Angel Care Homes Limited

Aspen Lodge Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 9 and 15 June 2017 and was unannounced.

Aspen Lodge Residential Care Home provides accommodation and personal care to a maximum of 25 older people, some of whom may have dementia, mental health conditions or physical disabilities. There were 21 people living at the home when we visited.

A registered manager was in post and present during our inspection. 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.

People's rights under the Mental Capacity Act 2005 (MCA) were not always promoted. Significant decisions about people's care were not always reached and recorded in line with the requirements of the MCA.

The provider had taken steps to protect people from harm and abuse. Staff had received training in, and understood, how to recognise and report abuse. The risks associated with people's care and support had been assessed, managed and kept under review. The management team assessed and organised their staffing requirements to ensure people's individual needs could be met safely. People were supported to take their medicines safely and as prescribed by trained staff.

People were supported by staff who had the knowledge and skills to fulfil their duties and responsibilities. Staff received ongoing training, supervision and support. People had enough to eat and drink and were encouraged to make choices about what they ate and drank. People were supported to access a range of healthcare services.

Staff adopted a caring approach towards their work, and knew people well. People's involvement in decisions that affected them was actively encouraged. People's rights to privacy and dignity were understood and promoted.

People received personalised care and support. Care plans included details of people's personal histories and preferences, and staff referred to these. People and their relatives knew how to complain to the provider about the service provided.

The management team promoted an inclusive and open culture within the service. People, their relatives and staff had confidence in the management team. Staff felt well supported and were clear what was expected of them. The provider carried out quality assurance activities to identify and address areas for improvement within the service.

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.

Staff understood how recognise, respond to and report abuse. The risks to people were identified, managed and kept under review. The provider checked the suitability of the staff they employed. People received their medicines safely from trained staff.

Is the service effective?

Requires Improvement

The service was not always Effective.

People's rights under the Mental Capacity Act 2005 were not always promoted. People were supported by staff who had the necessary training and support to fulfil their duties and responsibilities. People were supported to have enough to eat and drink and to maintain their health.

Is the service caring?

Good

The service was Caring.

Staff treated people with kindness and compassion. People's contribution to care planning and other decision-making that affected them was encouraged. Staff promoted people's rights to privacy and dignity.

Is the service responsive?

Good

The service was Responsive.

People received care and support shaped around their individual needs. They had support to spend time doing things they found interesting and enjoyable. People and their relatives knew how to complain about the service.

Is the service well-led?

Good

The service was Well-led.

The management team encouraged open communication with people, their relatives and staff. Staff felt well supported by an

approachable management team. The provider carried out quality assurance activities to monitor the quality of the service people received.

Aspen Lodge Residential 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 9 and 15 June 2017. The first day of our inspection was unannounced.

The inspection team consisted of one 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.

Prior to our inspection, the provider completed 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 took this information into account during our inspection of the service.

As part of our inspection, we reviewed the information we held about the service. We contacted representatives from the local authority and Healthwatch for their views about the service and looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During the inspection, we spoke with 10 people who lived at the home, seven relatives, a healthcare assistant with the district nursing team, a community psychiatric nurse and a discharge floor coordinator. We also spoke the registered manager and six members of staff, including the cook, care staff and senior care staff.

We looked at four people's care records, medicines records, selected policies and procedures, two staff recruitment records, the staff rota, incident reports and records associated with the provider's quality

assurance systems. We also spent time in the communal areas of the home to observe how staff supported and responded to people. As part of this, 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.

Good

Is the service safe?

Our findings

People told us they felt safe living at Aspen Lodge Residential Care Home. On this subject, one person told us, "They (staff) look after you and care for you." People's relatives also expressed confidence in the safety and wellbeing of their family members living at the home. One relative said, "I've never had a concern at all [about family member's safety], and that's a massive burden off our shoulders." Another relative told us, "They (staff) constantly keep an eye on [person's name], because they are not good on their feet."

The provider had put in place a range of measures to protect people from avoidable harm and abuse. These included training for staff on how to recognise and report abuse. The staff we spoke with understood the different forms and potential signs of abuse, and the need to report any concerns of this nature immediately. One staff member explained, "I would report it to the senior or manager, and the manager would take it on from there." The provider had developed clear procedures to ensure any abuse concerns were reported to the appropriate external agencies, such as the local authority's adult safeguarding team, and investigated. Our records showed they had previously made external notifications in line with these procedures.

