

Aspen Place Ltd

# Aspen Place

## Inspection report

171 Comptons Lane  
Horsham  
West Sussex  
RH13 6BW

Tel: 01403259081

Date of inspection visit:  
30 June 2022

Date of publication:  
26 September 2022

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Aspen Place is a residential care home providing personal and nursing care to up to 52 people. The service provides support to younger and older adults who live with physical disabilities and people living with dementia or learning disabilities. At the time of our inspection there were 50 people using the service.

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

People and relatives told us there was not always enough staff. One person told us, "They tell you to ring the bell. The wait times varies." Relatives gave examples of their concerns about staff responses to call bells. Their comments included, "I did press the buzzer in an area out of the room and no one came for quite a while." And "There are normally enough staff but at weekends it seems lower." The provider was in the process of monitoring staffing levels to ensure people received timely support.

People's care was not always person-centred. Some people had limited opportunities to take part in activities and were reliant on staff to facilitate this.

We have made a recommendation about expanding the adaptations within the environment to support people living with dementia.

People had their health care needs met. Some healthcare professionals spoke positively about how the staff had engaged with them but in some situations, visiting professionals spoke of potential delays in contacting community healthcare professionals.

Monitoring audits had not always identified concerns about person centred care or the feedback from some healthcare professionals.

People and their relatives told us they felt safe and were cared for by staff who knew them well. One relative told us, "I do know who to report to if we felt that my [loved one] was unsafe."

People received their medicines as prescribed and medicines were managed safely. Accidents, incidents and safeguarding concerns were reported and investigated as required and actions taken to prevent reoccurrence. People were protected from the risk of abuse and staff were aware of their safeguarding duties and how to report concerns.

People were supported by staff who had completed training in line with people's needs. Staff were recruited safely and received supervision where opportunities to develop and feedback about their practice were discussed. 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 09 May 2019)

#### Why we inspected

The inspection was prompted in part due to concerns received about the experiences of people living in the dementia unit and pressure area care. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led section of this full report.

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.

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

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to person centred care and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### 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?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-Led findings below

**Requires Improvement** ●

# Aspen Place

## **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

The inspection was undertaken by three 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 Place is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Aspen Place is a care home with 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 were two registered managers in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 30 June 2022 and ended on 06 July 2022. We visited the service on 30 June 2022.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from Healthwatch, which is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 nine people who used the service and seven relatives about their experience of the care provided. 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. We spoke with 11 members of staff including the provider, the registered managers, head of care, registered nurses, care workers, administrator, lifestyle manager and the catering manager. We spoke with five healthcare professionals who have regular contact with the service.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance processes, training records, policies and procedures were reviewed

# 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 for this key question has deteriorated 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.

Staffing and recruitment; Learning lessons when things go wrong

- There were not always enough staff to meet people's needs promptly and this is an area that needs to be improved. Some people and relatives told us there were not always enough staff. One person said, "They answer the bell, but sometimes it takes a while for the second staff member to come but they're pretty good". Another told us, "There can be quite a wait when they have breaks, lunchtimes are awful."
- Relatives provided mixed feedback regarding staffing levels. Their comments included, "Sometimes it looks like there is not enough staff." "The staffing fluctuates" and "I think that there is enough staff, although from time to time when the residents need more than one member of staff to assist them this reduces the availability."
- Staff provided mixed feedback on staffing levels and told us there were times during the day when they were busy and this impacted on having enough time to talk and listen to people. One said, "Depends on the part of the day, in the morning it is very busy". Another staff member told us, "We have enough time." Our observations confirmed some call bells had been ringing for over 10 minutes. As a result of this mixed feedback and the potential risk of people not receiving timely support with their needs, we spoke with the registered managers to understand what action they had taken to improve how staffing levels were managed.
- The provider had already received feedback from people about call wait times and had reviewed how they deployed staff. The registered managers told us how this included allocating a staff member primarily to respond to call bells. The provider was using a staffing dependency tool and was able to demonstrate what safe staffing levels should be and records confirmed staff were deployed at this level. Where people required two staff to assist them, we saw this had been planned for. Where a person required one to one support, we saw this was met with consistent staff who knew the person well.
- People were protected by safe recruitment processes. New staff were appointed following pre-employment checks which ensured they were of good character to work with people who had care and support needs. This included undertaking appropriate checks with the DBS and obtaining suitable references. Checks were made to ensure nurses were registered with the Nursing and Midwifery Council (NMC) and were fit to practice. Staff had received effective training in safety systems processes and practices.

