

HC-One Limited

Aspen Court Nursing Home

Inspection report

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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

This focussed inspection was conducted on 6 and 12 September 2017. The first day of the inspection was unannounced and we informed the provider of our intention to return on the second day. Aspen Court Nursing Home provides residential and nursing care for up to 72 older people, many of whom are living with dementia. At the time of the inspection there were 59 people residing at the service, and three people were in hospital.

Our previous inspection of this service was undertaken on 10, 11 and 15 February 2016. This was a comprehensive inspection and the service was rated overall as Good. Safe was rated as Requires Improvement, and Effective, Caring, Responsive and Well-Led were rated as Good. There were no breaches of Regulation and one recommendation was made for the service to seek guidance from a reputable source about measures to prevent and control the spread of infection. This recommendation had been made as we had observed that a sluice room was not clean and staff had not always worn gloves and aprons as appropriate, which had placed people at risk of the spread of infection.

We carried out this focussed inspection as the Care Quality Commission had received information of concern from different sources in relation to how the provider ensured that people were provided with safe and appropriate care to meet their identified health and social care needs. This report only covers our findings in relation to these areas. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Aspen Court Nursing Home on our website at www.cqc.org.uk.

There was a registered manager in post. 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. The registered manager commenced their position in June 2017 and was present on both days of the inspection.

Care and treatment was delivered in a way that was intended to ensure people's safety and welfare. People reported that they felt safe with staff, who were described as being kind and caring. Staff understood their responsibilities to keep people safe and free from harm. Systems were in place to identify and manage any risks to people's safety, and records showed that people received the daily care they needed to promote their health and wellbeing. People were provided with a clean and hygienic home.

People, and their relatives where applicable, were supported to participate in the planning and reviewing of their care plans. People's views were sought through a range of approaches including annual review meetings, the 'resident of the day' system, residents' meetings and formal surveys.

Information about how to make a complaint was readily available for people and their representatives, and complaints were fully investigated. However, not all of the complaints investigations satisfactorily evidenced that agreed actions for improvement had been fully implemented.

Positive views were voiced by people who use the service and relatives about the leadership style of the registered manager. We found examples of how the service needed to improve on the quality of its documentation for the reporting of accidents and incidents. There were clear processes in place to monitor and audit the quality of care and ensure that staff received appropriate guidance, training and supervision to satisfactorily meet people's needs.

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 

We found that action had been taken to improve safety.

Actions had been taken to improve the hygiene in the premises and prevent cross infection.

People felt safe with staff. Staff took measures to assess risk to people and implemented plans to promote people's safety; however, improvements were needed to improve the quality of recording accidents and incidents.

We have not revised our rating as we did not cover all of this key question at this focussed inspection. We will review our rating for safe at the next planned comprehensive inspection.

Is the service effective?

Good 

Effective was rated as good at the previous inspection.

Staff were provided with an induction and an ongoing relevant training programme to meet people's needs.

We have not revised our rating as we did not cover all of this key question at this focussed inspection. We will review our rating for effective at the next planned comprehensive inspection.

Is the service caring?

Good 

Caring was rated as good at the previous inspection.

Staff were described as being kind and compassionate.

People were treated with dignity and respect.

We have not revised our rating as we did not cover all of this key question at this focussed inspection. We will review our rating for caring at the next comprehensive inspection.

Is the service responsive?

Good 

Responsive was rated as good at the previous inspection.

Complaints and concerns were responded to in a timely manner; however records were not always updated to demonstrate how the provider made necessary improvements following a complaints investigation.

We have not revised our rating as we did not cover all of this key question at this focussed inspection. We will review our rating for responsive at the next comprehensive inspection.

Is the service well-led?

Good ●

Well-led was rated as good at the previous inspection.

Quality monitoring processes were detailed and focussed on the needs of people who use the service.

There were systems in place to seek the views of people who use the service and to use their feedback to make improvements.

We have not revised our rating as we did not cover all of this key question at this focussed inspection. We will review our rating for well-led at the next comprehensive inspection.

Aspen Court Nursing 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to gather evidence following our receipt of information of concern from several sources. This included telephone calls from the relatives of two people who use the service and a member of the public, and an anonymous written complaint from a relative. We were notified by the provider and the local authority that information of concern about the quality of care for people living at the home had been posted on a social media site. We inspected the service against all five questions we ask about services: Is the service safe? Is the service effective? Is the service caring? Is the service responsive? and Is the service well-led?

The inspection was carried out on 6 and 12 September 2017. The first day of the inspection was unannounced and we advised the provider that we planned to return on the second day. The inspection team comprised two adult social care inspectors, a specialist professional advisor with experience of nursing people in acute clinical settings 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.

