

Aspen Hill Healthcare Limited

# Nevis House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Nevis House is a care home providing personal and nursing care for up to 30 people aged 65 and over. At the time of the inspection, 29 people were living in the service.

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

People told us they felt safe and enjoyed living at Nevis House. One person told us, "I don't look upon myself as being in a home, I look upon myself as being at home." Relatives also spoke positively about the home and were satisfied with the care and support given to their loved ones.

Overall, medicines were managed well but some areas for improvement were identified during our inspection. We have made a recommendation about the management of medication. Systems were in place to protect people from the risk of abuse and to manage any risks related to their care needs. There were enough staff working at the service to meet people's needs and there were adequate staff recruitment practices in place. There were systems in place to minimise the risk of infection.

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.

The service worked well with other healthcare professionals to meet the needs of people. Staff enjoyed working for the provider and told us they felt well supported.

Governance systems were in place to ensure all aspects of the service were reviewed and checked regularly. People, relatives and staff told us the management team were always approachable and responsive to any issues raised.

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 and update

This service was registered with us on 14 February 2023 and this is the first inspection.

The last rating for the service at the previous premises was Inadequate, published on 10 June 2022.

### Why we inspected

This was a planned inspection.

### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Nevis House

## 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 carried out by 2 inspectors, a medicines 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.

#### Service and service type

Nevis House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Nevis House 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 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

This inspection was unannounced.

Inspection activity started on 21 November 2023 and ended on 29 November 2023. We visited the location's service on 21 and 28 November 2023.

#### What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including information about important events which the service is required to tell us about by law. We reviewed feedback from other stakeholders. These included the local authority safeguarding team, commissioning teams, infection and prevention control team and Healthwatch Leeds. Healthwatch 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 5 people using the service and 5 relatives about their experience of the care provided. We observed care in the communal areas to help us understand the experience of people. 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 gathered feedback from 1 healthcare professional.

We gathered information from several members of staff including the registered manager, deputy manager, nurses and care staff.

We reviewed a range of records. This included 3 people's care plans, risk assessments and associated information, and other records of care to follow up on specific issues. We also reviewed multiple medication records. We looked at 3 staff files in relation to recruitment, training, supervision and appraisals. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Overall, medicines were managed well but some areas for improvement were identified.
- We found detailed guidance was not always in place for when people required prescribed creams to be applied by care staff. We also found records of application of creams were not always specific. This issue had been identified by the management team during their audits but action had not yet been taken at the time of our visits. We asked the registered manager to take immediate action to ensure people were supported appropriately in this area of their care.
- There were medication care plans in place but these needed to be clearer on how people took their medicines, especially when medication was given covertly or people had swallowing difficulties.
- Some protocols for 'as and when' required medication needed additional information and a clear indication of which individual care plans they were linked to.
- Staff were trained to support people with medication and their competency to complete this task was regularly monitored, in line with good practice guidance. Medication audits were completed on a regular basis.

We recommend the provider reviews their management of medication, in particular in relation to prescribed creams and 'as and when' required protocols, and implements best practice guidance in this area.

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

- Risks to people's care were well managed; these had been assessed and actions put in place to manage them.
- The provider made sure all servicing of the premises and equipment took place at the appropriate time. However, we identified one piece of equipment that had not passed the required checks of the Lifting Operations and Lifting Equipment regulations and staff told us this had been used. We discussed our concerns with the registered manager who told us they were not aware this equipment was in use and asked that a sign was placed again to ensure it was not used by staff. There was no evidence to indicate any incident had happened with the use of this equipment.
- Incidents were analysed and actions taken to prevent incidents happening again.
- People shared positive feedback about the safety of their care. Their comments included, "Yes, I am safe, you get really good care."
- Relatives said people were safe comments included, "I feel [person] is safe because all the staff are brilliant with [them]. [Person] is a falls risk but the plan to manage them is working because I am not getting any phone calls. [Person's] mobility is better, and the staff help with exercises."

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the care provided and would not hesitate to raise any concerns to staff.
- The management team were aware of their safeguarding responsibilities; appropriate referrals had been made when required.
- Staff's knowledge in safeguarding was good.