Assessing risk, safety monitoring and management

- Risks to people's health had been assessed on admission and managed safely. This inspection was prompted in part due to concerns about people's skin integrity. Feedback from health professionals had been mixed in regard to whether guidance was always sought in a timely manner. We have not identified evidence of harm at this inspection and communication concerns are covered in the effective key question

section of this report. People at risk of sustaining pressure damage had appropriate care plans and risk assessments in place and records confirmed people were receiving appropriate pressure area support. Pressure relieving mattresses were on the correct setting and equipment was suitable to meet people's needs. A relative told us their loved one, "Has the equipment needed, anything they need is always available." Where required, tissue viability nurse (TVN) guidance was sought and implemented.

- People at the service lived with a range of physical and mental health needs which were individually risk assessed. For example, people's risks in relation to Parkinson's disease had associated assessments in place to consider the risk of falls and swallowing difficulties. A health professional told us how the service responded to their visits, "Any actions are always performed promptly, safely, and effectively. The staff are always quick to review any new medications, or chase prescriptions for example from their GP. I feel confident the staff will flag any issues relating to their Parkinson's or other needs, and always inform me if a resident is deteriorating and needs a review or urgent input."
- Risks to people were assessed, and measures were taken to mitigate risks. This included how people moved and any equipment they needed to do this safely. Falls risk assessments had been undertaken and people had falls prevention care plans. We observed people being supported to mobilise in a safe and dignified way.
- Incidents were managed safely. Senior staff monitored incidents for trends and used this information to inform how they deployed staff. For example, the registered manager told us how an increase in falls during the afternoon had appeared to correlate with staff handover times as a result they ensured a staff member is available to people during this time. They told us this had resulted in a reduction in falls.
- Regular health safety and maintenance checks were completed to ensure equipment and the premises were safe to use. The service had assessed fire risks and equipment was available to support people to evacuate in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The service worked with other agencies to do so. Managers and staff were able to demonstrate they understood abuse. Relatives told us, "[Person] is safe, I feel confident that the management and staff are all supportive and genuinely concerned about the residents." And, "Absolutely they are safe."
- Staff received training and were aware of their safeguarding responsibilities. Staff understood the different types of abuse and how to recognise and report concerns. One staff member told us, "I can go directly to manager and explain any concerns."
- The registered manager demonstrated their knowledge of safeguarding; we saw referrals had been escalated to the local authority appropriately. Safeguarding concerns were appropriately investigated, and plans were implemented where required.

Using medicines safely

- Medicines were managed safely. Medicines were ordered, administered, stored and disposed of safely.
- We observed people receiving their medicines and asked the staff member if anyone needed their medicines to be administered at a particular time. For example, people living with Parkinson's disease need to have their medicines at the same times each day for the medicine to be effective. We asked the staff member about time-specific medicines and particular health conditions. They were able to provide detailed information about people who might have a health condition and required their medicines to be given in a particular way. A health professional told us, "The staff at Aspen Place have a good amount of knowledge around Parkinson's and the Parkinson's medications."
- One relative told us how their loved one had been supported with medicines, "[Health professional] had advised [person] to have medicines away from mealtimes. The staff listened and acted on their advice. They also react quickly to any changes in medicines."



- People received their medicines safely in accordance with the prescriber's instructions. 'As required' medicine (PRN) had protocols in place to guide staff describing what the medicine was prescribed for and included details such as dose instructions, signs and symptoms. Staff followed effective processes to assess and provide the support people needed to take their medicines safely.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Staff carried out appropriate checks for all visitors to the service.
- We were assured that the provider was meeting shielding and social distancing rules and was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely and were assured 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.

- The service supported visits for people living in the home in line with current guidance. A relative told us, "We wear PPE, do tests, have to test negative to enable us to visit and we wear face masks." Another relative told us how visiting arrangements had changed in line with government guidance, "Now we don't have to arrange visits but still have to wear masks."