Prior to the inspection we reviewed the information we held about the service, which included the previous inspection report and statutory notifications received from the provider. These are notifications of significant incidents which the provider is required by law to report to us.

During the inspection we spoke with 11 people who used the service and five relatives of people using the service. We also received comments from a visiting health and social care professional. We spoke with the registered manager, the deputy manager, an additional deputy manager from a nearby service operated by the provider, two senior care workers and two care workers, the housekeeper, five registered nurses and an activities organiser. We looked at a range of documents which included the care plans for six people, the complaints log, records for accidents and incidents which had occurred since the previous inspection, minutes for meetings for residents, relatives and staff, quality assurance surveys and clinical audits.

Before and after the inspection we spoke with representatives from the contracts monitoring team and social work teams at the London Borough of Tower Hamlets local authority.

Is the service safe?

Our findings

We spoke with people using the service and relatives where applicable, about whether they thought the service provided safe care and support. Comments from people included, "I feel safe here all the time. I think there are enough staff. The place is okay, there is no bother here", "It is clean here, but it could be cleaner. I do feel safe here. It's lovely, it's secure here and the staff are caring and that makes me feel safe" and "I do feel safe. I have always felt safe because it's like home here. I have been here for a while and there are always staff around that makes us feel safe. There are alarms in our bedrooms if we need to get the attention of staff and they do generally respond fast, but sometimes it can take a while." One relative told us, "I would say I have felt my [family member] is safe here. [He/she] is being well looked after and I have never seen anything that would be cause of concern for me. They (staff) do try their best to make sure the residents are okay and out of harm's way. It is clean most of the time when I have visited, it could be better at times but it is mostly fine." Another relative remarked, "I find it to be quite good here. The staff are interactive, they come in all the time. In some other places they just walk by. People with dementia need structure and routine... the staff should stick to the same wards. The only thing is that I know agency staff are needed but it would be good if they were block booked to ensure there is an element of familiarity and continuity." A third relative stated, "It's been fine here. There can be blips with the newer staff particularly as the residents are very high dependency, but since requesting more familiar faces this seems to have been taken on board and things have improved a bit."

At the previous inspection in February 2016 we had found that the sluice room on the nursing floor was unlocked and visibly dirty, as the sink was unclean and buckets of dirty water had been left on the floor for over an hour. Additionally we had observed that a housekeeper had not used personal protective equipment (PPE) such as gloves and an apron while carrying out cleaning duties.

At this inspection we were given a tour of the premises by the deputy manager. We found that the home was clean and welcoming, however we detected some unpleasant odours on the ground floor throughout the morning. We noted that two bathrooms were being used for the storage of equipment, such as wheelchairs. Both of these bathrooms were unlocked and accessible to people who use the service, which placed people at risk of trips and/or other accidents. We asked the deputy manager to ensure that these bathrooms were locked, and this was immediately addressed. We also noted that the linen chute on Nightingale unit was unlocked and therefore accessible to people who use the service. This observation was also discussed with the deputy manager, who instantly informed staff to ensure the chute was kept locked. The incorrect use of cleaning apparatus by a staff member was jointly observed by the inspection team and the deputy manager; this was addressed by the registered manager.

We spoke with nursing and care staff about their understanding of how to protect people from abuse and harm. Staff told us they were required to attend mandatory training that focussed on people's entitlement to receive their care and support within a safe environment. For example training was provided in regards to safeguarding adults, moving and positioning people, fire safety and preventing cross infection. Staff clearly explained what was meant by the term 'whistleblowing' and one member of the staff team showed us a whistleblowing poster with contact telephone numbers for employees to use if necessary. (Whistleblowing is

the term used when a worker passes in information concerning wrongdoings). The staff we spoke with told us they thought the provider deployed sufficient staff to meet the needs of people who use the service and maintain people's safety.

At the previous inspection we had found that people were protected from risks to their health and wellbeing because staff had understood the risks people faced and how to mitigate them. We had noted that risk assessments were comprehensively written, up to date and addressed people's specific needs including how to manage risks associated with falls, moving and handling and malnutrition.

At this inspection we noted that appropriate risk assessments were in place in all of the care files we viewed, although we could not locate a corresponding care plan for a risk assessment for a person who was identified as being at risk of seizures. The service used Waterlow, which is a tissue viability assessment tool that provides an estimated risk for the development of a pressure ulcer in a given person. The Malnutrition Universal Screening Tool (MUST) had been implemented to identify people who were malnourished, or at risk of malnutrition. This tool includes management guidelines which can be used to develop a care plan. All of the Waterlow and MUST charts we checked had correctly calculated scores and appropriate actions had been identified in people's individual care plans, in line with their identified level of risk. This demonstrated that systems were in place to promote people's safety and respond to risks to their health and wellbeing.

