HC-One Oval Limited

Aspen Court Care Home

Inspection report

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Spondon
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Derbyshire
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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

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

Aspen Court accommodates 40 people providing care to people with nursing needs. At the time of our inspection there were 37 people using the service.

The last inspection took place in September 2017 when the provider for this location was Bupa Care Homes (CFH Care) Limited.

This was the first inspection of the service since the provider changed to HC One Oval Limited. This inspection took place on 18 and 19 June 2018 and was unannounced.

Aspen Court had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their family members raised concerns that they had to wait, sometimes for lengthy periods of time for staff to respond when they activated the buzzer to request assistance. Some family members were concerned that there was not always a staff presence in the communal area of Aspen Court. The registered manger informed us they would monitor the response time of staff to requests for assistance and this would be discussed at the next resident and relative meeting. Alterations to staff shift patterns were set to be introduced to provide greater flexibility.

We found improvements were needed to the accuracy of some records, which assessed risk, however we found no evidence that inaccurate records had had a negative impact on people's care. The registered manager had identified similar shortfalls and had organised additional training for staff. People's safety was promoted by staff that had the appropriate training to monitor and support people to be safe. There were sufficient staff to keep people safe and they had undergone a robust recruitment process. Staff were aware of their responsibilities in monitoring people's safety and well-being. Environmental risks were reduced through regular maintenance and cleaning of the service. People received their medicine and were supported by staff with the appropriate knowledge and skills in the management of medicine.

People's needs were assessed and regularly reviewed to ensure people received effective care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's independence was encouraged and the environment enabled people to move freely around the premises, including the garden. Staff received the training they needed and opportunities were available for staff to

further their knowledge and develop new skills. People's dietary requirements along with their likes and dislikes with regards to food and drink were recorded. People expressed satisfaction with the meals. People were supported to access a range of health care professionals and staff worked in partnership with external agencies to ensure and promote people's wellbeing.

People spoke positively about the caring attitude and approach of staff. Staff promoted people's dignity and all interactions between staff, those using the service and family members were positive to ensure the best outcome for people. Many of the staff were dementia or dignity champions (an advocate for people who shares their knowledge with work colleagues) and were working towards gaining recognised awards. People had personalised their rooms to create a homely environment.

People were encouraged to make decisions about their care and treatment and people's care plans reflected their opinion as to the care they wished to receive. Aspen Court had attained a local award for end of life care and information was provided in a dedicated area of the service. People with a life limiting condition were encouraged to make a care plan for their end of life care.

People were complimentary about the range of activities and social events provided at Aspen Court. People spoke of the activities they had undertaken at the service and in the wider community and spoke of further events that had been planned.

The open and inclusive approach adopted by the registered manager, management team and staff, meant people using the service and family members were confident that they could raise any concern they had. The registered manager had investigated concerns that had been made. Any information gathered following these investigations were used to improve the service provided and shared with staff.

The provider's managerial structure meant there was strong, clear and visible leadership. There were robust systems to measure the quality of the service. People using the service, their family members and staff had a number of ways in which they could comment upon and influence the service provided.

Information we received from external stakeholders, which included health care professionals was positive. They spoke of the collaborative approach adopted by registered manager and all staff in seeking the best outcomes for people using the service by working in partnership, which included involvement in a pilot project initiated by the local NHS Clinical Commissioning Group.

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 consistently safe.

People raised concerns that they often had to wait for staff to respond to requests for assistance when they used their call bells.

Documents used to record the assessment and reviewing of risk were not always completed accurately.

People were safeguarded from abuse as robust systems and processes were in place, which included robust staff recruitment practices.

People's needs with regards to their medicine were identified within their care plans and medicine management systems were robust.

Policies and procedures were adhered to ensure the premises were clean. Staff followed guidance to protect people from infection.

Is the service effective?

Good

The service was effective.

A robust approach to the assessment of people's needs was in place. This meant that when people moved to the service they received effective care and support.

People spoke positively about the meals and their individual dietary requirements were catered for. People's health and welfare was promoted as staff liaised effectively with health care professionals. The service had been part of a pilot project to find out the impact of providing additional health care resources within Aspen Court.

Staff were actively encouraged to develop and learn and were supported through on-going supervision and support. Staff accessed relevant training to ensure people's needs were met.