# 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 we rated this key question good. At this inspection the rating has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- This inspection was prompted in part due to concerns regarding the availability of meaningful occupation for some people. Our observations showed some people had limited opportunity to partake in social activity. Staff had made decisions regarding the availability of activity resources for some people without considering the potential impact on others.
- Peoples social and emotional needs were not always effectively considered in line with nationally recognised guidance. The Alzheimer's society best practice guidance for professionals, (Optimising treatment and care for people with behavioural and psychological symptoms of dementia) reiterates the importance of person-centred care for people living with dementia. The guidance provides a number of key points staff should consider including, 'Does the person have the opportunity for stimulation and enjoyment?' And staff should 'Create a menu of pleasant activities that are tailored to the person and that can be completed with care staff.'
- Aspen Place used part of the first floor primarily for people living with dementia. There was a seven-bed unit referred to by some staff as "The locked unit". Our observations showed that whilst this was not a locked unit and people were able to access other parts of the service, they were reliant on staff to support them to do so. The registered manager confirmed people were able to join in activities in other areas of the service.
- We did not see any activities or resources within this part of the service. The provider supplied records relating to activity opportunities where some people were recorded as not being offered social stimulation for up to 29 days. Where people had stated a preference to remain in their bedrooms, activities were offered outside of their rooms for walks or to go downstairs despite the person continually declining to leave their room. The records supplied demonstrated some improvements in this area since inspection. The lack of opportunities for people to have social engagement increased the potential risk of social isolation.
- Some areas of care were not always person-centred. For example, whilst a person was eating their meal, staff had placed cutlery on the table beside them, they had not ensured the persons chair had been positioned in a way that they could access the cutlery. We saw the person had their plate on their lap and was eating a fried egg with their fingers. Staff did not intervene to support this person. We observed that this person did not finish their meal.
- One person told us they did not always have their personal hygiene preferences met. They told us they didn't always get opportunities to have a shower, "I only have showers at the weekend. It seems like such a job. We have to take turns. It's my fault I need two people. I usually have washes on the bed". Records had noted this person's preferences to shower and staff had recorded this person having a body wash for the past 14 days. We fed this back to the registered manager.

The provider had failed to do everything reasonably practicable to ensure people received person-centred care that is appropriate to meet their needs and personal preferences. This was a breach of Regulation 9 (Person-centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following feedback about our observations of the experience for people living with dementia, the provider and registered managers acknowledged concerns about how this had become an area seen as a separate part of the service and told us they, "Planned to take on board the feedback and open up all the service to not call it the 'Locked unit'. Subsequent to our inspection the provider informed us, "Service users in the Blue Unit are there because they require extra support to meet their care needs. This can be due to a number of reasons including presenting challenging behaviour, preference for quieter living quarters, or financial difficulty with funding for 1:1 support regularly. We have created this special unit with increased supervision and staffing to accommodate these service users' needs, demonstrating a proactive approach to providing person centred care to service users. The reason there is a keypad lock on it is for the safety of everyone in the home to prevent wandering and/or incidents with other service users."

- Nationally recognised risk assessment tools were used to assess risks, for example, those associated with nutrition, skin integrity, oral health and standards relating to communication needs. Care plans and assessment tools were in line with guidance from the National Institute for Health and Care Excellence (NICE).
- Records relating to people's needs were detailed and included details about their life histories and interests. Whilst it was not always evident how staff had considered people's preferences staff were knowledgeable about their physical needs. Downstairs in the main communal space we saw staff engaging with people acknowledging their choices and preferences.

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

- Feedback from health professionals was variable. Some healthcare professionals have provided positive feedback whereas others have expressed some concerns about staff not contacting them promptly about people's health needs and felt this had led to people's care being inconsistent. Some such incidents had been considered through safeguarding concerns where the health care professional told us communication shortfalls potentially increased the risk of people not being supported in a timely manner.
  - For most people the service ensured people accessed healthcare services when required. A relative told us how their loved one had been recently seen by a dentist and could access a chiropodist when needed. Records relating to oral health care included detailed mouthcare assessments and updates were shared with relatives.
  - Relatives spoke positively about how staff involved them when they needed to contact healthcare professionals. Their comments included, "If for any reason the staff feel like [person] needs the GP they would call the GP and inform the family." And "They see the GP when and if they need to." This provided assurance staff supported people to access healthcare services when required.

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

- Some parts of the environment had not always been considered and adapted for people living with dementia. For example, there was limited orientation prompts to support people to orientate or do so independently.

We recommend the provider seek from a reputable source advice on expanding the adaptations within the environment to support people living with dementia.

- People had name plates on their doors, and we saw the service had used different coloured room numbers to denote whether people had made an advanced decision about emergency support. This was confirmed with people's records. Some people were using memory boxes outside their rooms which contained personal items important to them. For example, one person had a Welsh flag and delighted in sharing their native language with us on the day.
- People appeared relaxed and comfortable and had their own private rooms which they were encouraged to personalise. We observed people's rooms were decorated with personal items and photos of their loved ones.
- The service was spacious and light with adequate space for people to mobilise safely with their mobility aids. People were observed mobilising independently. For people unable to use the stairs, the home had a lift available for use if required.
- Technology was used to enhance people's care. Call bells were in use for people to call for staff assistance. For those unable to use call bells, sensor mats were used in people's rooms so when they moved staff were alerted and could go to offer their assistance.

