

Opal Care Homes Limited

Aspen Grange Care Home

Inspection report

Coldnailhurst Avenue
Braintree
CM7 5PY

Tel: 01376550764

Date of inspection visit:

05 October 2020

06 October 2020

07 October 2020

13 October 2020

Date of publication:

16 November 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Aspen Grange Care Home is a residential care home providing personal and nursing care for up to 49 people in one adapted building. It is a purpose-built home arranged over two floors providing accommodation for people needing residential, nursing and dementia care. At the time of this inspection there were 29 people using the service.

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

Our previous inspection in January 2020 found Aspen Grange had been through a difficult period due to frequent changes of manager which had led to a lack of leadership, management and oversight. This had impacted on the quality of the service provided and resulted in risks to people's safety not being identified and managed effectively. Staff had failed to recognise and report safeguarding incidents. They lacked training and guidance on how to support people with behaviours difficult to manage. Additionally, the provider's systems for assessing and monitoring the service had failed to identify, poor falls management, lack of cleanliness and poor infection control.

At this inspection we found significant improvements in the management and leadership of the service. A new manager started in post in January 2020 and registered with the Commission as the registered manager on 09 April 2020. Relatives of people using the service and staff told us the new manager had had a positive impact on the culture in the service. A successful recruitment drive had significantly reduced the use of agency staff. Having a consistent staff team, with strong leadership had led to improved staff morale and better team work, which in turn had improved outcomes for people using the service.

Systems and processes to safeguard people from the risk of harm, or abuse had improved. Improved monitoring of people assessed as having behaviour defined as challenging and swift referrals to other professionals had led to these people having a better quality of life. Staff were observed to manage situations in a positive way to ensure people had maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff recruitment and induction processes, including agency staff, had improved which ensured the required checks had been completed to ensure they were suitable to work at the service. A new system to assess the quality of training had been implemented, which assessed staff's knowledge and understanding of training delivered, and their competency to deliver safe and effective care.

Systems were in place to ensure the premises and equipment were safe to use and well maintained. People's medicines were managed safely in accordance with relevant national best practice guidance. We were assured the service was meeting good infection prevention and control guidelines, including processes to respond to coronavirus and other infection outbreaks effectively.

Systems to assess and monitor the quality and safety of the service, had significantly improved to accurately reflect how well the service was performing, and where improvements were needed. Arrangements for reviewing and investigating incidents where things had gone wrong had improved. All incidents were being reviewed on a monthly basis, looking at what caused the incident to occur, identifying trends, and reflected actions taken to prevent reoccurrence.

Rating at last inspection and update:

The last rating for this service was inadequate (published 13 March 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since January 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 16 and 17 January 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, systems and processes to safeguard people from abuse, staffing and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

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

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 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 coronavirus and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below

Aspen Grange Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

This inspection was carried out by two inspectors, an assistant inspector and a specialist advisor who was a nurse. Two inspectors and the specialist advisor visited the service on 13 October 2020. The assistant inspector assisted with telephone calls to relatives of people using the service and staff on 05 and 06 October 2020.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and five relatives about their experience of the care provided. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the regional manager, registered manager, deputy manager, one nurse, and seven care staff. 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 reviewed a range of records. This included five 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 policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Our previous inspection in January 2020 found safeguarding policies and procedures were not fully imbedded to protect people from the risk of harm. Staff had not recognised incidents of abuse and had failed to report these to the management team. Since the last inspection all staff had completed safeguarding training. Safeguarding had also been discussed at supervision where staff were asked questions to test their knowledge and assess their competency to identify safeguarding matters and know how to respond. One member of staff commented, "Safeguarding systems have improved, staff have had training, and have a better understanding of what to report."
- Staff spoken with were aware of the different forms of abuse and understood their roles and responsibilities to report incidents, the things they would report, and who to report concerns to, including external agencies.
- The registered manager was aware of their responsibility to liaise with the local authority. The local authority confirmed the service had raised seven safeguards this year, which reflected the service was transparent in reporting incidents. Where safeguarding concerns had been raised, such incidents had been managed well.