Staff were aware of the Mental Capacity Act 2005 and the

Deprivation of Liberty Safeguards. People using the service, family members and health care professionals were involved in decisions about people's care and support.

Is the service caring?

Good

The service was caring.

People were complimentary about staff saying they were kind and respected their privacy and dignity.

People and family members were involved in decisions about care and support and these were recorded within people's care plans.

The design and layout of the premises encouraged people's independence as people were able to mobilise around the service well, with or without staff support.

Is the service responsive?

Good

The service was responsive.

People spoke positively about the activities and events organised by the activity organiser and the staff who supported them in taking part.

People's care plans recorded their views about their care, treatment and support, which in some instances included their wishes about end of life care.

People and family members were confident to raise concerns. Concerns received had been investigated and used to further develop the quality of the service.

Is the service well-led?

Good

The service was well-led.

The managerial structure of the provider meant robust systems to monitor the quality of the service were a shared responsibility and used to drive improvement.

The managerial structure provided staff with strong leadership and support, through ongoing supervision and regular and effective communication.

The registered manager had service-wide systems and processes in place which included encouraging the active involvement of

people who used the service and family members.

Aspen Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 and 19 June 2018 and was unannounced. The inspection team consisted of one inspector, a Specialist Professional Advisor 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.

We used the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed all the information we held about the service. This included concerns received about the service and notifications we had received from the provider. A notification is information about important events and the provider is required to send us this by law. We reviewed the provider's statement of purpose. A statement of purpose is a document that describes the facilities and services, what people can expect to receive and the provider's philosophy of care; visions and values.

We contacted commissioners for health and social care, responsible for funding some of the people that use the service and health care professionals involved in the care of people living at Aspen Court and asked for their views. We contacted Healthwatch Derby, an independent consumer champion for people who use health and social care services. We used this information to inform our inspection judgements.

We spoke with nine people who use the service and five family members who were visiting their relatives. We spoke with two health professionals visiting the service. We spoke with the registered manager and deputy manager, two nurses, five members of care staff, the activity co-ordinator, chef manager, area director and quality director.

We looked at the care records of four people, which included their medicine records, care plans and risk

assessments. We looked at the recruitment records for three staff and staff training information. We looked at a range of documents including meeting minutes, audits and complaints and records relating to how the provider monitored the quality of the service being provided.

Requires Improvement

Is the service safe?

Our findings

A majority of the people using the service and visiting family members we spoke with raised concerns as to the length of time it took for staff to respond to requests for assistance when they activated their call bells. One person said. "My only concern is that sometimes you have to wait a long time for the toilet, it can be from 5 minutes to half an hour if they're [staff] busy." A second person told us. "My only concern is I have to wait a long time for people [staff] to answer the buzzer for the toilet, sometimes I feel uncomfortable with the wait, this happens most days. When I mentioned it to the manager she told me they were trying to get it down to eight minutes. I think it's got worse. I don't think there's enough staff." A third person told us. "Some days there are more staff that others, sometimes I have to wait for the buzzer, I need three people [staff] to help me to the toilet. I've had to wait too long sometimes, it happens in the morning. I think they need more staff." A fourth person told us. "I only have one concern and that is I have to wait too long when I press the buzzer."

We spoke with the registered manager about people's comments. The registered manager told us there were ten staff on duty in the morning and eight in the afternoon and evening, which included a nurse. The staff rota confirmed this. A decision had been made to alter the deployment of staff to nine, throughout the day. In addition, extra staff had been recruited to work in the evening until midnight, to support people who chose to go to bed later. The registered manager said they would audit the records to analyse the response time of staff to the call bell, to ensure it was acceptable, and discuss the issue at the next relative and resident meeting.

Staff said that in their view there were sufficient staff on duty to meet people's needs and told us staff were allocated to specific areas of the service for which they had responsibility for on a day to day basis.

Some family members expressed concerns that there was not always a visible staff presence in the communal area of the lounge, dining room and conservatory and that people experienced delays in receiving support and care when they requested assistance. The registered manager said they would review how they could increase staff presence in the lounge to reassure people that they were safe and enable call bells to be answered in a timely manner.