### Staffing and recruitment

- The service followed safe recruitment practices. The provider had a staff recruitment procedure in place.
  - People told us they were supported by a regular staff team who knew them well and they felt there was enough staff to provide support. Their comments included, "There are plenty of staff in the morning, they'll come in and check if I'm still asleep, they also come in and check I'm OK at night." Relatives agreed there were enough staff working at the home. A relative told us, "There are plenty of staff, it is a regular staff team here. They have time to chat and usually come quickly if I press the call bell and there are always staff in the lounge."

### Preventing and controlling infection

- People and relatives shared positive feedback about the level of cleanliness of the home. Relatives told us, "The cleanliness is to my standards, they put gloves on for toilet care for example and sanitise their hands afterwards."
- In our observations, we found the home's environment to be clean.
- The provider was managing the risks of cross infection well. Staff had completed training in infection control prevention.

### Visiting in care homes

- Relatives and friends were able to visit people living at the home, in line with visiting guidance.

# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service carried out an assessment of people needs and preferences before the service. The registered manager and deputy manager told us that the needs and preferences of people living at the home were also considered when assessing new admissions.
- Information and guidance to deliver effective care and treatment was included in most people's care plans.
- Care and support was delivered in a non-discriminatory way and respected people's individual diverse needs. People's needs in relation to the protected characteristics under the Equalities Act 2010 were considered in the planning of their care. People's medical conditions were described in their care plans.

Staff support: induction, training, skills and experience

- Staff were offered relevant training to meet the needs of people using the service. For example, the registered manager told us during their audits, it had been identified staff required additional training with managing the risks around people's skin integrity and additional training had been given to staff.
- The management team offered ongoing support to staff through regular supervision meetings.
- Staff told us they felt well supported.
- One person commented on how they felt staff were skilful and well trained in responding to their needs and preferences; "The regular staff are very well trained they seem to know everything you need. They have taken an interest to get to know, you they all know me, my family, my daughter and grandchildren, this wasn't the norm in other places. They ask if I am OK and are just making sure I am alright."

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

- People told us they generally enjoyed the food at the home. Comments included, "The food is quite nice, not bad at all" and "The food is alright, there's certain stuff I don't like but we are given three alternatives, and we can always have sandwiches. We can have tea or coffee whenever we want, and you get biscuits and snacks three times a day."
- People were appropriately supported to eat and drink to maintain a balanced diet according with their needs.
- Some people required a higher level of support from staff to support with their meals; this was described in their care plans and recorded in care notes.

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

- People were supported by a range of multi-disciplinary professionals to ensure they received high quality

care.

- A visiting healthcare professional told us referrals were completed timely and staff were responsive to professional advice given.

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.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty or these had been requested and were waiting approval.
- The registered manager understood their responsibilities under MCA.
- Staff understood it was important to support people to make choices for themselves and continued to support people to do this where possible.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's care records could be accessed by staff who did not work with them but who worked in another 5 care homes owned by the same provider. This posed a risk to people's confidentiality. The registered manager told us this had already been identified and work was ongoing by their technology partners to address this issue.
- People were supported to be as independent as possible and to be involved in meaningful activities. One person commented, "They support my independence and sorted me out a better walker so that I can do my own thing and go where I want. I go out regularly and have a staff member with me." A relative told us, "The staff are polite, pleasant and there is not one of them that has not welcomed us. They're sorting out a wheelchair for [person] because they want to be able to get [person] out and about, that shows respect for [person's] independence. There are some staff that really do go the extra mile."
- People told us they felt respected and their dignity maintained at all times. Comments included, "Overall the staff are very good, very helpful and treat me like a man, definitely with dignity and respect and definitely kind" and "They respect my privacy, for example, they always draw the curtains when I'm having personal care, and they keep me covered up."

