Alysia Caring (Aspen Manor) Ltd

Aspen Manor Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Aspen Manor Care Home is a purpose built care home providing nursing and personal care for up to 78 people with a range of needs. Accommodation is provided over three floors and people are able to access various communal areas including lounges, dining rooms and a cinema room. At the time of our inspection, there were 36 people using the service.

People's experience of using this service and what we found
People did not always have the support they needed to mitigate known risks. For example, records and evidence showed people were not always supported to have enough to drink or to change their position in line with their assessed needs to maintain skin integrity.

People were at risk of poor care and support because governance systems were not effective and needed strengthening. Although audits were taking place they had failed to identify and address the issues we found during our inspection, in relation to poor care monitoring and recording, care planning, medicines and infection prevention and control.

Improvements were needed to ensure people's medicines records were stored and recorded accurately. Improvements were needed to ensure staff consistently followed safe working practices to protect people from the risk of infections.

Staff were safely recruited. Staff did not feel confident contingency plans were implemented effectively to ensure there were always sufficient numbers of staff deployed to meet people's needs.

Improvements were needed to ensure people were fully supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People, relatives and staff were positive about the registered manager.

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 good (published 14 June 2023).

Why we inspected
The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about

the management of risks for people. This inspection examined those risks. You can see what action we have asked the provider to take at the end of this full report.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Aspen Manor Care Home on our website at www.cqc.org.uk.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

Requires Improvement

The service was not always safe.
Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.
Details are in our well-led findings below.

Aspen Manor 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.

Inspection team
The inspection team consisted of 3 inspectors and an Expert-by-Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Aspen Manor care home 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 Manor care home is a care home with nursing care, although nursing care was not being provided at the time of our inspection. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
The inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information we had received about the service and spoke with external agencies, including local authority commissioners, responsible for funding care for some of the people using the service.

During the inspection
During our site inspection visit we spoke with 8 people and 1 relative and observed interactions between people and staff in communal areas. We contacted a further 7 relatives by telephone the day after our inspection visit. We spoke with 9 staff including the registered manager, the deputy manager, the operations manager, team leaders and care staff. We also spoke with a visiting healthcare professional. We reviewed 7 people's care plans and records and reviewed a sample of medicine records. We also reviewed a range of records relating to the day to day management of the service, including 3 staff recruitment files, staff training records, quality assurance and policies and procedures.

Requires Improvement

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 inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider did not assess risks effectively to ensure people were safe. Staff did not always take timely or effective action to mitigate identified risks.
- For example, a person was assessed as at risk of malnutrition and dehydration. Their care plan stated they were on 'nutrition watch' and should be offered food and fluids hourly. Records showed although food consumed was recorded, food was not offered hourly and fluid records showed very minimal amounts of fluids were recorded for 3 days and no fluids were recorded for 4 days from 23 October 2023. This person had lost weight and may not have had enough to eat or drink.
- A second person was assessed as at risk of dehydration and malnutrition. They did not have any fluids recorded at all so staff had no way of knowing if they had enough fluids each day.
- A person who had an assessed pressure sore had not had staff support to reposition, as required in their care plan, for over 9 hours on 26 and the 27 October 2023. 2 people assessed as at high risk of developing pressure sores had no records of positional changes. This meant this risk may not have been managed in the safest way and people were at risk of harm.
- A person, assessed as at high risk of poor skin integrity, had been recorded as declining staff support on 2 occasions on 31 October 2023 to reposition during the night. Staff had documented a red area of skin the following morning but failed to escalate it to the team leader to ensure timely and appropriate action was taken. This put the person at risk of harm.
- A person newly admitted to the service had an interim care plan whilst a full care plan was being developed. We found the person had dietary requirements including food they could not eat due to health conditions and food they chose not to eat due to a lifestyle choice. Details of these dietary requirements had not been given to kitchen staff and the person was served with food they could not eat. Staff were reliant on the person informing them of this error to enable them to offer a suitable alternative.
- Whilst most relatives felt their family member received good support to have enough to eat and drink, some relatives expressed concerns that this was not always the case. A relative told us, "[Name] does not eat, only enough to stay alive. [Name] likes hot chocolate and will always drink this. Some staff will offer a hot chocolate and some don't." A second relative told us, "[Name] is given drinks but they are not within reach. [Name's] mobility is not good and they can't reach to get the drinks."