People were safeguarded against the risk of being cared for by unsuitable staff through the provider's recruitment procedures. Recruitment files we looked at contained evidence that the necessary employment checks had been completed before staff started to work at the service. These included application forms with a full history of employment, identification documents and a check with the Disclosure and Barring Service (DBS). The DBS carry out criminal record and barring checks on prospective staff who intend to work in care and support services to help employers to make safer recruitment decisions. For nurses, a check of their Nursing and Midwifery Council registration was carried out.

We found improvements were required to some documentation about people's needs. In some instances, documents had not been completed appropriately, which meant there was potential for people not to receive the care and support required. For example, assessment tools to assess risk in people's nutrition had

not always been completed correctly. We spoke with the registered manager who had confirmed they had identified some shortfalls we had shared with them. The registered manager confirmed additional training in some areas had already been identified and that supervisions would be undertaken to reinforce the importance of accurate record keeping.

Risk assessments were undertaken on a range of issues to promote people's safety and welfare when they first moved into the service and were regularly reviewed. Risk assessments identified the action to be taken to reduce potential risks. For example, a person who had been admitted to the service with a pressure sore had been assessed as being at risk. A plan to reduce the possibility of further skin damage had been put into place, which included the use of pressure relieving equipment. In addition, staff frequently repositioned the person in bed. The person told us they were very comfortable, and their family member who was visiting confirmed that staff repositioned their relative every two hours. We found positive examples of people making informed decisions about potential risks associated with their care and treatment which were respected and their care plans were updated consistent with their decisions.

The provider engaged external contractors to maintain and service equipment, which included electrical and gas systems, the fire system and equipment used to support people in the delivery of their personal care, such as hoists and other mobility aids. All systems had a certificate to evidence they had been assessed as safe at the time of the contractor's inspection. Individual personal emergency evacuation plans (PEEPS) were in place, which provided guidance on the support people would require should they need to evacuate the service in an emergency. The PEEPS in addition contained specific important information relating to people. For example, the contact details of their doctor, life critical medication and any specific equipment the person needed.

Comments from people using the service and visiting family members were consistently positive when speaking about being safe. They shared with us their views as to whether they or their relative felt safe and why, and what it meant to them. One person told us. "Yes, I feel safe here because of the staff, they're lovely." A second person said. "Yes, I feel safe living here, everything makes me feel safe here." A third person said. "I feel safe here the girls [staff] are here for me, they treat me well." A fourth person told us how they felt safe when being hoisted, and when staff assisted them to use a stand aid, as staff helped them and didn't rush.

The registered manager responded appropriately when areas of concern were brought to their attention to ensure people's safety and welfare was promoted. Notifications were submitted to the Care Quality Commission (CQC) about potential abuse and safeguarding referrals made to the local authority. The registered manager provided information required to the local authority and other agencies involved in the investigation of safeguarding concerns. This was to assist them with their investigations. They also attended safeguarding meetings where required.

Staff had received safeguarding training and other training relating to safety, such as action to take in relation to incidents or accidents, such as people having a fall. They understood what procedures were to be followed if they suspected or witnessed abuse. This included contacting outside agencies such as the police, CQC and local authority safeguarding teams.

People we spoke with about their medicines told us they received their medicines on time. One person said. "They, [staff] deal with my medicine, it's on time and never runs out." A second person said. "I get my medication on time."

We observed some medicines being administered by nursing staff, we saw nurses explaining to people what their medicine was for. We found the Medicine Administration Records (MARs) were clearly written, with the

dosage, frequency and any specific instructions, and had been signed when medicine had been administered. People in some instances were prescribed PRN medicine (to be taken as and when required). Where PRN medicine had been prescribed, a clear protocol had been put into place to ensure the medicine was consistently administered. People's medicine was regularly reviewed with the prescribing practitioner and any changes were acted upon. Medicines were kept safely and were stored in line with guidelines. Medicine stock levels were regularly checked and we found safe systems were in place for the disposal of medicines, with records being kept.

People spoke positively about the cleanliness of Aspen Court. One person told us' "It's clean here." A second person said. "There's no smells." A family member told us. "The building is good." We found the service to be clean when we visited. A team of housekeepers were responsible for the cleanliness of the service. Staff were observed using protective personal equipment (PPE) when delivering personal care.

The registered manager had carried out an infection control audit, some shortfalls had been identified and measures to bring about the required improvements had been actioned. For example, new comfy chairs had been ordered to replace those that were damaged.