Assessing risk, safety monitoring and management

- The previous inspection identified risks to people's safety, health and welfare were not identified and therefore not mitigated. At this inspection we found significant improvements had been made to ensure information about the risks to people had been assessed, with actions in place to mitigate those risks. This included risks such as, mobility, falls, diabetes and developing pressure wounds.
- People's care plans had been rewritten to reflect their current needs and associated risks, including the measures in place to reduce the risk of Coronavirus. 'Resident of the day' had been introduced to ensure all care plans and risk assessments were reviewed on a regular basis to ensure they were reflective of the person's needs.
- People's complex needs meant they often behaved in ways that challenged others. At the previous inspection we found observational behaviour charts contained minimal detail, with no analysis of incidents to identify triggers, or how to mitigate the risks of such incidents happening again. At this inspection we found there had been a marked improvement in completion of these charts, with better monitoring of patterns of behaviour and swift referrals to other professionals, such as the Dementia Intensive Support (DISS) team for support and advice.
- Systems were in place to ensure the premises and equipment were safe to use and well maintained. Where people needed support to move, staff were observed using appropriate equipment, such as hoists safely

and providing reassurance to the person. The use of technology had improved to promote people's safety, such as alarm sensor mats to alert staff if people at risk of falls had got out or fallen out of bed.

- Fire systems and equipment were checked regularly, and routine fire drills carried out to ensure staff knew what to do in an emergency. People had individual evacuation plans in place to guide staff on how to safely escort them from the premises in the event of a fire

Staffing and recruitment

- Our last inspection found the service had insufficient staff, which compromised people's safety. At this inspection we found staffing had improved. One person's relative commented, "I think there is enough staff, they seem nice and friendly, my [Person] is settled and treated very well."
- The registered manager had completed an assessment setting out current staffing levels based on the needs of the people using the service. Staff confirmed staffing arrangements had improved, comments included, "Staffing levels have been a lot better and team work, we work well together," and "Staffing levels have definitely improved, previously we had a lot of agency, now we have permanent staff, who get to know people's ways and behaviours, which has been a godsend. Staffing levels, definitely what they should be, it works well, no times are we short staffed."
- New staff had been recruited, which had dramatically reduced agency use. The registered manager told us, having a stable staff team was more beneficial to people as they were able to provide continuity of care. Experienced staff were paired up with less experienced and new staff to ensure a good balance of competencies and abilities on each floor.
- The registered manager told us they were still in the process of recruiting nursing staff, and continued to use agency nurses, but these were regular to the service and had good knowledge of people and processes in the service.
- Staff recruitment had improved. A review of three staff files found all the required checks had been completed to ensure they were suitable to work at the service. Improved processes were in place to ensure where agency staff were used, including nurses, up to date profiles were in place. These were being checked frequently to ensure they contained relevant information, including up to date training, their right to work in the UK, and DBS check.

Using medicines safely

- People's prescribed medicines, including controlled drugs were stored, administered and disposed of safely in accordance with relevant national best practice guidance.
- Medicine Administration Records (MAR) contained sufficient information such as photographs and allergies of each person to ensure safe administration of their medicines.
- Random sampling of people's routine medicines, against their records confirmed they were receiving their medicines as prescribed by their GP.
- Where medicines were prescribed on an 'as required' (PRN) basis, clear protocols were in place to guide staff when these should be administered. This ensured people had access to medicines such as pain relief, with suitable spaced doses.
- Staff were patient and kind during medication administration. People were administered their medicines safely and as prescribed, for example medicines that should be given before food.
- Medicines were managed by staff who had received the relevant training and who underwent annual assessments of their competency.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections. Relatives told us, they had been able to visit outside and indoors in a designated room via a booking system. One relative commented, "It was fine, it was a socially distanced area, the staff took my temperature when I got there, gave me PPE of apron mask and gloves. I was perfectly happy with how they did it, they did everything

with social distancing and sanitisation. It was very well done."

- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service. This was confirmed in discussion with relatives. One relative told us, "I think they have been really good, they've been good from the outset of my [Person] going in there."
- We were assured the provider was using Personal Protective Equipment (PPE) effectively and safely. Staff told us Covid had been managed brilliantly. Comments included, "We had Covid 19 training, and regular updates on how to keep people safe. The infection prevention and control nurses come in and showed us how to put on, and take off PPE, and our temperature is taken when we walk in. With all the measures in place I have definitely felt safe coming to work 100%, definitely safe."
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed. Relatives were confident the service was keeping their loved ones safe. Comments included, "I think they have done an excellent job at keeping residents safe. I have no concerns with Covid, they have done an excellent job," and "They seemed to be quite good, because the home has been Covid free during the pandemic."
- We were assured the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Arrangements for reviewing and investigating incidents where things had gone wrong had improved. All incidents were being reviewed on a monthly basis, looking at what caused the incident to occur, and identifying trends, such as repeated falls.
- Where people had been identified as having repeated falls, swift action had been taken to refer them to the GP to check for signs of infection, or to have their medicines reviewed. People deemed high risk had also been referred to the fall's prevention team. These measures had seen a reduction in the number of falls.
- Where themes had emerged linked to changes in people's behaviours more time had been spent looking at the cause and advice sought from professionals, which had led to a significant reduction in incidents of unpredictable behaviours between people using the service.
- The deputy manager told us, quality monitoring audits were now more robust, and provided an example of how these were being used to improve the service. Recent medicines audit had identified nurses were not using codes on people's medicines charts correctly. They had carried out a supervision with nurses discussing the importance of recording the correct codes, specifically around medicines, such as pain relief, prescribed on an as needed basis.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to have effective systems in place to monitor the quality and safety of the service. The lack of continuous provider oversight and leadership had resulted in an increase in whistle blowing and safeguarding concerns not being identified and addressed in a timely way, and low staff morale.