We observed that food and fluid charts had been completed where people were identified as being at risk of malnutrition and dehydration. The quality of recording for the food charts was acceptable, however the fluid balance charts we looked at were not consistently completed. For example staff did not always calculate the total fluid intake for a 24 hours period, in order to ascertain if people had received sufficient fluids in line with their identified needs. Positioning charts were satisfactorily completed and the condition of people's skin was documented.

The care files we looked at showed that body maps were used when required. These are charts completed by staff to identify and monitor any significant changes with the integrity of a person's skin, for example discolouration, skin tears or pressure ulcers. We checked the documentation on the nursing unit for wounds including pressure ulcers, which were kept in a designated wound care folder. Accurate records were maintained in regards to the type of wound and how it was graded if it was a pressure ulcer, type of dressing used, frequency of when to change the dressing, when the wound was referred to a tissue viability nurse (TVN) and the outcome of each visit by a TVN. There were photos of how wounds looked when initially discovered and photos to demonstrate how the healing process had progressed, with the dates recorded to enable accurate clinical auditing. We noted in one person's evaluation record that they experienced delayed wound healing, as they were not concordant with their prescribed antibiotic. Records showed that the TVN was informed and the person's antibiotics were changed by their GP.

We noted that where people had been provided with bed rails, their care plans contained risk assessments to determine if the use of these rails was the safest approach for minimising the risk of people rolling or falling out of bed. People had signed their consent for bed rails or the consent forms had been signed by a relative with the authority to do so. Care plans documented whether people were able to use their call bells. The people we met during the inspection were observed to keep the call bell in their hands or it was located within easy reach. However, we observed that the red emergency cords in the communal bathrooms were all tied to a height that could not be reached if a person fell on the floor and some cords could not be accessed if a person was in the bath. Staff informed us that none of the people who use the service were able to independently use a bath or shower so this was not presently an issue that placed people at risk of not being able to urgently summon support.

We viewed a random sample of all recorded accidents and incidents since the previous inspection. Most of the accidents and incidents had been appropriately recorded and followed up, although we found three records that demonstrated a need for improvement. We noted that one person who uses the service had been found on the floor on three occasions in two months. It was unclear from records what actions had been implemented as a result of this. The registered manager informed us that the person was prone to slipping from their chair, and there was support in place from occupational therapy services and social services. We were additionally informed by the registered manager that close monitoring was in place, however there was no written evidence of any close monitoring when we followed this through. The registered manager stated that he would ensure appropriate documentation was set in place without delay.

We noted that an incident had taken place in 2017 in regards to the care and support for a person receiving respite care, but there was very little information to demonstrate appropriate actions had been followed through. The registered manager told us that the issue had been raised with social services and we received comprehensive written information about the incident on the second day of the inspection. We looked at another incident report for a person who had a fall in 2017 in a communal room. The registered manager acknowledged that the area had been left without staff supervision, which was not permitted in line with the provider's own policies and procedures. It was unclear from the documentation of the incident how this had been responded to and what precautions had been implemented as a result of the incident as the handwritten report on file was barely legible.

Is the service effective?

Our findings

We spoke with people and their relatives where applicable, about whether they thought staff understood how to effectively meet their needs. One person using the service told us, "I feel I have got better here. I am taking my medication more and my walking has got better since being here. I prefer this to the last place where I was and I like staying here. My breathing has got a lot better too." The relative of another person said, "Everything has been very good here. [My family member] had lost a lot of weight due to a long stay in hospital but since being here [he/she] has put on weight and is getting healthier. The staff are very nice here, I would definitely say there has been an improvement and it's good piece of mind for me and my family that [family member] is in good hands." Discussions with people and relatives confirmed that they did not experience any difficulties accessing care and treatment from external professionals, including specialist nurses, podiatrists and GPs. A health and social care professional told us that the provider effectively reported concerns about people's specific health care needs and usually followed any professional guidelines given to support people.

Staff informed us that they kept up to date with their training, which was confirmed when we looked at the provider's training records. We noted that there were occasional gaps with staff attendance at training and we were informed that this was ordinarily due to staff requiring unforeseen authorised leave. The registered manager monitored these records and supported staff to undertake any overdue training as soon as possible. A recently appointed staff nurse told us that they had completed their induction training and listed the forthcoming mandatory training they had been booked on.