The registered manager had systems in place to monitor the safety of people using the service, which included the reporting of incidents and accidents such as falls. The audits were used to identify any trends or themes, or patterns so that changes and improvements could be made. Records of accidents and incidents were comprehensive, detailing the action taken in relation to the person's care and whether other parties such as health care professionals or family members had been informed.

The provider had systems in place to share information to improve safety and welfare following incidents in their other services. For example, the maintenance team were asked to check all hot pipes within Aspen Court were covered. The representative of the maintenance team had confirmed at the staff morning 'flash meeting' that all pipes were covered. External safety alerts and information received by the service, for example about equipment or medicine, were also discussed in the meetings. Consideration was given to the safety alerts and whether they affected the service or people using the service. Where action was needed, this was taken and recorded.

Good

Is the service effective?

Our findings

A family member spoke as to how their relative's health and well-being had improved since being discharged from hospital into Aspen Court. The family member told us how surprised and happy they were when they arrived at Aspen Court to see their relative sitting at the dining table eating cheese on toast, having spent weeks in hospital in bed. The family member went onto say how their relative's physical health had improved and said the care provided had been, "100 out of 100". They spoke of the physiotherapist's involvement in supporting their relative to be up and about. The person using the service told us, "I've been at ease."

People were involved in identifying the assistance they would like prior to care being provided, which included recognising any needs people had in relation to protected characteristics as defined by the Equality Act 2010. This included areas such as support with their physical and social needs. Assessments were used by the registered manager to identify what care and support a person required to ensure that the service could meet their needs. Assessments of people's needs were undertaken by a commissioner where people's care was funded, and everyone had an assessment of their needs carried out by the registered manager or another member of staff of the service. Assessments identifying people's needs were used to develop care plans, outlining the care and support people required. As part of the assessment process the involvement of health care professionals was incorporated, with copies of their recommendations sent to the service, to ensure continuity of care.

People had equipment, where required, to support their independence. For example, at lunchtime we saw people eating using adapted cutlery and drinking cups. People, in addition, had walking aids to promote their independence, enabling them to move around the premises without assistance.

People we spoke with expressed confidence in the skills, knowledge and experience of staff in providing the care and support they needed. One person told us, "Yes, they [staff] know what they're doing, they hold my hand and say, 'don't worry' you're not going to fall', I can trust them, we have a bit of banter, a laugh."

We spoke with a recently recruited member of staff who was completing their induction period. The member of staff spoke positively of the training they had received and told us they were now working alongside experienced members of staff. They told us this was to consolidate the training they had received and to enable them to get to know those using the service. They said they had received support from the registered manager and staff.

We found staff were knowledgeable about the needs of people and staff spoke positively about the training they received. Staff received training in topics which promoted people's health, safety and welfare and reflected people's specific health care needs. The registered manager told us that they had recently been given access to the provider's e-learning system, which would be accessible to all staff. A room had been set up for staff with a computer so that they could access training. Nurses' competency updates were managed through the Nursing and Midwifery Council (NMC) and its revalidation processes. This helped to ensure nurses had the up to date knowledge and competency required to support people with their health needs.

Staff received ongoing support through regular supervision and had their competency assessed to ensure they provided the appropriate care and support.

The provider had a proactive approach to the development of staff, with an extensive training programme, which supported this. The deputy manager was undertaking a leadership programme and a senior support worker told us they would be applying for the new nursing assistant programme. A senior member of care staff told us they were further developing their area of responsibility by becoming a moving and handling champion.

People spoke positively about the meals. One person told us, "The food's gorgeous. There's snacks, breakfast you can have what you want, I had poached egg on toast this morning. Plenty of choice." A family member said of the meals, "The food is good, I can't fault it." A menu was on display near to the dining room entrance. The menu showed a hot meal option for breakfast, lunch and tea time. Additional snacks for supper were also included, and snacks of fruit, biscuits and cakes were served throughout the day, which included fruit and vegetable 'smoothies'. Dietary requirements were met, which included diets for people with diabetes.

We joined people for the lunchtime meal on the first day of our site visit, sitting with people at one of the dining room tables. Tables were set with tablecloths, napkins, cutlery and condiments. Everyone was served a drink of their choosing, which included water, squash and for some an alcoholic beverage. Staff aided those who required support on a one to one basis and with sensitivity, sitting and speaking with the person to make the dining experience positive. We identified on the second day of our visit that the dining experience was not positive for everyone as staff did not always notice people's request for assistance, for example staff did not respond when a person raised their hand to request something. We spoke with the registered manager about our observations, who confirmed that staff themselves had already spoken with them about the dining experience, and how it had not been positive for everyone. Recent audits carried out on people's dining experience had been undertaken and shared with staff at a team meeting to improve people's experiences.