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

- Since the last inspection a new manager has been appointed and became registered with the Commission as the registered manager on 09 April 2020.
- Relatives of people using the service and staff told us the new manager had had a positive impact on the service, providing consistent direction and leadership.
- The registered manager had a visible presence in the service, completing daily walk arounds, attended regular handover and daily meetings to address any immediate issues with staff directly. This ensured staff were kept informed about what is happening in the service, including updates about managing Covid 19.
- Morale amongst staff had improved. Staff comments included, "Morale much better, different place to work, the manager and deputy listen to us, the service is now so much better than it used to be," and "It was difficult before, but now we have the new manager they deal with issues straight away, they are brilliant, and lovely. It's a joy, coming to work, and we have built a good team."
- Staff were aware of the providers vision and values of the service regarding independence, choices, rights, privacy and dignity and were observed adhering to these principles during the inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and deputy manager acknowledged there had previously been failings in the service and had worked hard to make the improvements needed.
- All staff spoken with said the registered manager was kind, a good leader and felt under their leadership there had been a significant improvement in the service. Comments included, "The manager has been a breath of fresh air, previously things were being put in place by different managers, but things weren't consistent, this time round, things are being put in place, and remain consistent," and "The new manager is very good, they have taken on board where improvements were needed, and we now have a clear structure

to follow. The way things are managed now are better and staff know what is expected of them."

- The registered manager told us, "Having a consistent manager has made a difference to the service. I am here every day, or at end of phone. Previously there had been so many different managers, and different processes. Where I have implemented systems, these have become embedded and consistently used."
- Staff understood their role and responsibilities, were motivated, and had confidence in the management team. One member of staff told us, "We have worked really hard and we can now see the results of that work. We have had good reports from residents' families praising us for keeping people safe during Covid 19. It has made us feel good and improved morale knowing we are doing something well."
- Systems were in place to assess and monitor the service, including the management of the pandemic and ensure business as usual. Regular audits, such as medicines, first impressions, and people's dining experience were being completed monthly to assess the quality and safety of the service provided.
- The registered manager told us the quality of the audits had improved and were now a true reflection of how well the service was performing. Where improvements were identified, actions were added to the home improvement plan and signed off when completed.
- The regional manager visited the service monthly to conduct a quality monitoring review and produced a report. The most recent report for July / August showed where improvements had been made, and what needed to improve, such as updating care plans, with timescales for actions to be completed.

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

- We found the registered manager had improved the culture in the service by engaging well with staff, people who used the service, their relatives, health professionals and other stakeholders.
- Relatives told us, the manager was open and transparent, and was good at keeping them informed and consulting with them about changes to their loved one's care. Comments included, "It's a very positive culture. The manager and staff are open with me about everything. They told me my [Person] had a fall but wasn't injured, I think it's very transparent," and "Every time we have had anything happen, the manager has let us know, any time we call to speak with them they are always helpful. I think they are open and honest."
- People's relatives had been asked to complete a satisfaction survey in July 2020. We saw a total of 17 relatives had responded, with good and excellent outcomes in relation to the care and support their loved ones received, communication and how the service had managed the Coronavirus pandemic to keep people safe.

Continuous learning and improving care

- Staff told us they felt supported, received regular supervision and appraisal to support their professional development.
- The registered manager had implemented improved systems to assess the quality of training, staff's knowledge and understanding of training delivered, and their competency to deliver safe and effective care.
- The deputy manager told us, "We have improved staff practice by telling them why we are changing things, telling staff why they should or should not do things has helped to improve their understanding. Their hearts are in the right place, they are kind."

Working in partnership with others

- The registered manager and deputy manager worked well with stakeholders, including Mid Essex Clinical Commissioning Group (CCG) and the local authority quality improvement and safeguarding teams.
- A representative of the CCG told us, they had observed the level of care and overall quality within the service had dramatically improved.
- The service had and continues to engage well with the home testing scheme for Covid 19 and have had no outbreaks of the infection, since the onset of the pandemic.

