

Aspray House Ltd

# Aspray House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

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 62 people using the service.

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

People us told us they felt safe. Risks were managed and reviewed to ensure people were safe from the risk of avoidable harm.

Medicines were managed safely, and staff were trained and had their competency checked to ensure they were able to do this safely. There were enough staff to work at the home and recruitment checks were in place to ensure staff were suitable and safe to work at the home.

People and their relatives were happy with the cleanliness of the home. The service was clean and free from malodour. The risk of infection was reduced as staff followed safe hygiene practices and used personal protective equipment.

People and their relatives told us staff were good at their jobs. Staff received regular training to make them effective in their role and regular support from the registered manager and senior management.

People's health and well-being were monitored and managed well. Staff were seen by health professionals and appropriate referrals were made to health services to keep them safe and well.

People told us they liked the food and were provided with a varied and healthy diet to meet their needs. People were encouraged to make healthy food and drink choices.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and compassionate. People had good relationships with the staff and relatives told us staff at the home were patient and kind. Staff were non-discriminatory towards people in the home and treated them with dignity and respect.

People were supported by a registered manager and staff who knew people's preferences well. Relatives told us the care was personalised for their family member. People's communication needs were met.

End of life wishes were documented. Complaints and compliments were recorded and used to help improve

the service.

Staff told us they had good support from the registered manager and provider. Quality assurance systems were effective and helped the registered manager and provider monitor the quality of care people received and make improvements where needed.

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

Rating at last inspection and (update): The last rating for this service was requires improvement (published 23 March 2019) and they were in breach of one 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.

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

# 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.

#### Inspection team

The inspection was carried out by four inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care

provided. We spoke with 10 members of staff including the registered manager, two nurses, four care workers, activity lead, head of housekeeping and the chef.

We reviewed a range of records. This included five people's care records and medication records. We looked at six 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 quality assurance records and other records relating to the management of the service.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures and systems were in place and staff had been trained in safeguarding.
- People using the service told us they felt safe at the service. One person said, "Oh yes, I feel safe." Another person said, "Yes, I feel safe, it's a good home."
- Relatives told us their family member was kept safe at the service. One relative said, "Yes, they shut the door as they go out at night."
- Staff demonstrated they were aware of their safeguarding responsibilities and would report allegations of abuse to a senior manager.
- Staff told us if no action was taken they would blow the whistle and report the allegation to the local authority or the CQC.

Assessing risk, safety monitoring and management

- People had appropriate risk assessments to reduce the risk of harm.
- Risk assessments were completed and updated where there were changes to people's needs, records confirmed this.
- Assessed risk included; pressure care, falls, nutrition, choking, behaviours that challenge the service and moving and handling. Staff showed they were aware of risk and managed these well.
- Regular health and safety checks were carried out at the home, this included fridge and freezer checks, portable appliance tests and gas safety checks.

Staffing and recruitment

- People were supported by staff who were appropriately recruited. The service had a recruitment process and checks were in place. This ensured staff were suitable and had the required skills and knowledge needed to care for people.
- Records confirmed staff had attended an interview and completed all relevant checks to ensure they were safe work with people at the home. These included checking their identity, that they were of good character and a criminal records check with the Disclosure and Barring Service.
- There were enough staff to support people's needs.
- Each person had a call bell to alert staff they needed assistance. During our inspection we did not hear call bells going unanswered, this meant there were a suitable number of staff to meet people's needs during the shift.
- Management at the home had plans in place to fill staff vacancies.
- The registered manager told us where they did use agency staff they were from the same agency and regular staff attended to provide consistency.

### Using medicines safely

- People were supported to receive their medicines on time and as prescribed.
- Only nurses administered medicine at the home and the registered manager checked their competency to administer them annually.
- There were effective systems in place to ensure nurses completing medicine rounds were not distracted to reduce the risk of errors.
- Records confirmed medicines administered were correctly recorded on medicine administration records (MAR) and on body charts where patches were applied.
- Medicines were stored safely and securely. Procedures were in place where medicine had to be administered on an as required basis.

### Preventing and controlling infection

- The home was clean and free from malodours.
- The home had a team of cleaning staff who maintained the cleanliness of all areas within the home.
- Staff had completed training in infection control and were observed following good hand hygiene practices.
- We received positive feedback about the cleanliness of the home. One person said, "I like tidiness, it's clean." Another person said, "Everything is very clean."
- A relative said, "It's clean, every day, never any smells. The staff are very good, they are always cleaning."
- Staff told us they had enough personal protective equipment (PPE) to reduce the risk and spread of infection.

### Learning lessons when things go wrong

- The home had an effective accident and incident procedure.
- The registered manager was confident staff would report any accident and incident to them.
- Where accidents and incidents happened staff took part in lesson learnt sessions.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received a thorough initial assessment from the registered manager before they began to receive care from the home.
- Assessed needs included people's health diagnosis, previous medical conditions. and. preferences for care
- The registered manager told us they reassessed people's needs when they had been in hospital for more than a week, to ensure their needs could continue to be met.

