

Twinglobe Care Homes Limited

Aspray House

Inspection report

481 Lea Bridge Road
Leyton E10 7EB
Tel: 020 8558 9579

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service responsive?

Requires improvement



Overall summary

We undertook this focused inspection on 20 and 21 October 2015 to check the provider had improved and now met legal requirements. This report only covers our findings in relation to those requirements. 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

On the 13 and 14 January 2015 we carried out an unannounced comprehensive inspection of the service. We found concerns for the management of medicines, risk assessments were not always comprehensive, staff were not always supported with supervision and appraisals, and care plans were not always up to date. We issued three requirement actions. The local authority also had concerns about the service and have been monitoring and working with the service provider to improve the quality of care provided. Many of the

concerns we found during this inspection reflected the same concerns raised by the local authority staff who had visited the service since our last inspection in January 2015.

Aspray House is a nursing and residential home that provides care for up to 64 older people some of whom may be living with dementia. There were 58 people using the service when we visited.

There was not a registered manager at the service at the time of our inspection. Although there was a manager in place since 6 September 2015. At the time of our visit the manager was applying for registration with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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 improvements made at the service were mainly in respect of the approach of the new manager in the role. The manager had recognised the previous quality assurance processes reflected more a tick box system exercise and did not reflect quality. We saw evidence that a new robust monitoring and auditing system had recently been introduced. Records showed this system had identified concerns we found during the inspection and what action the service was taking.

Staff were now receiving regular supervision however the quality of these supervisions varied on who was offering the supervision. Not all staff were receiving annual

appraisals. The quality of the completed appraisals varied from incomplete forms and lack of detail including a lack of goals and target dates. The policy for appraisals stated that each member of staff would receive one annually.

Medicines were now stored and administered safely. Individual risk assessments were in place for people, to help protect them from harm. However, the assessments and care plans were not always comprehensive.

Whilst we found evidence to demonstrate that some of our concerns had been addressed, we found continuing breaches of two legal requirements because improvements were insufficient and further concerns were identified. This continued to put people using the service at unnecessary risk of receiving inappropriate or unsafe care. We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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. We found action taken to improve safety for the people who used the service. The service did have effective systems in place for the management of medicines. Individual risk assessments were in place for people to help protect them from harm. However, the assessments were not always comprehensive.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Requires improvement



Is the service effective?

The service was not always effective. We found action had begun for staff to receive effective support. Staff were now receiving regular supervision however the quality of these supervisions varied on who was offering the supervision. Not all staff were receiving annual appraisals.

We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Requires improvement



Is the service responsive?

The service was not always responsive. We found action had begun to be taken to improve the care planning process. Systems were in place to assess people's needs and we saw evidence people's needs were regularly assessed. However, we found inconsistencies with the way documentation was managed which meant staff did not always have access to the most up-to-date information on people's needs.

We could not improve the rating for responsive from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Requires improvement



Aspray House

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focused inspection of Aspray House on 20 & 21 October 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 13 & 14 January 2015 inspection had been made. The inspection team consisted of three inspectors, a pharmacist inspector, nursing dementia specialist and an expert by experience, who had experience with older people with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection, we reviewed the information we held about the service. This included the last inspection report for January 2015. We spoke to the local contracts and commissioning team that had placements at the home. We also reviewed notifications, safeguarding alerts and monitoring information from the local authority. An action plan was received from the provider on 6 May 2015 and it stated they would meet the legal requirements by 30 June 2015. During the inspection we checked whether the required improvements had been made.

We spoke with three people living at Aspray House and five relatives. We also spoke with four nurses, one senior care staff, three care staff, one activities co-ordinator, one domestic assistant, one administrator, the manager, the deputy manager and the head of operations for the provider. We observed care and support in communal areas and also looked at some people's bedrooms and bathrooms. We looked at 14 care files, staff duty rosters, a range of audits, staff training matrix, accidents and incidents book, 42 supervision files for staff, medicines records, and policies and procedures for the home.

Is the service safe?

Our findings

During our previous inspection in January 2015, we found that the service did not always have effective systems in place for the management of medicines. Also individual risk assessments were in place for people, to help protect them from harm however they were not always comprehensive.

At our last inspection in January 2015, although we found some areas of safe medicines management, such as secure and safe storage of medicines, and medicines being given to people in a caring and respectful manner, we found that effective arrangements were not in place for the ordering, recording, using and safe administration of some medicines.

At this inspection, we assessed how medicines were managed across all four units of the home, and saw that improvements had been made. All prescribed medicines were in stock, and staff were able to explain the ordering process for medicines, so the problems with ordering medicines had been resolved. Medicines administration record charts were clearly and fully completed, with no gaps. We checked a sample of medicines supplies against medicines records, and there were no discrepancies, providing assurance that people were receiving their medicines regularly and as prescribed. Medicines were stored securely, at the correct temperatures, and medicines rooms were clean and orderly. High risk medicines, warfarin and insulin, were managed safely. Time critical medicines, such as medicines for Parkinson's disease, were given at the correct times to be most effective. Staff had been provided with body maps for topical medicines such as creams, providing them with sufficient instructions to apply these correctly, and we saw that records of use were up to date. Staff had received medication training, their medication competencies were checked yearly, and retested if there was a medicines error or incident.