The management team assessed the risks associated with people's care and support needs, making use of recognised tools such as the Waterlow Pressure Sore Risk Assessment Tool. These assessments considered key aspects of people's safety, including their health, mobility, the risk of falls, and any nutritional and dietary needs. People and their relatives confirmed their involvement in decisions about risks was encouraged by the provider.

Care plans were developed to manage the identified risks to people, in order to keep them as safe as possible. For example, where people were at risk of developing pressure sores, appropriate pressure-relieving equipment, support with repositioning and skin monitoring were in place. Staff told us they were given sufficient time to read, and refer back to, people's risk assessments and care plans. They were kept up to date with any changes in the risks to people and themselves through daily handovers and use of the "staff communication book". Handover is a face-to-face meeting in which the staff about to leave work pass on key information to assist those arriving on duty.

During our inspection, we saw staff working in accordance with people's care plans. For example, they made appropriate use of mobility equipment to help people move around the home safely. Staff told us the provider kept the property in good condition and ensured equipment they used was regularly serviced. One staff member explained, "We've got two handymen. If anything's wrong, we give them a ring and they come in straightaway." In the event people were involved in an accident or incident at the home, staff recorded and reported these events to the management team. We saw the management team monitored these reports, in order to ensure lessons were learned and to take action to prevent things happening again.

The majority of the people and relatives we spoke with felt the home's staffing levels were appropriate. One person told us, "As soon as you press the buzzer (call bell), they (staff) are here within seconds." A relative said, "Every time I come in they are fully staffed and there's always someone watching [person's name]."

Staff felt the current staffing arrangements enabled them to meet people's needs safely, and indicated the registered manager stepped in to help them out as needed. The registered manager explained that they assessed and monitored their staffing requirements based upon people's individual care and support needs. Unexpected staff absence was covered through voluntary overtime, as opposed to the use of agency staff, to promote continuity of care. The provider carried out checks on all prospective staff to ensure they were suitable to work with people. These checks included an enhanced Disclosure and Barring Service (DBS) check and employment references. The DBS carries out criminal records checks to help employers made safer recruitment decisions.

The provider had put systems and procedures in place to ensure people received their medicines safely and as prescribed. Staff involved in handling and administering people's medicines received medication training, and underwent periodic competency checks with the management team. People's medicines were stored securely at all times, and up-to-date medication administration records were maintained. Individualised care plans were in place to identify the specific support people needed to take their medicines, and any associated preferences they may have. "PRN protocols" had been produced to provide staff with clear guidance on the circumstances in which to offer people their "as required" medicines.

Requires Improvement

Is the service effective?

Our findings

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 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.

We checked whether the service was working within the principles of the MCA. We found staff had received training in, and understood, the concept of mental capacity and people's right to make decisions for themselves wherever possible. They gave us examples of how they encouraged people to make day-to-day decisions about what they wore, or what they ate and drank. However, more significant decisions about people's care, as recorded in people's care files, had not always been reached or recorded in line with the requirements of the MCA. This included decisions about people's medicines and the sharing of their personal information. There was no evidence of mental capacity assessments or, where necessary, best-interests decision-making in connection with these decisions. Rather, a family member had signed a consent form on the relevant individuals' behalf. In addition, where people had given others permission to make decisions on their behalf, the provider had not always obtained proof of the documents confirming power of attorney.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had submitted DoLS applications, based upon an assessment of people's capacity and their individual care and support arrangements. At the time of our inspection, a number of these assessments were still being processed by the relevant local authorities. Where DoLS authorisation had been granted, the registered manager reviewed and complied with any associated conditions.

People, their relatives and the community professionals we spoke with talked positively about the knowledge and skills of the staff team, and their ability to meet people's individual needs. A relative told us, "I feel [person's names] needs are all met here. I haven't got any qualms at all."
A healthcare assistant working with the district nurses said, "They (staff) always seem to be very confident with people and hoisting. They handle themselves very well and are very helpful."

All new staff completed the provider's induction programme to help them settle into their new job roles, which incorporated the requirements of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff. During their induction, new starters worked alongside senior care staff, completed initial training and were given time to read people's care plans and the provider's policies and procedures.

Following their induction, staff participated in a rolling programme of training, based upon the provider's assessment of their learning and development needs. We saw the management team maintained up-to-

date training records and had produced a training plan to keep on top of staff training needs. Staff spoke positively about the training they had been given to enable them to carry out their duties and responsibilities. One staff member told us, "[Registered manager] is really on top of training. They picked up on what I needed and got me on it straightaway." Another staff member described the benefits of their dementia training, which had helped them understand the experiences of people with dementia and how to respond to behaviours that challenge. Staff felt comfortable approaching the management team with any additional training requests. One staff member explained, "If there is any training I want, I know they (management team) would put me on it if I asked and it was relevant. We also have regular updates and refreshers."

