

Aspray House Ltd

# Aspray House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Aspray House is a residential care home providing personal and nursing care to people from the ages of 18 to over aged 65. Aspray House accommodates 64 people in one adapted building. Care is provided over four separate units each of which have adapted facilities. Many of the people at Aspray House were living with dementia. At the time of our inspection there were 63 people using the service.

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

Risk assessment guidelines were in place to reduce risk of harm in relation to faulty bed rails however we could not be assured they were being followed at the time of the inspection. Following the inspection, the provider confirmed these guidelines were being adhered to.

People had risk assessments in place to reduce the risk of falls. However, we could not be assured they were being followed at the time of the inspection.

We have made a recommendation about following reporting procedures and risk guidelines to ensure they are effective, and that staff understand and follow these.

Quality assurance systems to check bed rails were not effective as they did not provide information on what had been checked daily for safety purposes.

Relatives told us communication from the home and the ease in which they could contact management needed to improve.

We received mixed feedback about the work atmosphere and approachability of the registered manager. Staff told us they found it easier to speak to the deputy manager as opposed to the registered manager.

Staff told us they felt staffing numbers were low during mealtimes as people were eating their lunch late and during the night time pressures were felt by staff.

We have made a recommendation about the deployment of staff.

People and their relatives told us they felt safe at Aspray House. People told us the staff were kind and helped them.

Staff understood their safeguarding responsibilities and how to blow the whistle if they felt their concerns were not being taken seriously by the service.

People received their medicines safely and medicine audits were performed to check people received them on time and that recording was accurate.

The home was clean and free from malodour. Staff were provided with enough personal protective equipment (PPE) to use within the home. We have signposted the service to review guidance on how all staff should correctly wear PPE.

Staff were recruited to the service safely.

The home worked well with external organisations for continuous improvement.

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

Rating at last inspection

The last rating for this service was good (published 2 May 2020).

Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about pressure care, bed rails, staffing numbers, medicines and management support for staff. A decision was made for us to inspect and examine those risks.

As a result of concerns with bed rails we widened the scope of the inspection to become a focused inspection to review the key questions of safe and well-led only.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We have identified one breach in relation to good governance at this inspection.

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

Follow up

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

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?

The service was not always safe.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well -led.

**Requires Improvement** ●

# Aspray 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 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

Two inspectors visited the service and were supported by one further inspector to analyse the evidence. An Expert by Experience made telephone calls to relatives and people who used the service. 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

Aspray House 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

We announced the inspection on morning of the inspection to ensure we could manage the risks related to COVID-19.

#### 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 clinical commissioning group. The provider was not asked to complete a provider information return prior to this current 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 used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service. We spoke with the registered manager, clinical lead and the maintenance manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We observed the bed rails in one person's room. A variety of records relating to infection control, medicines management and management of the service were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at eight staff files in relation to recruitment and two care plans. We spoke with six staff, eight relatives and three people who used the service. 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People told us the service was safe and one person said, "Yes, they come quickly. I am surrounded by good people." Another person said staff were "alright" when asked if they felt safe at Aspray House.
- Relatives told us they thought their family member was kept safe at Aspray House. Comments included; "No concerns, [relative] is looked after ever so well since she's been in there", "It's a very nice place, at present she's definitely safe there" and "I've got nothing to complain about, but I haven't been in since March."
- Records confirmed people had risk assessments for pressure care, skin integrity and oral care with clear guidance on managing those risks and health professional guidance.
- Staff told us on the day of the inspection a bed rail was faulty. This was discussed with the clinical lead, registered manager and maintenance manager. A crash mat was not present at the time of the inspection and the bed had not been lowered.
- Where a person had been identified as being at high risk of falling from a bed if the bed rails were faulty, their risk assessment clearly stated issues with the rails should be reported immediately. The risk assessment also identified the need for the bed to be low and a crash mat placed alongside it.
- The registered manager attempted to demonstrate the bed rails were not broken during the inspection. However, they continued to be faulty when the registered manager lifted the bed rail up, they failed to stay up and slid back down. This was observed by the inspectors, confirming they were not fit for purpose.
- Although staff were aware of the bed rail fault, as they had alerted us to it, the maintenance request sheet showed no indication that the fault had been appropriately reported.
- A member of staff said, "Some of the bed rails to lift up and down are hard. The nurses showed us, but I think the beds are not safe and need to be replaced. They said they have been fixed but the next day you come they are the same. They have changed a few beds, so things are getting better."
- Risk was assessed in relation to bed rail use, however we were not assured measures were followed to reduce the risk of potential harm after a fault was discovered.
- Following the inspection, we were advised that a new bed had been ordered prior to the inspection taking place. We were sent evidence of this and informed that the home had already started to replace all the beds.

We recommend the provider reviews the reporting procedures and risk guidelines to ensure they are effective, and that staff understand and follow these.



Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse.
- Staff had completed training in safeguarding and could tell us the process to follow if they suspected abuse.
- Staff were aware how to blow the whistle if they thought their concerns were not being fully investigated by the home.
- A member of staff said, "They gave us a number if something has happened and nothing has been done. I would report safeguarding to my manager, if not dealt with I would call social services."