We spoke with members of the staff team about their understanding of the provider's policies and procedures for consent to care and mental capacity. Staff told us they always sought people's permission before they provided personal care. People's care plans contained information about people's capacity to make decisions and staff explained to us how they supported people who were not able to make decisions about their care and treatment.

We saw appropriate signage was used throughout the building which supported people, where possible, to identify communal rooms and facilities. The notice boards offered information to people using the service and visitors. There was a small hairdressing salon and bar/pub room, both of which were clean and well appointed. This demonstrated that the provider had considered people's comfort and wellbeing through the provision of a homely and pleasant environment.

Is the service caring?

Our findings

We spoke with people and their relatives where applicable, about whether they thought they were provided with a caring and respectful service. Comments from people using the service included, "They (staff) look after you here and the staff show me respect, which is very important. They always knock on my door before coming into my room and they are polite and patient with me. They ask me how I am feeling and are always up for a chat" and "The staff here are 10 out of 10. They work very hard and they are very caring. Very kind and friendly, they always have time for you and help you get around if you are struggling or not feeling well on any given day. I really like them and don't have any favourites, they are all great." Relatives informed us, "I have heard about some of the things that have been said... but I spend a good few hours here every day and from my experience I can't say that I agree... it's not fair on the service because it's good", "[My relative] passed away here a few months ago but [he/she] was here eight years and I was practically living here with [him/her]. I still come back to visit, I have got to know so many of the staff here...they are all really nice, they are good people and I am very grateful to them for the care they gave to [him/her]" and "The interactions I have had with the vast majority of staff have been great."

We observed that staff interacted in a kind and patient way with people using the service. The staff competently explained how they interacted with people who found it difficult to communicate. For example, staff said they would find out about the person's interests from their relatives and/or friends and gain information from colleagues in order to develop a meaningful relationship. Staff told us they knocked on people's doors before entering their bedrooms, which we observed during the inspection. They also gave other examples of how they promoted people's dignity, such as checking whether people wished to receive their personal care from care staff of the same gender and ensuring that towels were appropriately used so that a person's body was not exposed when they received a bed bath.

Is the service responsive?

Our findings

We spoke with people and their relatives where applicable, in regards to whether the service was responsive to their needs and wishes. One person using the service told us, "There have been things we have asked for and the staff have done. I can't remember everything right now, but I know for instance that they fixed my bathroom when I asked for it to be fixed." Another person said, "They look after you and the staff show me respect, which is very important. There could definitely be more to do here, there is not enough activities or ways to socialise with each other. The food here is very good actually, there is a lot of choice and there is a menu which we can choose from. Instead of sitting around like lemons all day it would be great to go out on coach trips even if they charge us, as we just sit down and look at each other all day." Comments from relatives included, "I am more than happy with everything here. If I mention anything I know that it will be dealt with", "The manager is approachable but can be busy a lot of the time. He is very nice and always makes things happen. I would feel comfortable making a complaint if I had to. I would speak to the manager or write a letter. I do think something would be done about it" and "The only thing here that could be improved is the laundry as they have ruined so much clothes it's unbelievable. They put on parties and staff put on [a special occasion celebration] in the bar for us which was really, really nice. They invite me to barbeques and events."

There were processes in place to seek the views of people who use the service and their relatives where applicable, in regards to how they wished their care and support to be delivered. Records showed that the provider operated a 'Resident of the Day' system, which meant that staff conducted focussed checks on whether they were meeting the needs of the designated resident. This reviewing and monitoring process included discussions with people who use the service, and their relatives where applicable, in regards to whether their current needs and wishes were being met. People were visited by a range of staff employed at the service, for example the registered manager or deputy, the housekeeper and the chef, in order to discuss different aspects of their care and support and ascertain if any changes and/or improvements to their care plan were required. We noted that the provider separately carried out care plan review meetings. We looked at the minutes for three meetings which showed that people were supported to invite their relatives. The registered manager informed us that a list had been compiled for review meetings that needed to be arranged.

We looked at a sample of the minutes for the residents meetings, which were organised and chaired by the activities coordinator. It was noted that these meetings took place every month and were attended by approximately five people who use the service. We tracked the most recent minutes for June and July 2017 and found insufficient written evidence to demonstrate that people's issues and/or concerns had been taken seriously, addressed and resolved. We noted that the minutes of meetings did not record actions to be taken, by whom and by when, and the recorded minutes did not address the concerns raised in the previous meeting. For example, one person had complained that their breakfast was late and another person said the daily staff handover meetings were noisy and woke them up. We discussed these issues with the activities coordinator who assured us that they had personally raised these issues with the appropriate staff members and resolved people's concerns. It was agreed that these actions would now be recorded in order to evidence that the provider positively responded to people's views.