People did not always receive timely and effective support to manage known risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the registered manager submitted an action plan with the objective of implementing improved monitoring and prompts for staff to address these concerns.

● Staff knew how to reassure people when they became distressed. We observed staff reacting to verbal aggression in a professional way with a kind and compassionate approach. This demonstrated they were following best practice and guidance from health professionals.

Using medicines safely
● People were supported to receive their medicines safely but improvements were needed to medicine records and processes.
● We found errors in medicine stock quantities and records which meant medicines were not accurately accounted for. The registered manager investigated these stock errors following our inspection visit and informed us errors had been made when medicines were signed in that had not been identified in a timely manner.
● One person who was prescribed medicine on an 'as required' basis did not have a protocol in place about when this medicine should be given. There was a risk this medicine would not be given consistently and as prescribed. The registered manager immediately implemented a protocol following our inspection visit.
● The service held medication for each person but had more than a month's supply of stock. This was not best practice as it risked medicines becoming out of date or staff opening and using more than one item at a time. We saw 2 500 ml bottles of a prescribed medicine were in use at the same time; this medicine should be used within 90 days of opening and there was a risk it would be used beyond this time.
● Medicine fridge temperatures were checked daily, however the minimum and maximum daily fridge temperatures were not recorded and this meant staff did not know if the fridge temperature had been within safe limits at all times.

Preventing and controlling infection
● Improvements were needed to staff practices to ensure people were protected from the risk of infections.
● The premises were clean, though we found a lingering malodour around a nurses station.
● Staff completed cleaning schedules but these were not always audited by managers to ensure they were effective and safe cleaning had been completed.
● We saw equipment such as hoists, hoist slings and a trolley with continence aids and wipes on were stored in a communal bathroom. This was not an appropriate place to store these items because of the risks of spreading infection. There was also a risk hoist slings would be used communally and this would cause further risk of cross infection for people.
● People and relatives told us people's rooms were cleaned daily and felt the standard of cleanliness had improved recently following concerns around poor standards of cleaning and hygiene.

Visiting in Care Homes
There were no restrictions on visiting. People's friends and family were made welcome at any time of the day.

Systems and processes to safeguard people from the risk of abuse and avoidable harm
● The provider had a detailed safeguarding policy and procedure and staff completed safeguarding training.

● Staff understood how to raise safeguarding concerns within the service, however some staff were unaware of how to escalate concerns outside of the service.
● People told us they felt safe living at Aspen Manor; they told us staff would listen to them if they had any concerns. A relative told us, "[Name] is very safe, very well looked after and gets on well with staff. I have never seen anything that worries me and [Name] is happy."

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● People had their capacity to make decisions assessed. However, mental capacity assessments were not always decision specific. For example, a person's mental capacity assessment was not decision specific as it was to cover personal care and continence. There was not a description to show how each of the four assessment questions had been tested.
● One person's care plan did not include the condition attached to their DoLS authorisation. Their risk assessments did include this but there was a risk staff would not be aware whilst they provided daily care to the person. The registered manager added this during our inspection visit.
● Staff supported people in the least restrictive way and promoted people's choice and independence.