#### Staff support: induction, training, skills and experience

- New staff completed an induction programme and were supported by trained staff with their learning. The service operated a mentor programme to help new staff access support when needed. One staff member told us, "I spend time with my mentor, the induction was four-five weeks, we had to stay with our mentor every day. We need to learn about all the residents first. We had training too."
- One staff member explained how they had been supported with training, they said, "We use the West Sussex gateway for dementia training. During morning and afternoon handovers and huddles, we pick up topics. Today was skin integrity, but other times it was about delirium. We do this because online, you don't get to absorb everything. Huddles are good to share the information." A "huddle" is an opportunity for a number of staff to meet together to discuss key topics. We saw staff attending a huddle and, on this occasion, the focused discussion covered skin integrity. Senior staff used questions to test staff understanding of the risk factors. Staff led the session and supported staff to understand the importance of reporting any concerns.
- There was a strong focus on developing staff knowledge to enhance the delivery of effective care and support. A staff member told us how they were being supported, "We have supervision, mostly about using hoists, stand-aid and about preferences for training and my development and plan what I want to do".
- Staff completed a rolling programme of training and were encouraged to undertake additional training to progress their career.
- Staff told us they felt supported, received regular supervision and attended team meetings to keep them updated with current good practice models and guidance for caring for people. This provided an opportunity for the team to work together to deliver effective care.

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

- People were supported to eat and drink enough and maintain a balance diet. People could choose from a varied menu and choose where they preferred to sit at mealtimes. Some people were observed eating their meal in their room, others sat at the dining table in communal spaces. People were complementary about the food and choices available. One person told us "We have a choice for the first and second course. If we don't like it, we can have something else. We can ask the kitchen for something to eat outside of normal routines." Relatives told us, "They have choices on the menu, it looks well balanced, and they can have drinks when they want." and "They offer a good choice of food and they get enough to eat and drink."
- Peoples support plans identified what types of food they could eat and what support they might need to eat and drink. People who had difficulty swallowing or were at risk of choking had been assessed by the speech and language therapy team (SaLT). We observed people having modified and fortified diets. These

were prepared to the correct International Dysphagia Diet Standardisation Initiative (IDDSI) levels identified within their SaLT assessments. This reduced people's risk of choking.

#### 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 demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making. Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. One staff member said, "The assessments are there to make sure we work in people's best interest. Even if people have dementia, we respect their histories and what they have always wanted."
- For people who had been assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. The provider had completed DoLS applications and whilst awaiting the formal authorisation were monitoring this regularly and tracking the progress.
- Where people had conditions on the authorisation of their DoLS, these were met. The providers systems ensured these were regularly reviewed. This meant people who were subject to DoLS were supported by least restrictive measures which were considered in their best interests.

# 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 deteriorated 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.

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

- The provider had failed to keep the culture of the service under review to ensure people were supported in accordance with best practice dementia guidance or in a person-centred manner. People living with dementia did not always experience person centred care in an environment to suit their needs. Our inspection was prompted in part by concerns we had received regarding the support of people living with dementia and the level of engagement and activity they benefited from. Our observations during the inspection corroborated these concerns.
- The providers auditing processes and systems had not monitored the quality of the experience for people with dementia in the unit referred to by some staff as "The locked unit" or considered the potential risk of this being "institutional". As a result, this suggested a separation from other parts of the service and increased the risks of people not being treated equitably or always receiving person centred care.
- The provider had not always monitored concerns regarding feedback from people and relatives about the levels of staffing and the length of time for calls to be responded to by staff.
- One relative provided an example, "I have had to wait up to 45 minutes for a member of staff to come when I pressed the call bell. I thought [person] was having a panic attack. I was told that I should have pressed the emergency button." Observations on the day corroborated some calls were not responded to in a timely manner. We fed this back at inspection and the registered managers told us they had experienced some technical issues with the call bell system which were being resolved. The provider could not always be assured they had effective systems to monitor and respond to feedback from people and relatives about staffing level concerns.
- Staff had not always worked in a collaborative or open manner with external health professionals who had provided mixed feedback regarding the openness and transparency of staff and managers at Aspen Place. A number of health professional have shared concerns with the length of time it has taken for staff to seek outside professionals support for specific health concerns. The provider did not have effective systems to identify or manage communication concerns and as a result did not always actively seek the views of healthcare professionals. The mixed communication experience of healthcare professionals increased the risk of people not receiving joined up care.

The provider failed to assess, monitor and improve the quality and safety of the services provided including the quality of the experience of people in receiving those services. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection the provider told us they would meet with the registered managers to consider what changes they needed to make to address the shortfalls identified at this inspection.