Staff support: induction, training, skills and experience

- Staff at the home received effective support, induction and training to make them effective in their role.
- People and their relatives told us they thought staff were good at their jobs. One person said, "The staff are very good.
- Staff told us they felt well supported by management and their other colleagues. A member of staff said, "[Registered manager] is really supportive."
- Staff told us the induction was good and prepared them for the role. A member of staff said, "I had an induction when I first started. [The registered manager] took me around each floor and introduced me to every person." Another member of staff said, "Yes, the induction equipped me for this role, and I felt confident to start work."
- Staff completed relevant training courses to give them the skills needed in the role.
- Records confirmed staff received regular supervision and an annual appraisal. A member of staff said, "Supervisions are good, [registered manager] asks how I am feeling and getting on."

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

- People were provided with enough to eat and drink and their food preferences were respected.
- People were involved in the planning of their meals and made their food choices the day before. However, people were able to change their mind if they wished.
- We observed people being offered a choice drinks and healthy snacks during the inspection.
- Kitchen staff at the home were aware who required a special diet and any allergies to ensure people were eating food that was safe for them during mealtimes.
- People had a choice of where to eat their meals, some chose to eat in one of the dining rooms while others ate in their rooms. One person said, "I prefer to eat here in my room, I have things I put on my food."
- People enjoyed their meals at the home, one person said, "I like certain foods, but not much. I eat well, I don't starve myself." Another person said, "I like the full English breakfast on a Saturday morning."

- A relative was complimentary about the food, they said, "The food is lovely. Even I would eat it."

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

- The home was bright and had a homely feel.
- People's rooms were decorated with their personal items and this was encouraged.
- The home was adapted and accessible to all who needed to use it. There were lifts wide enough to accommodate hospital beds and people who required them had individual recliner chairs.
- A member of staff told us someone at the home was not able to see a white food bowl properly, they requested red bowls and cutlery as it was a dementia friendly colour and it was quickly purchased. This showed how the service was adapted to meet people's needs.

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

- People's health care needs were met. Records confirmed the home regularly monitored people's health and worked with health professionals to arrange prompt support.
- People were seen by the local GP practice who visited the home twice a week. A nurse said, "We have a really good relationship with the GP and pharmacy."
- The registered manager told us they were able to make referrals to other professionals quickly which meant people were not delayed in getting the support needed.
- People and their relatives gave examples of how they were seen regularly by different health professionals. One person said, "These are new glasses, they [optician] came and checked my eyes." A relative said, "We noticed [person] had a hoarse throat, we spoke to the nurses and they got a throat spray."
- People were seen by the chiropodist, speech and language therapists, dietitians, hearing specialists and dentist on a regular basis.
- The registered manager told us a nurse specialist carried oral assessments for everyone at the home. This ensured people maintained good oral health.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There were systems in place to assess people's mental capacity to consent to care. People at the home had appropriate DoLS authorisations in place. Applications had been made when DoLS were due to expire.
- Staff received training in MCA and DoLS. Staff at the home understood the principles of the MCA. One member of staff said, "We have people who can make day to day decisions such as what colour they want to wear, others we follow the instructions in the care plan."
- Records confirmed people had mental capacity assessments and best interest decisions were made

where people were unable to make decisions about their care.

- Consent to care was requested before care began and staff told us they always asked people for their consent before providing support.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were cared for by staff who were kind and compassionate.
- The registered manager told us they often saw staff being very caring with people at the home by offering them comfort through hugs. They said, "I think our staff are really kind."
- We observed staff talking and laughing with people which made them happy.
- People living at the home liked the team of staff. One person said, "[Staff] chat with you, they don't rush me. They looked after me right from the word go."
- Relatives were pleased with how staff treated their family members at the home. One relative said, "[Staff] are all very patient, very caring and friendly. They sit patiently with [relative] and talk about old times." Another relative said, "[Staff] are incredible."
- Staff had received training in equality and diversity as part of their induction.
- In the foyer the home had a world map to show that people living there and the staff were diverse and came from around the world.
- Discussions with the registered manager and staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service.
- The activities leader said, "We celebrated LGBT people last year. We had a big party. This was to show inclusivity as a care home."

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

- Staff encouraged people to take part in decisions about their care while supporting them with their daily living needs. People told us they were able to choose where they ate their food and how they spent their day.
- Where people could not express their views, staff would try to involve family members to help people express what they wanted.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected and promoted.
- We observed staff knock on people's doors before entering to respect people's privacy and dignity.
- People told us staff respected them in the home. One person said, "They always knock on my door."
- A member of staff said, "We make sure curtains are closed and people from outside can't see what is happening. Making sure doors are shut and knock before entering."