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

- People were regularly involved in planning and reviewing their care. One person told us, "I have been involved in my care plan in stages." Relatives had also been involved in designing and reviewing their loved one's care. Comments included, "I chose this room for [person] and discussed [person's] likes and dislikes." And "Yes, we have done the care plan with them and had a review."
- People's views and preferences were recorded in their care plans. We saw each care file had details of people's history, preferences and how they preferred their care needs to be met.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke positively about staff who supported them. Comments included, "They are very respectful, it's the way they are with you, it's the fact that they know you, for example, they can see when you are a bit down in the dumps and they will ask you what's wrong, they know when you are not quite looking like yourself" and "They always seem to act on what you say, they are a good bunch."
- Staff spoke with commitment about the work they were doing and the people they were supporting. One staff member described us how they felt the service was like their second home.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care, which responded to their individual needs and choices.
- People had individual person-centred care plans, enabling staff to support them in a personalised way that was specific to their needs and preferences. Most care plans were detailed but we also found some examples of inconsistencies or where additional detail required. For example, additional detail was needed in care plans linked to application of prescribed creams. One person required additional support with wound care and details of this need was not accurate in their skin integrity risk assessment. We asked the registered manager to review these care plans.
- People and relatives told us staff responded to people in a timely way and were attentive to their specific needs and preferences. One person told us, "They do everything well" and another person said, "They are good listeners." Relatives were also positive about staff's responsiveness to people's needs; comments included, "They are all very focused on the people and tend to their needs. None of the staff are abrupt, they are nice to everyone, there is a good interaction between staff and residents, and you can see that the staff enjoy their jobs."

End of life care and support

- People's care plan included reference to their end of life wishes and preferences.
- The deputy manager told us how medication to manage pain levels had been prescribed for people who required it and how they worked with relevant professionals to meet the needs of people who required palliative care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships and to follow their interests.
- People enjoyed taking part in activities that interested them. People told us, "You can do any activity you want to do, there's painting, flower arranging, arts and crafts, there are enough activities and plenty of variety. Outside entertainers come in, the zoo comes in and we have trips out for example we've recently been to the Thackray Museum, and to Scarborough we can get out and about. You can suggest somewhere to go and if possible, we will go."
- Relatives agreed their loved ones were offered meaningful activities and relatives were also invited to join in. One relative said, "They seem to do quite a few trips and have all sorts of animals coming in. Family is invited to things, my daughter and granddaughter came in for the karaoke and were going to come in for the bonfire night."

Improving care quality in response to complaints or concerns

- People and relatives told us if they had any concerns they would discuss them with care staff or management and were confident their concerns would be acted on. One person told us, "I know where to go if I need anything or have concerns, I can go to the office."
- The provider had policies and procedures in place to manage complaints.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and plans put in place to support people with this area of their care.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received care that was personalised to their individual needs and preferences, and this achieved good outcomes for people.
- People told us they enjoyed living at the home and this had a positive impact on their lives. One person told us, "It's a homely place, I would recommend it to others."
- The provider gathered people's views about how the service was run and we saw examples of how this had influenced the way the service was delivered around people's preferences. For example, there was a resident committee and one person told us how they had suggested changes at the home. They told us, "There are 4 or 5 of us on the committee. We meet every 2 months, we ask for suggestions and the committee raises them. For example, we raised the fact that there was too much pasta on the menu, we were getting fed up with it, and they changed it straight away. We pointed out that windows needed cleaning. We took suggestions about activities to [name of staff member] and we suggested doing a flag for the Coronation."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and relatives told us they felt the service was well managed. Their comments included, "I think it's well managed;" "I think it's well managed because the communication is excellent" and "It's well managed because they listen."
- The management team were knowledgeable about delivering quality care centred around people's needs and preferences.
- During this inspection, we received consistent positive feedback in relation to the registered manager and the management team being very approachable and supportive. One person told us, "[Name of deputy manager] is approachable and I think it's well managed because you don't have to go through 3 or 4 people to speak to her and you know you can have what you want."
- The registered manager understood their responsibilities under the duty of candour and was open about any lessons that needed to be learnt as a result of incidents.
- Staff told us the management were supportive and any issues raised would be acted on appropriately.

Continuous learning and improving care

- There were effective quality assurance systems in place. The management team conducted regular audits,

for example, on people's medication, care records and observing meals. This ensure that any issues were identified. We found one example were although an issue had been identified during audits with recording of prescribed creams, action had not yet been taken. The registered manager gave us a clear timescale to when this would be implemented.

- The management team kept an appropriate oversight of the clinical risks and actions were taken in a timely way.

Working in partnership with others

- Health and social care professionals were regularly involved with people's care planning. Professional advice was documented and followed.