People and their representatives were provided with clear and accessible information about how to make a complaint. There was a basic version of the complaints procedure displayed in the reception area; however we saw that this information had been accidentally concealed by a banner. We pointed out this observation to the registered manager and this was immediately rectified. Additionally, there were other posters on display that encouraged people who use the service, and their relatives and friends, to share their opinions about the quality of the service. We viewed the 'Feedback and Engagement' folder, which contained 24 returned questionnaires, which had been completed by people who use the service and relatives between July 2015 and the date of the inspection visit. The evidence of an online survey demonstrated that 28 respondents had given their feedback between January 2016 and March 2017. The results showed an average satisfaction outcome of 4.6 out of 5. The provider used an electronic live feedback system called 'Have Your Say', which was located in the reception area. The system showed that there were currently 36 reviews with an average score of 9.5 out of 10.

Discussions with the registered manager indicated that the provider took complaints seriously, however we found that records needed to improve in order to demonstrate fully that appropriate actions have been taken. We viewed all of the recorded complaints and concerns raised since the previous inspection, but it was not always clear how a complaint differed from a concern. For example, one concern raised by a relative last year regarding a urine soaked pad with no record of toilet support, had been acknowledged, investigated and substantiated, and an outcome letter had been sent to the relative raising the concern. However two other concerns raised regarding continence care had been recorded as complaints.

We saw evidence that concerns and complaints had been responded to appropriately. Acknowledgement letters were sent to all persons raising a concern or making a "formal" complaint without delay, often on the same day. All concerns and complaints were investigated and outcome letters were sent to the complainant within a reasonable timescale. Outcome letters contained information about appropriate actions already taken or due to be taken. However, there was insufficient written evidence to demonstrate that all of these actions had been properly followed through. For example, a complaint received in March 2017 regarding the attitudes of two members of staff had been investigated and substantiated. An outcome letter had been sent to the complainant to advise that the staff would be subject to disciplinary measures. We attempted to track this through but could find no evidence that the issues of concern had been addressed through one to one supervision meetings or a specific disciplinary action. This finding was discussed with the registered manager on the first day of the inspection, who explained that he was not in post at the time and would seek further information about this matter. On the second day of the inspection we received satisfactory information to demonstrate that the provider was managing this. There was also another example found where the provider could not demonstrate that stipulated actions had been taken following a complaints investigation in December 2016.

Is the service well-led?

Our findings

We spoke with people and their relatives where applicable, in regards to whether they thought the service was managed well. A person using the service told us, "He is new and has introduced himself to me, he came across as being a helpful sort of man" and a relative said, "I am familiar with the manager here, he is fantastic. I had some minor concerns relating to staffing levels, for example it was causing [my family member] to be left in a wet pad a few times. The manager was really open and transparent, now there is a sign in [my family member's] room stating the pads needs to be changed and the right pads are used. Very responsive of the manager, he has been doing very well. He's always around and checking what's going on, he's always seeking feedback."

During the inspection we spoke with the registered manager about the concerns at the service, which were being investigated through safeguarding protocols by the local social services. The registered manager had developed and begun to implement a detailed action plan to address areas for improvement, as identified by the provider's own systems and the feedback from external authorities.

Staff reported to us that they felt supported by the management team. We were told by different members of the staff team that the registered manager always asked them how they were getting on and he had quickly become acquainted with people using the service, and their relatives and friends. We noted that the registered manager and other allocated staff carried out twice daily 'walk arounds' to meet people and visitors, observe care practices and promptly rectify any areas for improvement. Records showed that staff were supported with their roles and responsibilities through the provision of formal one to one supervision and group meetings. We noted that the supervision minutes showed that staff had supervision sessions that addressed common themes at the service, such as how to report incidents and accidents in a timely way and the need to be vigilant in regards to observing and reporting any changes in a person's health and wellbeing. Other supervision sessions evidenced a more individual approach in terms of checking how staff were progressing with their training and development.

The service had a variety of systems in place to monitor and audit the quality of the service. We looked at a selection of audits and checks conducted in late 2016 and 2017, which focussed on specific areas of practice such as infection control, prevention of falls, management of medicines and how people were supported to achieve a positive dining experience. Overall, we found that the quality assurance audits and checks were well established as part of the provider's approach to make sure that a satisfactory level of quality was maintained. We found that the results were analysed to verify if there were any trends that needed to be addressed and information gleaned from audits, monitoring reports and feedback was used to pinpoint deficits in order to develop strategies to improve the quality of the service.