- People's independence was encouraged as much as possible to prevent them from losing skills.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care was organised to meet each of their individual needs.
- People's care records were written in a person-centred way. Records confirmed care was regularly reviewed with people and their relatives. One person said, "We meet and talk about the care plan with staff."
- Staff at the home knew people's needs and preferences well. A member of staff said, "It's about knowing what soap or gel they like to use, giving care how [people] like it."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in their care plans.
- Staff knew how to communicate with people who were unable to speak, and they told us they would observe people's body language.
- Records confirmed how staff should support people at the home and the methods of communication they used.

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

- People living at the home were able to engage in a number activities of their choice.
- The home had an activities co-ordinator with support staff who helped organise and deliver daily activities for people.
- During the inspection we observed activities took place in line with the activity planner. We observed people enjoying the activities.
- One person said, "We know in advance what's happening. There's sing along at 11 o'clock up in the lounge, we've got the small animals coming [such as] lizards and snakes, black rats, centipedes, and fluffy rabbits." The same person said, "[Staff] try and keep us going. When the weather is good we go in the garden. They have entertainers."
- A relative told us they were aware of the activities taking place, they said, "On the third floor the mums bring the babies in and they all sing songs."
- The home supported people to participate in activities that respected people's religious beliefs, culture and diversity.

#### Improving care quality in response to complaints or concerns

- The home had an effective policy and procedure in place for dealing with any concerns or complaints.
- The home maintained a detailed record of all complaints received with the action taken by the home to resolve the matter.
- People using the service knew how to complain and those we spoke to told us they had no complaints about the service. One person said, "I have no complaints, but I would tell the staff if I did."
- Relatives told us they knew how to make a complaint to the home. A relative said, "If I had a complaint I would go to management, no complaints at all."
- Records confirmed the home captured compliments which highlighted the caring nature of staff and the cleanliness of the home.

#### End of life care and support

- The home had systems in place to support people at the end of their lives.
- Staff attended end of life training to provide them with the skills and knowledge in this area.
- The registered manager told us no one at the home was currently receiving end of life care.
- The home had established links with the palliative nurse to provide support in planning and delivering people's end of life care.
- People had advanced care plans which included their preferences for the final stages of their life. This included some of the following; religious beliefs, any last rituals and where the person would prefer to be treated.

# 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 required improvement. 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.

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

At our last inspection the provider's quality assurance system was not fully embedded as it did not identify errors in people's care plans. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There was an effective quality assurance system in place to monitor the home and make improvements.
- The home had a clear schedule to monitor all areas in the home. A number of audits were performed by the management at the home which included; care plans audits, medicines, call bell response time, moving and handling, health and safety, infection control checks, hospital discharges, care management issues, new admissions, discharges, compliments, concerns and complaints, CQC notifications, safeguarding alerts, professional visits and staff supervisions.
- Records confirmed the home performed room checks twice a day to check people's charts were being completed in time.
- The registered manager told us they were responsible for sending weekly reports to the provider informing them how the home was being run and any issues that may have arisen.
- The provider also performed visits to check the quality of the home was being maintained through spot checks.
- The registered manager and staff knew what was expected from their roles. This was confirmed through meetings and staff supervisions.
- The registered manager and staff told us they felt supported by the provider. Comments included, "If we need anything the provider will get it" and "I have more control to get what I need to care for the residents."

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

- The culture at the home was person centred and staff enjoyed working with people to achieve the best outcomes for them.

- People at the home knew who the registered manager was and said they were kind and helpful. One person said, "[Registered manager] is very caring and pops in to see how I am." Another person said, "[Registered manager] is fine, they know me well. I think everything is good."
- Staff told us the management team were supportive and were approachable for help and advice. A member of staff said, "[Registered manager] is so supportive, he's very good." Staff commented on how the registered manager had purchased pizza for the home after someone had passed away. Staff told us this boosted morale.
- The registered manager was committed to providing an inclusive environment for people and staff. The registered manager said, "I like to go around and see how everyone is doing. The staff know they can come to me."
- Staff confirmed the registered manager would check on people during their daily walk rounds and ask how they were too. A member of staff told us the atmosphere at work was good.

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 legal responsibility to be open and honest when things went wrong.
- Records confirmed the registered manager informed the local authority and the CQC when notifiable incident happened at the home.

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

- There were systems in place to enable people, relatives and staff to provide feedback on the home.
- Records confirmed surveys were sent out every sixth months to seek comments from people and relatives on how the home was performing and what could be improved.
- The registered manager told us a staff survey was sent out and staff could respond anonymously to encourage participation.

Continuous learning and improving care; Working in partnership with others

- Records confirmed learning took place at the home and the registered manager had established good links within the community.
- The registered manager attended a number of meetings with the local borough where they met with other health and social care providers to share best practice.
- The registered manager told us they regularly read information provided by the CQC to ensure they stayed up to date with knowledge.
- Records showed the registered manager met regularly with staff, people using the service and relatives to share information about the service.