The chef manager was committed to providing high quality food and actively sought people's views as to their dietary requirements. All meals were 'homemade', which included the baking of cakes. The chef manager met with people when they first moved into Aspen Court using the information provided about people's dietary preferences and adding it to their care plan. The chef manager and registered manager worked collaboratively, which meant any concerns noted in people's food or fluid intake were addressed, including referrals to relevant health care professionals. The chef manager reviewed information on a weekly basis gathered from the monitoring of people's weight and made changes to people's diet accordingly.

Risk assessments identified the action to be taken to reduce potential risks. For example, it had been noted that a person had loss weight since their admission to Aspen Court. In response to this, a referral had been made to the dietician. The person's diet had been altered to promote weight gain, which included a fortified diet, high calorific snacks, and full fat milk and other dairy products being added to food and drink.

Aspen Court had retained its 5 star rating from the Food Standards Agency (FSA) when we carried out our inspection. (The ratings go from 0-5 with the top rating of '5' meaning the service was found to have 'very good' hygiene standards).

The service worked well with other organisations to ensure the delivery of care. For example, Aspen Court had a 'step down bed', which was commissioned through health services, and used to facilitate the timely

discharge of people from hospital. The facility was used to provide further on-going treatment and care to people, with a view to their returning home, or being discharged to another service. In some instances, people stayed at Aspen Court, transferring from the 'step down bed' to another room, where one was available.

Aspen Court was involved in a pilot project, involving a range of health care professionals who provided support to people within the service. The pilot, initiated by the Clinical Commissioning Group (CCG), had been put into place to identify the impact of the service on people's well-being and whether it reduced admissions into hospital. We spoke with an occupational therapist who was part of the pilot. They provided examples as to the positive impact on people, which included increased mobility for one person and a re-assessment of equipment for another. They spoke of the lovely atmosphere of the service and the receptive approach of staff in the promotion of people's wellbeing.

We spoke with a doctor, who was making a routine visit to see people at Aspen Court, which they did twice each week. The doctor spoke positively about the care people received and told us that all staff had a good understanding of people's needs. The doctor said staff could answer any questions about people's care and health. The doctor in addition commented on the positive approach and willingness of staff to engage and contribute to the pilot project initiated by the CCG.

People we spoke with told us they had access to health care professionals. One person told us the nurse would always contact the doctor if necessary. They told us they had an ongoing issue which caused them discomfort and that the doctor had been called. A second person said they had good access to health care and that they were involved in decisions about their health needs. We found staff to be pro-active in liaising with health care professionals. For example, during our inspection visit a nurse had identified a person as having a urinary infection, the nurse contacted the doctor who prescribed antibiotics. The person's medicine arrived later in the day.

People's records reflected a range of health care professionals were involved in their care, which included nurses and doctors for a range of areas, which included tissue viability nurses and consultants, reflecting a range of areas of expertise. The outcome of any health professional involvement was documented, along with any advice given.

Aspen Court provided communal rooms for people to socialise in, which included a dining and living room, which opened into a large conservatory that overlooked and provided access to a well-maintained garden that provided areas of interest. The garden benefited from a fish pond, bird feeding table, plants and shrubs and a fruit and herb garden. A separate communal room was available and used for a range of activities, which included meetings and social activities and gatherings, which included religious services.

People we spoke with said they were involved in decisions about their care on a day to day basis. One person said. "They (staff) know me pretty well, they ask for my consent and they knock."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found best interest decisions had been undertaken, to reflect people's views as to their, care, treatment and support, which had been documented in their care plans.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. The authorisation process for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found copies of these authorisations were available in people's records, and in these circumstances staff liaised with the person with all decisions relating to their care and treatment.

Good

Is the service caring?

Our findings

People were complimentary in their comments about the kindness and compassion they received from staff. One person told us, "They're [staff] kind and caring and respect my privacy and dignity." A second person told us, "The staff here are marvellous, always cheerful and they look after me well." A third person spoke of staff being kind and caring, we asked what they meant by that. The person said, "Nothing is too much trouble, when I need them [staff] they come." Others we spoke with made similar comments about the caring approach of staff towards them.