Medicines audits were carried out regularly and we saw that these were now more effective than at our last inspection. We noted a few entries in the controlled drugs register were unclear or not accurate. The home manager provided evidence that this had already been picked up during audits and addressed with staff. There was confusion over the arrangements for covert administration for one person. These issues were rectified either during or directly after our inspection.

Individual risk assessments were in place for people to help protect them from harm. However, the assessments were not always comprehensive. One person had been assessed of having behaviours that challenged but there no clear strategies identified on what methods could be used to support this person and guide staff. Another person had a detailed risk assessment for diabetes and support with Percutaneous Endoscopic Gastrostomy (PEG), the aim of PEG is to feed those who cannot swallow, however minimal information for other associated risks were detailed. Although people's needs had been assessed and care plans developed these did not always adequately guide staff so that they could meet people's needs effectively. This meant the lack of ongoing assessment of risks to people did not protect them against the risk of receiving inappropriate or unsafe care and treatment.

The manager had recently completed care plan and risk assessments audits. Records showed these audits had highlighted concerns we found during our inspection. The provider had an action plan in place to address these concerns.

During our inspection we acknowledged that, although improvements had been made, there were some areas that still required improvement. The above issues were a continuing breach of Regulation 9(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

During our previous inspection in January 2015, we found that the service did not always have effective support, supervision and appraisals for staff. Previously records showed only 21 out of the 88 staff had an appraisal in 2014 and the frequency of the supervisions was inconsistent.

Staff told us they were now receiving regular supervision sessions. One staff member told us, "Supervision is every month with the nurse. We discuss the residents and giving personal care." Another staff member told us, "Supervision is every few months. Last month we talked about preventing pressure ulcers."

We found that since the last inspection there had been an increase in the number of supervisions undertaken, however the quality of these supervisions varied according to who was offering the supervision. Some supervision addressed specific concerns such as the quality of care planning or the management of medicines and there was evidence that these concerns had been followed through with goals and target dates set. The quality of supervisions varied from detailed, setting targets and timescales, to brief

and/or unclear what had been discussed and/or agreed if anything. The home had produced a supervision matrix to record when staff had received supervision. It was unclear how this was being used as a management monitoring tool as this did not always reflect the actual supervisions undertaken and where supervision had not taken place. There was no evidence to demonstrate that this had been followed through.

The manager told us some appraisals had taken place since our last inspection but these only happened when staff requested one. Eleven out of the 42 staff files we looked at had received an appraisal. We looked at the quality of these and found they varied from incomplete forms and lack of detail including a lack of goals and target dates. The policy for appraisals stated that each member of staff would receive one annually.

During our inspection we acknowledged that, although improvements had been made, there were some areas that still required improvement. The above issues were a continuing breach of Regulation 18 HSCA (RA) Regulations 2014.

Is the service responsive?

Our findings

During our previous inspection in January 2015, we found that systems were in place to assess people's needs and we saw evidence people's needs were regularly assessed. However, we found inconsistencies with the way documentation was managed which meant staff did not always have access to the most up-to-date information on people's needs.

People's records provided evidence that their needs were assessed prior to admission to the home in most cases. This information was then used to complete more detailed assessments which provided staff with the information to deliver appropriate and responsive care. However one person had been admitted to the home for one week's respite the day before our inspection. Records showed this person had been assessed prior to admission however information about this person's needs was very limited. The person had been admitted with a grade 3 pressure ulcer and this had been documented but there was no care plan and risk assessment on how this would be managed. We spoke to a nurse about this person and they told us risk assessments are completed within 24 hours and care plans within in five days for new admissions. However, we did see this person had a turning chart and pressure relieving equipment in their bedroom. Another person had been

assessed as unable to make decisions for themselves and diagnosed with diabetes. The care plan stated "to eat a healthy diet and no sugar." When we went to visit this person in their room we saw they had a plate of seven biscuits, a chocolate bar and a wrapped chocolate sponge cake in front of them. The nurse told us that this person had not had lunch so they would give some sugar such as a biscuit to manage blood sugar levels. We showed the nurse the food displayed in front of this person and her response was "Oh no." Another person's night care plan stated "wandering and entering other people's rooms" however this person had been bed bound for some time and this had not been updated. This meant people who used the service were potentially at risk.

The manager had recently completed care plan and risk assessments audits. Records showed these audits had highlighted concerns we found during our inspection. The provider had an action plan in place to address these concerns.

During our inspection we acknowledged that, although improvements had been made, there were some areas that still required improvement. The above issues were a continuing breach of Regulation 9(3)(b)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>The registered person did not take proper steps, through individualised and up-to-date needs assessments and care plans, to ensure that each service user received care and treatment that was appropriate and safe. Regulation 9(3)(a)</p> <p>The registered person did not take proper steps, through planning and delivering care, treatment and support so that people are safe, their welfare is protected and their needs are met. Regulation 9(3)(b)(h)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The registered person did not have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on the regulated activity received supervision and appraisals. Regulation 18(2)</p>