In addition to formal training, each staff member's work practice was formally observed by a senior colleague on a quarterly basis and any related issues discussed with them. Staff also had a one-to-one meeting with the registered manager on a six-monthly basis, or sooner if needed. One staff member explained, "[Registered manager] tells us how well we're doing, asks what they could do to improve the home and we talk about any concerns." Staff also had access to 24-hour on-call support for any urgent advice or guidance needed.

People told us they enjoyed the food served at the home, and had plenty to eat and drink. One person said, "If you want anything to eat or drink, you just have to ask." A relative said, "They (people) eat really well. [Person's name} eats better here than they have ever eaten." During our inspection, we saw staff offered people a choice of drinks at snacks at regular intervals throughout the day. People's involvement in menu planning was encouraged at the monthly residents' meetings. One relative told us, "They (staff) are always asking what [person's name] wants included on the menu." People had a minimum of two menu options at each main meal, and alternatives were prepared upon request. Staff also respected people's choices about when and where they ate. One person told us, "I have my lunch at 2.30 pm, because I like to eat on my own."

Nutritional screening was carried out to identify any specific nutritional and dietary needs people had, and plans were put in place to address these. We saw one person was provided with a vegetarian diet associated with their religious beliefs. Mealtimes at the home were relaxed, unrushed affairs with enough staff available to make sure people were able to eat safely and comfortably. Where people needed physical assistance to eat, this was provided in a caring and patient manner.

People's relatives spoke positively about the role staff played in helping their family members to maintain good health. They told us staff were quick to seek professional medical advice and treatment in response to any significant changes or deterioration in people's health. One relative said, "If they (staff) don't think something's right, they will refer it to the GP." We saw people's medical histories and any current health conditions were recorded in the care files we looked at, to ensure staff understood their health needs. The management team worked with a range of healthcare professionals, such as GPs, district nurses, occupational therapists and community psychiatric nurses to ensure people's health needs were met. A healthcare assistant with the district nursing team praised their working relationship with staff at the home, adding, "They (staff) listen and take note of what you say". Staff accompanied people to routine healthcare appointments and health check-ups, where they needed this support.

Good

Is the service caring?

Our findings

People and their relatives felt staff adopted a caring attitude towards their work. One person told us, "They (staff) are bubbly and friendly; we really get on well." A relative said, "They (staff) are very caring and very patient. They will spend a long time talking to people." During our inspection, we saw staff had developed a good rapport with the people living at the home. People were at ease in the presence of staff, and readily engaged them in conversation or requested their assistance. Staff gave people time, listened to what they had to say and responded appropriately to their requests. We heard one person laughing with the staff members as they assisted them out of a lounge chair with the aid of a hoist. Another person, who had very recently arrived at the home for respite care, became anxious and unsettled at times whilst we at the home. On each occasion, staff responded in a prompt, calm and professional manner, offering them effective reassurance. The staff we spoke showed good insight into the individual needs and requirements of the people they supported. They told us they got to know people well by reading their care plans and, above all else, by talking to people. One staff member explained, "By communicating with people, their relatives and friends, you can learn a lot about a person; that's the key."

The management team and staff supported people to give their views about their care and be involved in decisions that affected them. They actively sought people's involvement in the initial assessment of their care needs and care planning activity. The seniors also consulted with people, as appropriate, when reviewing their care plans on a monthly basis. In addition, monthly residents' meeting were organised as a further forum for people to share their views and suggestions about their care. People were also sent periodic surveys to invite their feedback on key aspects of the service. The registered manager confirmed people would be told about advocacy services, and supported to access these, as required to ensure their voice was heard in relation to important decisions.

People and their relatives told us staff respected people's rights to privacy and dignity. One person told us, "They (staff) do respect me." During our inspection, we saw staff addressed people in a polite and respectful manner, and met their personal care needs discreetly and sensitively. People's personal information was stored securely, ensuring it was only accessed by authorised persons. The staff we spoke with understood what it meant to treat people with dignity and respect. They gave us example of how they did this on a day-to-day basis. These included protecting people's modesty during personal care, respecting people's need for personal space, offering people choices and protecting their personal information. People's relatives confirmed they were able to visit their family members living at the home whenever they chose. One relative explained, "Everyone is made to feel welcome."

Good

Is the service responsive?