Some people said they would recommend Aspen Court to family and friends. One person said, "I would recommend this home because they [the staff] care, there's lots of entertainment and the food's good." A second person told us how they had initially received respite care at Aspen Court, and had now decided to move to the service permanently as they felt they could no longer cope at home. They went onto say, "The place is nice, the food is nice, there's choice and it's clean."

Our observations supported the homeliness and caring attitude of the service. For example, a member of staff offered a chocolate from a box of chocolates of another person, who had asked staff to offer the person a chocolate on their behalf. Most people spoke about the happiness of the service, with people sharing a laugh and a joke. One person said, "We're a happy bunch, we like a laugh."

Staff we spoke with were knowledgeable about the people they supported. People we spoke with shared information about their lives, which included their families, hobbies and interests. A senior member of care staff, who was a dementia champion, spoke of their and other staffs' commitment to fund raising to support people living with dementia. Staff supported people to take part in memory walks at Alvaston Castle, which people using the service and family members took part in.

Family members had acknowledged the care and support provided to their relatives, with family members sending thank your cards, which were displayed on a notice boards for all to read. One card included, 'Our sincere thanks to you all for giving so much of yourselves to provide the care and attention our [relative] needed.' They went onto write. 'We will also remember your dedication, your compassion and grace […] for that we are so very grateful.'

People told us they were encouraged to express their views about their care. One person said staff encouraged communication. They told us, "They [staff] communicate with me, they make suggestions." Family members confirmed their relative's care and support had been discussed with them, which had included a conversation about their relative's care plan.

Information about Aspen Court was displayed on a notice board, which included a new initiative known as 'Friends of Aspen Court'. The focus of the group was to provide support and share ideas. The first meeting had been scheduled for later in June 2018, with dates planned for the rest of the year. Aspen Court produced a newsletter which included information about activities to be held and celebrated successes, and included thanks to others who had contributed to Aspen Court.

People's spiritual needs were met, which included religious services being held within Aspen Court. On the day of the inspection, some people chose to attend a Communion service. People's diversity was acknowledged with each person having a 'memory box' outside of the bedroom door, containing objects important to them.

A senior care staff member spoke of their role as a dementia champion and how they supported staff in recognising and understanding how to provide good quality care for people living with dementia. A 'dignity notice board' was in place, which provided information as to how dignity was recognised and promoted. The notice board referred to staff who were 'dignity champions'. The Provider Information Return (PIR) stated staff at the service were in the process of completing the Dignity Award, and that in addition a series of Dementia Friends meetings were held to support staff in becoming Dementia Friends. This was considered as key by the registered manager in the promoting of people's privacy and dignity and good quality care.

People's bedrooms were personalised with photos, items of furniture and pictures to help in creating a homely environment which people could identify with. People's rooms had en-suite facilities, to further promote people's privacy and dignity. Throughout the inspection we observed staff knocking on people's doors and seeking permission where possible before entering people's rooms.

Aspen Court enabled people to access all areas of the premises as it had been specifically designed to meet the needs of people who required care and support. This meant the service had wide corridors with wide doorways, making it easier for people to navigate around the premises independently or with staff support. Communal areas of the service were large and provided access into the garden area. The garden area had been designed so that people could move around the garden. Raised planters for vegetables and herbs were used, one person told us how they had planted some vegetables with the assistance of staff.

Good

Is the service responsive?

Our findings

People's care plans included people's views and in some instances, that of their family members. Where people's opinion as to their care and treatment differed from that of health care professionals, people's wishes were upheld, with consideration to best interest decisions. People's care plans were written to reflect their choices and were written to include their physical, mental, emotional and social needs. Personal preferences were included. For example, one person's care plan stated that they wished for the lamp in the hallway to be on when they go to bed.

People spoke very positively about the activities they had the opportunity to engage in and the activity organiser who organised and facilitated activities. One person told us. "The activity person is brilliant. She's cheerful, she makes you drinks, she takes us out. I like making things, games, puzzles, quizzes and memories." On the first day of our site visit, whilst we sat at a dining table at lunchtime, several people spoke of the summer fayre, which had taken place two days earlier. People were keen to tell us how much money had been raised and spoke of both their and that of their relative's involvement in the preparation for the day. One person spoke of the 'hedgehogs' they had made, whilst another person told us they had made lavender bags. People told us cakes had been baked and sold and had been enjoyed by all. People told us, that in small groups, they were assisted by staff to visit the local public house for a meal. Two people we spoke with told us of the Rhubarb Gin they had tried, which was enjoyed by them and was a popular topic of conversation.