- Whilst we have identified some people's emotional and social needs had not always been met people and relatives who spoke with us were consistently positive about the provider and registered managers and their experiences of care. One person told us, "They are very, very good." Another spoke about how the provider had arranged for them to have an extra light to aid their craftworking as a result this person had received support to continue with their interest. Relatives' comments included, "The staff and management seem to be approachable.", "I know who the manager is and they are approachable." And "I think that it is well led, I know and met them, they know me and call me by my name."
- Some health professionals provided positive feedback regarding their contact with the staff at Aspen Place. Their comments included, "Aspen Place always involve the patients in their care and their choices. I have witnessed excellent dignity and respect that the staff show their residents. They communicate well with their residents." And "Staff know patients well and their families and are encouraging/show interest in their rehabilitation achievements."
- Staff told us the managers were consistent, supportive and encouraged them to develop in their careers. One told us, "They are both very, very good. Any doubt in my mind I can go for help and they answer. We talk about progression in my role."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had a quality monitoring process which, despite the concerns above, generally supported the service to manage risks to the health and safety of people. Senior staff completed a range of regular checks and the results were communicated with the provider. The registered managers used the results of these checks to drive improvement in the service. For example, the head of care carried out weekly checks which monitored health and safety of the service, reviews of care plans and weekly medicine audits. The registered managers followed up on actions resulting from these checks.
- There were systems and processes to monitor and analyse accidents and incidents and analysis was used to identify key issues and mitigate risks. This ensured there was management oversight of any relevant trends and any actions taken to avoid or reduce risk and further occurrence.
- Staff used information technology to monitor care plans which contained personalised information about people and their preferences for how they liked to be supported. Auditing systems were in place and ensured information contained in people's care records was up to date and health monitoring was consistent. For example, where people had been assessed as having skin integrity risks, records relating to repositioning and support were maintained.
- Staff told us they had objectives focussed on improvement and learning. Senior staff led by example and were accessible and used a variety of methods to drive improvement. Staff spoke positively about the "Daily Huddle" which offered bite size opportunities to cover a particular topic and a variety of staff meetings. One told us, "We have meetings for all carers and some for just lead carers, they have them for nurses too. They are always talking all the time about reminders of documentation, teamwork, helping each other."

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 managers understood their responsibility to be open in the event of anything going wrong. They reviewed any feedback and incidents, so any learning would be taken from them and the service would continue to develop.
- The registered managers understood their responsibility to notify us of significant events, as they are required to by law. Notifications had been sent to us in a timely manner and were completed in line with



requirements. The registered managers understood their responsibility to notify local authority safeguarding of concerns. Records showed that this had happened appropriately and in line with safeguarding guidance

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- People were encouraged to make decisions about the care they received. People told us that they had been involved in developing their support plans, they felt listened to and were given choice and control in the way their care was delivered. One relative said, "It's been everything we hoped it would be. The nursing team are very good and keep me advised, they refer everything to us."
- The provider ensured staff kept regular contact with relatives. There were email updates, newsletters and personalised greetings on special occasions. Relatives spoke positively about the level of engagement whilst acknowledging there had been some reduction of this throughout the COVID-19 pandemic. One told us, "There has been an improvement in communication it is so much better and more emails." The provider carried out surveys with people, relatives and staff and records confirmed discussion of some of the challenges Aspen Place managed during the COVID-19 pandemic
- There were positive relationships between people and staff; interactions were warm, friendly and pleasant. Relatives told us staff treated their relatives with kindness and compassion. One relative said, "They look after [person] very well they are caring." Staff spoke knowledgeably about people and one shared with us how they had worked with one particular person to build trust and how now this person generally accepts support from staff.
- People had opportunities to feedback their experience of care. One told us, "They had a resident meeting the other day in the lounge. All the things I wanted to speak about I forgot (laughing). I can't remember what they were." Records confirmed meetings took place both physically and on occasion virtually. People told us they were supported to feedback about the food. The catering manager told us how they involved people in food preparation, "I involve residents in peeling potatoes or other vegetables, I interact with them."
- People and relatives felt able to raise concerns. The service had a complaints procedure, and people said that they knew how to complain and who to complain to. Records showed that complaints were responded to appropriately and in a timely way. The registered managers told us that complaints were shared, and outcomes used to make improvements to the service.



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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had failed to do everything reasonably practicable to ensure people received person-centred care that is appropriate to meet their needs and personal preferences. This was a breach of Regulation 9 (Person-centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to assess, monitor and improve the quality and safety of the services provided including the quality of the experience of people in receiving those services. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>