were happy with the support provided by staff. One person said, "I'm very happy. They are good to me. Well, good for everybody." Although the provider had put in place necessary visiting restrictions during the COVID-19 pandemic, family members told us that they had seen improvements in the home in the past year. One relative said, "There has been a genuine attempt to make change."

Despite the need to keep people safe taking priority during the COVID-19 pandemic, the registered manager had consistently worked to address the areas identified for improvement following the last inspection. For example, the management of risks to people's safety was more robust, and the information staff needed to deliver safe and effective care was consistent and accurate. People had enough staff to support them. Staff understood people's individual care needs well and how to support them safely. One person said, "Staff sort it out for you."

Quality systems were more robust and consistent in identifying when changes needed to be made to people's care. The register manager had recognised their need for support and direction in this area and had sought guidance from an external quality advisor and the local authority's quality commissioning team. The registered manager had become more confident in their oversight of people's care and support and had a system in place to consistently review people's support.

The registered manager and staff had worked to ensure the appropriate infection control procedures for the pandemic were in place to keep people safe. People were living in a clean environment where staff were diligently following enhanced procedures to ensure that they, and the people at the home, were as protected as possible. One relative said, "I've always found it clean and tidy."

### Rating at last inspection and update

The last rating for this service was Requires Improvement, report published 4 July 2019. The home had been rated 'Requires Improvement' on four consecutive occasions. They were in breach of regulation 12 and 17. At this inspection, enough improvement had been made and the provider was no longer in breach of regulations.

Following the last inspection, we met with the provider and formally requested specific information and documentation under regulation 17 of the Health and Social Care Act 2008. From 1 July 2019, the provider needed to complete, and send to CQC, an ongoing monthly action plan to demonstrate how they would

make the necessary improvements.

#### Why we inspected

We undertook this announced, focused inspection to confirm that the provider now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-Led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion, were used in calculating the overall rating at this inspection. The overall rating for the service has remained as Requires Improvement. This is based on the findings at this inspection.

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 assurances that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aspen House Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by two inspectors.

#### Service and service type

Aspen House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period of notice of the inspection. This was to establish the safest and most appropriate way of carrying out our inspection visit during the COVID-19 pandemic.

#### What we did before the inspection

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

We asked the provider to send us information. We requested documents that included risk assessments and care plans for nine people, as well documentation relating to quality assurance systems and management oversight. We reviewed the monthly action plans the provider had completed since July 2019. We also sought feedback from partner agencies and professionals. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people and five members of staff including the registered manager, deputy manager, two senior carers and a care assistant. We spent a short 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 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 spoke with four relatives to obtain their feedback and views about the home.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

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

At our last inspection the provider had failed to ensure that all was done to assess and mitigate the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- At the last inspection, risks to some people's care and support had not been managed safely or consistently. At this inspection, the provider had made sufficient improvements to ensure that risks were properly managed, and that staff had information to mitigate those risks. One relative said about their love one, "Yes, I feel he is safe there, It's the best possible place for him. I was aware of the need for improvements from previous inspections but there are no concerns about his safety."
- Risks to people's health were being supported. For example, one person was receiving appropriate support to maintain their skin integrity. Guidance was in place that showed staff how to mitigate the risks of skin breakdown, and the provider had included instructions from the Tissue Viability Nurse in the person's care and support plan. Staff understood these risks and were regularly reviewing the risks by completing a waterlow assessment tool. This is a method of continuously assessing the risk of the person developing a pressure ulcer. One staff member said, "We are always checking (the person) and encouraging them to move."
- The management of risks associated with people's mobility and falls had improved. Mobility care plans and risk assessments had been updated for all residents. Staff were aware of the risks to people's mobility and had acted to mitigate these. For example, one person was at risk of falls due to severely impaired vision. Staff had sought guidance from the Blind Veterans Society and installed tactile rubber guides onto handrails at specific areas of the home to safely guide the person from their room to the bathroom and communal area. We observed the person using these to guide themselves.
- Risks associated with the safety of the environment were identified and managed. Regular checks and auditing had been completed to identify what maintenance work was needed. Fire safety checks had been conducted and the provider had carried out the necessary changes identified in the home's most recent fire risk assessment.

Using medicines safely

- At the last inspection we found that some protocols that were in place for the administration

of one person's 'as and when' (PRN) medicines did not always contain the correct information. Furthermore, audits of medicines had not accounted for these errors. At this inspection, PRN medicines had been reviewed for each client and staff had the correct information to administer these safely. People's medication administration records (MAR) were completed correctly and in line with the provider's medicine policy.

- Staff were trained in the administration of medicines. We observed the deputy manager giving medicines sensitively and appropriately. Suitable infection control procedures were followed.
- Medicines were stored safely and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date, or no longer needed, were disposed of safely.
- Medicine audits were now more effective and robust. MAR charts were checked regularly, and medicines were audited monthly and when changes to people's medicines occurred. The registered manager completed an overall audit on medicine management.

Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns and report incidents that affected people's safety. Appropriate action had been taken when incidents had occurred.
- The registered manager had made improvements to the recording and oversight of accidents, particularly when people had fallen. Falls were monitored and recorded for each individual and included any follow up actions to prevent a re-occurrence.
- Falls and accidents were analysed monthly to identify any patterns or trends so that changes could be made. For example, monitoring had identified that one person had fallen during a specific time frame at night when they woke to use the bathroom. The registered manager had adjusted their care plan to ensure that night staff pre-empted this routine and supported them safely. Records showed that the person had not fallen since the changes were made.