People were complimentary about the activities provided. People we spoke with told us of the activities they took part in, which included sewing, quizzes, painting, drawing, and arts and crafts. During the inspection we saw people engaged in activities, both individually and collectively. One person sat looking a photograph album called 'Well-being Book'. This book was a photographic record of all the activities that people had taken part in. People who remained in their room either through choice or due to their health needs told us they had one to one time with an activity co-ordinator. One person told us the activity co-ordinator sometimes came to their room to have a chat. We were told that when outside entertainers visit the service, they visited people in their rooms, and had included a singer, singing to a person on a one to one basis.

A planned programme of activities was in place, which included each day a 'breakfast club' and an activity, such as sewing, name that tune, gardening club and a visit by a dog as part of 'Pets As Therapy' (PAT). We spoke with the activity co-ordinator who was enthusiastic and received many comments of praise from people and their family members. The activity co-ordinator told us they regularly organised entertainment, which included a male voice choir, a theatre group and trips out. The next trip being planned was to Skegness as requested by people at a residents meeting.

Organisations that provide publicly-funded adult social care are legally required to follow the Accessible Information Standard (AIS) which says services should identify record, flag, share and meet information and communication support needs of people with a disability, impairment or sensory loss. The registered manager spoke of their plans to provide information to support those living with dementia by providing information as to the time, date and weather for the day on a large board which would be put on display in

the main communal area. People using the service knew many of the staff well, the registered manager told us that photographs of staff and their role in the service would be re-taken, once staff had received their new uniforms which being supplied by the new provider. The registered manager said this would support both people using the service and visitors in understanding that uniforms were different in style and colour dependent upon staff's role. A number of information boards provided information to people using the service and visitors, which included minutes of meetings, forthcoming events and information about end of life care.

At the time of our inspection visit no one was in receipt of end of life care, however where appropriate, plans had been made to support people, with life limiting conditions. This included the prescribing of medicine to be used when required to manage people's symptoms and pain. Some people's records indicated they had chosen not to discuss their wishes with regards to end of life care, this was discussed with people and their family members when a person's needs changed to ensure people had the opportunity to make decisions if they so choose.

Aspen Court had attained the Derbyshire End of Life Quality Award, which means staff have access to end of life training, focusing on symptom management and specific nursing skills required to deliver medicine to manage people's pain. The service had a dedicated area providing information about the award and information about end of life care.

There was a clear complaints policy and procedure in place, complaints received had been dealt with appropriately and were logged and monitored. Advocacy support was available to people if they needed support to make decisions, complain, or if they felt they were being discriminated against under the Equality Act, when making care and support choices. An advocate speaks up on behalf of a person, who may need support to make their views and wishes known.

Records showed three complaints had been received and had been appropriately investigated. The registered manager, upon conclusion of the investigation had written a letter of apology detailing the outcome of the investigation to the complainants. To comply with the provider's responsibility in line with the Duty of Candour, one person had received a letter detailing how the investigation had been carried out and its findings. Information within the letter included how the person's care plan had been reviewed with their involvement to improve the person's quality of care.

Good

Is the service well-led?

Our findings

The provider had appointed staff in key managerial positions to monitor and keep under review the quality of the service people received. Managerial staff, which included the registered manager, deputy manager, quality director and area director, undertook this role. Key leads in other departments, which included catering, housekeeping, activities and maintenance, contributed to the effective day to day running of the service in the delivery of quality care to ensure good outcomes for people.

There was an inclusive approach to the day to day management of the service, which was achieved in a number of ways. Staff received support and guidance through regular supervisions, appraisals and staff meetings. Individual staff appraisals and supervisions were used to provide feedback to staff as to the quality of their work, providing praise and constructive discussions and targets where improvement was needed. Minutes of meetings clearly evidenced how the quality of care was monitored and discussed and how areas of improvement were identified with ideas shared as to how to improve the service. Staff demonstrated their commitment to providing good quality care when we spoke with them and were aware of the provider's expectations. One member of staff spoke of how they saw their role, "To make a difference, I hope I brighten people's days."