Staffing and recruitment
● Staff felt there were usually enough staff deployed to meet people's needs but felt contingency planning was not always implemented effectively to address short notice staff absence, such as staff sickness. Cover arrangements were dependent on the availability from existing staff team or agency workers. We reviewed rotas for September and October 2023 and found occasions when staffing numbers were low.
● People told us staff were helpful and kind but were sometimes rushed. One person told us, "I ask for a drink from staff and sometimes I have to wait a long time to get it, sometimes up to 2 hours, and that is after I have reminded them I am still waiting for it."
● The provider operated safe recruitment processes. Recruitment checks were undertaken including checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong
● Accidents and incidents were logged and reviewed each month by the management team.
● Records showed action was taken to prevent re-occurrence where possible; for example, referrals had been made to the falls team where there was a new or emerging risk.
● A relative described how staff had implemented a sensor mat to alert them if their family member fell in their room. However, they did not feel staff action was fully effective as they had not reviewed the environment for contributory factors to the person's falls.

Requires Improvement

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was clear about their roles and responsibilities. However, quality assurance systems in place had not always identified and addressed areas for improvement.
- The quality assurance systems at the service included several audits. These included IPC, medicine and care plan audits. Audits had failed to identify the concerns we found relating to lack of essential information around food and fluids where people had been assessed as at risk, inconsistency in monitoring and recording of people's needs including fluids and re-positioning, errors in medicine stock records and poor practice in relation to storage of hoist slings and continence aids.
- Housekeeping and maintenance staff told us they completed schedules and checks but there was no oversight by management to confirm these were completed correctly. A staff member told us, "Various checks and audits are carried out and are meant to be signed off by a manager each month but this isn't being done."
- The provider used an electronic planning system but we found this was not being used effectively. For example, the 'must do' option was not being used to prompt staff to provide essential care interventions. Some tasks, such as continence care and repositioning, were set at different times on the 'must do' option which could prove disruptive for a person and was not centred around their needs.
- Communication sharing and management structures were not always effective in supporting oversight of the service. For example, staff described all information being fed to team leaders who evaluated and decided on the best course of action. However, team leaders also had responsibility for medicines administration, care plan updates and oversight and management of staff and workloads. We found one example of ineffective communication as a result of this structure relating to a change in a person's skin integrity not being fully communicated and followed up.
- Staff described instances when staffing levels were very low. Although they found this challenging, there was no expectation that managers would come out of offices to support as 'they had their own workloads.' The evidence we found on our inspection visit supported a lack of oversight and monitoring of the daily care provision.

The provider had not operated an effective system to assess, monitor and improve the quality and safety of the service provided. This placed people at risk of harm. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The registered manager had reduced the amount of time they worked in the service as they were supporting another providers' service. The day to day running of the service was managed by the deputy manager.
● People and relatives were overwhelmingly positive about the registered manager. Comments included, "The registered manager is absolutely spot on. I did not understand what palliative care was and they explained everything to me. They said if there is anything I wanted to know or ask, then just go to them. They have been lovely with me," and "The registered manager gives us good information and a very empathetic response. They are always very welcoming and accommodating."
● Staff were also very positive about the registered manager. A staff member told us, "The (registered) manager is very good. They recognise and celebrate diversity."

Continuous learning and improving care; 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 provider had a complaints procedure which guided people on how to make a complaint. This included an investigation template for managers to evidence how each complaint had been managed. We saw this was rarely used and did not provide an overview of each complaint and lessons that had been learnt.
● Some people lacked confidence in raising concerns. For example, some people described how they had to wait long periods for support on occasions, that staff did not always ask how people wanted to be addressed when they moved into the service, and a lack of timely support in enabling people to access medical professionals. Some people felt confident to raise concerns, whilst others did not.
● Relatives did feel confident to raise concerns and felt these were responded to. A relative told us, "If I have a question staff always make time to speak to me and they always follow up if anything needs putting in place."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● The provider sought feedback from staff, people, and their relatives. Regular resident meetings were organised by activity staff. We saw discussions were mostly around activity planning rather than care or service updates or consultation.
● Staff told us they were supported by their managers. They attended staff meetings and their views and opinions were listened to.
● The management team had developed working partnerships with external health and social care organisations. People's care records showed communication with professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not operated an effective system to assess, monitor and improve the quality and safety of the service provided

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People did not always receive timely and effective support to manage known risks

The enforcement action we took:

Warning notice