Systems and processes to safeguard people from the risk of abuse

- People told us, and relatives agreed, that they felt safe at the home. One relative said, "She's very, very safe there. I don't have any problems with that." One person was asked what staff did to make them feel safe and said, "Their confidence in what they do."
- Staff had received safeguarding training and understood what the potential signs of abuse were.
- Incidents had been reviewed and safeguarding concerns had been appropriately escalated when required. Staff had acted to support people appropriately following these incidents.

Staffing and recruitment

- There were sufficient staff to meet people's needs. Relatives told us that there were enough staff to meet their loved ones' needs. One relative said, "The staff are the same every time I've been there. I've rarely seen agency staff. I know the staff were working more hours during COVID-19, but I'm not aware of any issues." Another family member told us, "Oh yes. They are very helpful. There's always three or four staff members around when I'm there. They seem very attentive to my mother."
- Our own observations supported this, and we saw people being attended to in a timely manner and staff responding to people's requests and needs.
- The registered manager told us they had not used agency during the COVID-19 pandemic in order to reduce the number of staff members coming into the home. Staff told us that the overall numbers of staff had reduced for various reasons, but that the registered manager still ensured that there were sufficient numbers each day. One relative said, "I am comfortable with the amount of staff, they communicate with him in a way that makes dad at ease and therefore able to meet his needs".
- Recruitment checks were robust and ensured people were supported by staff who were safe to work before they started work at the service. This included obtaining suitable references and undertaking



Disclosure and Barring Service (DBS) criminal record checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable individuals from working with people who use care and support services.

#### Preventing and controlling infection

- As part of CQC's response to the coronavirus pandemic we are conducting thematic reviews of infection control and prevention measures in care homes. We were assured the provider was following safe infection prevention and control measures and were following Public Health England guidance in respect of COVID-19.
- The home was clean, and staff had processes in place to reduce the risk and spread of infection. Strict procedures were also in place for visitors to the home in order to reduce the risk of spreading infection. One relative said, "Yes, we visited dad outside. There was a table with a Perspex screen that dad was behind, we kept social distance and wore a mask, so did the carer and the registered manager. There was Personal Protective Equipment (PPE) available, hand sanitiser and a bin to dispose of it."
- We observed staff using Personal Protective Equipment (PPE) correctly and safely and encouraging people to wash their hands after an activity.
- The registered manager was supporting staff and people to access COVID-19 testing as per Department of Health and Social Care guidelines. Individual COVID-19 risk assessments had been completed for all staff members to help manage the risk of infection and to ensure suitable and timely action was taken when there were concerns.
- At the time of the inspection, regular cleaning of the home was being undertaken by care staff as the designated cleaner was unable to work due to COVID-19 conditions. Although staff were ensuring that the home was being cleaned thoroughly, we advised that staff ensure that this was being fully documented for all areas of the home. The registered manager assured us that alternative formal cleaning arrangements were being sourced.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we found that systems of quality monitoring and governance remained ineffective. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had made improvements to how they monitored and delivered good care and was no longer in breach of regulation 17.

Continuous learning and improving care; Working in partnership with others

- Since the last inspection, the registered manager had worked consistently in partnership with external agencies to improve and maintain quality assurance systems. The registered manager had made arrangements for additional strategic oversight and support from an external advisor to support them in developing auditing tools and reviewing systems. The registered manager said, "I feel more confident with this now. With better monitoring and evaluating, I can see what needs to be done."
- The registered manager had provided CQC with monthly updates on the improvements they had put in place. We reviewed this information before and during the inspection and found that the actions identified had been completed in line with what the provider had told us. For example, PRN protocols had been updated and reviewed to ensure the safe administration of "as and when needed" medicines. The provider had ensured that care plans and risk assessments were consistent in the information they provided for staff, and that they had been reviewed so that any changes reflected the current care that people were receiving.
- Improved oversight, and continuous improvement through partnership working, had led to better care and outcomes for people. For example, one person was displaying anxieties following a particular activity. Monitoring of their support had identified that this anxiety caused them to be unsettled and tired, which led to them waking and falling at night. The registered manager had consulted with, and implemented guidance from, the dementia in-reach team and adjusted the person's support. This had led to an improvement in the person's emotional wellbeing and a reduction in falls.
- The registered manager had worked closely with partners in care to support care provision. The local authority quality team told us, "We felt that the manager and deputy were very willing to make the changes needed to improve the quality of the service. They appeared to have a methodical approach to this and were following the advice and suggestions made by the external advisor."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the Duty of Candour. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- Records demonstrated that the registered manager had contacted relatives to explain why incidents had occurred and offered apologies when necessary. Communications with family members were open and transparent and provided reassurances about the actions that would be taken to prevent them happening again. One relative said, "They always call me if there has been an incident, I suppose to safeguard dad and others."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The culture of the service was positive and inclusive. Although we only spent limited time at the home, we observed staff engaging warmly with people and each other. One relative told us, "The toned-down approach works for dad. The care he receives has enabled us to relax, and the grandchildren are happier because they see him in a happier setting." One staff member said, "It's a small community and a happy environment and easy to give care."
- People's diverse needs were supported by staff and their equality characteristics were considered. One relative said, "Absolutely, they have made more of an attempt to get to know him. They use his English name, they speak to him as an individual, he's not a commodity."
- Staff and relatives told us of the importance of keeping people safe during the COVID-19 pandemic and ensuring that people were able to communicate with their loved ones while visiting restrictions were in place. One relative said, "Staff have tried to use an iPad, but dad says, 'no that's not a phone'. They have a cordless phone that the residents can use and sometimes staff use their own mobiles so he can ring me. I know I can call at any time and they can call me."
- People, their relatives and staff spoke highly of the registered manager. One person commented that they were "very good" at their job. One staff member said the registered manager was, "very good and supportive," while a relative told us, "I find her extremely helpful competent and intelligent."