In addition to daily 'handovers' between nursing and care staff to discuss people's care and support, morning 'flash meetings' took place. We were invited to attend these meetings during the inspection, where we saw representatives from key departments within the service attend, along with the registered and deputy manager. These meetings provided an opportunity for each department to share any key information about their plans for the day, such as scheduled maintenance, the activity programme and appointments people using the service were scheduled to attend. The registered manager was seen to use 'flash meetings' to drive improvement, for example their findings from out of hours visits to the service they had carried out. They were also used as an opportunity for the registered manager to provide positive feedback and thank staff for specific areas of work, which included feedback on the success of the summer fayre and the Father's Day lunchtime meal.

As part of the provider's commitment to the monitoring of quality, monthly meetings involving the quality and area director and managers of other services took place. The registered manager viewed these as positive, as it enabled all to discuss and share good practice and ideas. Minutes of these meetings clearly detailed how information was shared and actions to improve quality identified. The minutes evidenced a collaborative approach to achieving the goals and aspirations of the provider through support, monitoring, effective communication and good record keeping.

The registered manager had a good understanding of the requirements of their registration with the Care Quality Commission (CQC). All necessary notifications had been made to the CQC and we saw that the duty of candour had been adhered to following any incidents or concerns. Where necessary, the registered manager had undertaken investigations into incidents, accidents and complaints. The registered manager was up to date with recent changes to the CQC key lines of enquiry and staff had been made aware of these. Regular staff meetings took place and were used to share information, which included the introduction of

systems, policies and procedures, training and other topics being rolled out in a phased and measured way by the new provider HC One Oval Limited.

The registered manager within the Provider Information Return (PIR) reflected their understanding, knowledge and how they implemented the General Data Protection Regulation to ensure data management systems were effective and complied with legislation.

We found a system in place to seek the views of people using the service, family members and staff. People's views and that of their family members and staff were sought through surveys and the opportunity to attend meetings. Minutes of all meetings evidenced how information was shared and people's views sought and acted upon, for example some people, now that the warmer months were here, wished to go to bed later whilst others wished to get up earlier. To facilitate this additional staff had been recruited to work from the early evening until midnight and some staff now started work at earlier at 7am.

To further support consultation and involvement, a 'Friends of Aspen Court' group had been set up, with its first meeting planned for June 2018. Newsletters were also used to share information. For example, the most recent newsletter provided information on activities. Newsletters were also used to celebrate success, which included the retention of the service's food hygiene rating. People and organisations were thanked for their donations, which included the donation of vegetable planting pots, which had been planted with vegetables by people supported by the activity organiser and staff.

The registered manager told us that the provider encouraged new ideas to drive improvements. Staff, people who used the service, visitors and health and social care professionals could use the 'blue marshmallows' initiative or the provider's website to make suggestions and share ideas to improve the service.

The occupational therapists we spoke with confirmed they were applying to be volunteers at Aspen Court, following their experience of supporting people as part of the pilot project initiated by the Clinical Commissioning Group) CCG.

The monitoring of quality within the service was undertaken in several ways. The provider's internal quality assurance required key audits to be undertaken monthly and quarterly by the management team of the service. These audits were used to monitor the service and to identify where improvements were needed. The quality manager was tasked with undertaking audits reflective of the CQC's key lines of enquiry. The first audit to be undertaken by the area director had been scheduled and planned for.

The registered manager had responsibility for Aspen Court's home improvement plan, which they monitored and implemented and were accountable for. The home improvement plan reflected what was working well, and any shortfalls identified detailed the required improvement including the action to be taken, by when and by whom. The plan covered a range of topics, resulting from internal audits, which included out of hours monitoring visits along with the audits that gained people's experiences of the service, maintenance, staffing, care planning and medicine. In addition, the findings of external organisations monitoring of the service, such as the local authority and environmental health, were also included.

The service worked well with other organisations to ensure the delivery of care. For example, Aspen Court had a 'step down bed', which was commissioned through health services and used to facilitate the timely discharge of people from hospital. The facility was used to provide further on-going treatment and care to people, with a view to their returning home, or being discharged to another service. In some instances, people stayed at Aspen Court, transferring from the 'step down bed' to another room, where one was

available.