Staffing and recruitment

- Records confirmed each shift was covered, however staff told us there were not enough staff and there was a reliance on agency staff.
- We received feedback from staff commenting on the need for extra staff during mealtimes. A member of staff said, "Sometimes people are not eating their lunch until 2:00 pm as we have to help others."
- Another member of staff said, "At night, not enough staff, pressure on night staff. Per floor there is two carers for twenty residents on the floor, some are more complex. It is quite a lot especially if the residents are heavy." A third member of staff said, "At the moment there is a lot of agency not many permanent staff, they [agency] don't really know the residents we have to encourage and explain things a lot."
- Another comment from a member staff said, "Yeah, always have my four carers, if any absence will call the agency and get help. Yes, sometimes the same or new (agency staff)."
- Records confirmed staff were recruited to the service safely and appropriate checks were carried out before starting work, these included checking nursing qualification, references and a criminal records check.

We recommend the provider consider current guidance on the safe deployment of staff.

Using medicines safely

- Systems were in place to manage medicines safely.
- Medicine administration records viewed had been completed correctly by nursing staff.
- Records confirmed monthly audits of medicines were taking place, and where errors were identified these were addressed directly with nursing staff.

Preventing and controlling infection

- People were protected from the risk of infection because the provider had systems in place to monitor and assess the service.
- The home was clean and free from malodour. We observed regular cleaning was taking place during the inspection.
- People using the service told us staff always wore PPE when they came into their room to provide personal care. However, we observed some staff were not always wearing PPE correctly, we addressed this with staff immediately.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed. The clinical lead told us staff worked across different units and were subject to regular testing for Covid19. Following the inspection, we were sent information to confirm cross working was minimal and limited to emergencies. Staff worked in the same unit working in "bubbles" (same staff team at all times).

During the inspection we signposted management to resources available on our website to ensure all staff including management correctly wear their PPE.

Following the inspection, we have provided the guidance for clarity.

Learning lessons when things go wrong

- Systems were in place to enable learning after things had gone wrong.
- Records confirmed supervision sessions or group meetings took place to discuss what had happened, how staff could learn and avoid a repeat incident in the future.
- Staff knew reporting procedures when there was an accident or incident. Relatives confirmed they were informed straight away if an incident occurred at the home.

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

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

- Quality checks were not robust in identifying and recording concerns in relation to bed rails. For example, inspectors found staff had not appropriately reported or recorded an identified bed with faulty rails.
- The bed check documentation viewed was not effective as it did not state what had been checked on the bed or if the rails were safe, the document was simply signed by a member of staff.
- Risk assessments to reduce the risk of harm in relation to bed rail use were in place, however, we could not be assured identified preventative measures had been followed where a fault had been identified.
- People and staff knew who the registered manager was, however, night staff commented that they did not have much interaction with the registered manager and would feel more comfortable speaking with the deputy manager as they knew them better.
- Staff working during the day confirmed they had team meetings however, night staff told us there were no meetings for them during the evening and they could not always attend during the day.

The above was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff knew what was expected of them from their role and told us they received supervision to discuss this.

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

- We received mixed feedback from staff about the atmosphere and working environment at Aspray House.
- Comments from staff included; "The deputy is approachable and goes out of her way. [Registered Manager] is not as approachable, you go to her and she will tell you she is busy." Another member of staff said, "It's ok, it was better around February and March but now it's urgh. The manager before was very friendly and approachable and you could have a laugh with him." A third member of staff said, "It is good. It is a good atmosphere."
- People living at Aspray House told us they liked it there and they were involved in their care. One person said, "Staff did my nails for me, they give me a wash and they look after me."

- A member of staff told us they involved people living at Aspray House to ensure they received good outcomes. They said, "We are here to listen to [people] and act on what they say don't ignore them."
- Relatives told us their family members received the care they needed but felt communication needed improvement.
- One relative said, "The communication at the care home is very, very bad. When [relative] first arrived, we didn't know they was there (discharge from hospital). The home was supposed to notify us, no-one is really speaking to me, the manager didn't ring me back. You call their phone and they don't answer". Another relative said, "I was booked in for a visit and saw [relative] through the window, but my brother was waiting outside for forty-five minutes and no visit, he was calling on the telephone (to let them know he was outside) but no visit".
- Records confirmed email updates and newsletters were sent to relatives, these were also displayed in the home informing people of different activities they could participate in and celebrations taking place.
- Records confirmed staff had been invited to complete a staff survey to provide feedback on how the service could be improved.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility to report incidents when things went wrong and to inform the CQC and relevant authorities.
- Relatives told us they were contacted promptly if there was an incident at the home, one relative said, "They ring me if [person] has a fall or anything happens, I don't think anything is brushed under the carpet".

Continuous learning and improving care; Working in partnership with others

- Records confirmed Aspray House was working closely with health professionals, the local authority and other clinical groups to drive improvement.
- Records confirmed management attended meetings with the local authority and safeguarding teams to discuss improvements needed to be made in the home and how they were working towards them.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes must be established and operated effectively to assess, monitor and improve the quality and safety of the services provided. 17 (1) (2) (b)