Our findings

People's relatives were satisfied with the level of involvement they had in care planning and other decision-making about their family member's care at the home. A relative told us, "We did a plan and I gave my input on what I thought; I felt part of it." People's relatives felt staff gave their family members care and support that was right for them. During our time at the home, we saw staff adjusted how they supported and communicated with people to suit individual needs. This included the assistance people had to move around the home, eat their meals and engage in social activities. One person we spoke with, who was receiving respite care at the home, requested the opportunity to share a room with their husband who was also at the home. We discussed this with the registered manager, who, once aware of the couple's wishes, made the necessary arrangements for them to share a room. The management team also operated a key worker system at the home. A key worker is a member of staff who acts as a key point of contact for a particular individual and their relatives, ensuring their individual needs and requirements are met.

Staff supported people to participate in social activities and spend time doing things they liked to do. People were offered a monthly programme of activities which included keep fit classes, singalongs and dancing, bingo, "pampering sessions", reminiscence sessions and board games. During our inspection, we saw people, amongst other things, enjoying a tea dance and a fun keep fit session run by external individuals. A relative told us, "There's always something going on." Staff also supported people to pursue their religious beliefs and attend religious services. One person talked to us enthusiastically about their twice-weekly visits to church. We also saw people had access to, and made use of, a range of mobility equipment to maintain their independence, including walking frames and wheelchairs.

People's care plans reflected an individualised approach to assessment and care planning. They included information about people's personal histories and their preferred daily routines, as well as guidance on their individual support needs. Staff confirmed they had the time and opportunity to read people's care plans when they needed to. One staff member told us, "I'm always going back to them (care plans)." The senior care assistants reviewed and updated people's care files on a monthly basis, consulting with people and their relatives as necessary.

People and their relatives told us they understood how to raise a complaint about the service, and felt comfortable doing so. One person told us, "I'd go to whoever's on; all I've got to do is ring the buzzer. We can also go straight to [registered manager] if we had any problems. They'll invite you in." A relative said, "If you raise concerns, they (management) are all approachable and will follow it up." The registered manager informed us they had not received any formal complaints about the service to date. The provider had developed a complaints procedure to ensure any complaints received were handled appropriately. They also sought more general feedback on the service from people and their relatives through the distribution and analysis of periodic feedback surveys.

Good

Is the service well-led?

Our findings

People, their relatives and staff described an inclusive culture within the service, based upon an open, ongoing dialogue. They felt their comments and suggestions were welcomed by an approachable management team, and had confidence their issues or concerns would be dealt with fairly. A relative told us, "[Registered manager] is always about. If you knock on their door, they will always listen. They feel like a friend and really go the extra mile." A member of staff told us, "[Registered manager] is friendly, open and receptive. If there are any problems, they don't mess around, they get them sorted straightaway." The community professionals we spoke with also spoke positively about their experiences of working with the home's management team. For example, a discharge floor coordinator at a local hospital described the registered manager as "very helpful and straightforward." People's relatives also praised the manner in which the management kept them updated about any events or decisions affecting their family members at the home. One relative explained, "They (management team) never try and keep it a secret; they always phone and let me know."

Staff spoke about their work at the home with enthusiasm. One staff member told us, "I've got to say that I love working here. It's organised; we all communicate and know what we're doing. It's a good team and well managed." Staff felt they had the support they needed to succeed in their job roles, and also felt able to challenge practice or decisions if they disagreed with these. One staff member told us, "If I didn't agree with [registered manager], I'd challenge them all the way." Another staff member said, "I love working with [registered manager]. I voice my opinion if something needs to change and they always listen." The management team organised monthly staff meetings to keep staff up to date with developments in the service, and provide them with a forum to share their views as a group. Staff were clear what was expected of them and referred to a sense of shared purpose with the management team. A staff member explained, "[Registered manager] is on the same page as us. We all want to keep people safe and happy. I love my job to bits."

During our inspection, we met with the registered manager. They had a good understanding of the duties and responsibilities associated with their post. This included the need to submit statutory notifications to CQC in line with their registration with us. The registered manager recognised the need to keep themselves up to date with best practice and developments in the sector. They said they did this by, amongst other things, attending events organised by the local authority and clinical commissioning group (CCG), networking with other providers and visiting health and social care websites.

The management team carried out a number of quality assurance activities to monitor the quality and safety of the service people received. These included monthly audits on the home's health and safety arrangements, the ongoing monitoring of any accidents, incidents or complaints and the distribution and analysis of feedback surveys. These audits and checks had led to improvement in the service, including the refurbishments of a number of bedrooms, improved activities provision and more varied vegetarian menu options.