

Opal Care Homes Limited

Aspen Grange Care Home

Inspection report

Coldnailhurst Avenue
Braintree
CM7 5PY

Tel: 01376550764

Date of inspection visit:
28 March 2023

Date of publication:
17 April 2023

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

Aspen Grange Care Home is a residential care home providing personal and nursing care for up to 49 people in one purpose built home. The service provides support to older people living with dementia and complex care requirements. At the time of our inspection there were 24 people using the service.

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

People received safe care from staff who knew them well. There was a safeguarding policy in place and the registered manager, and staff knew how to identify and report concerns. There were enough staff deployed to meet the needs of people using the service. Staff had been recruited safely and pre-employment checks carried out.

Risks to people had been assessed and updated in people's care plans when their needs changed. Medicines were administered safely by trained members of staff. Staff had received an induction and training to enable them to meet people's needs. Supervisions, appraisals, and competency assessments for staff were carried out. Staff felt supported by the senior team.

There were effective infection control measures in place. Staff wore personal protective equipment (PPE) appropriately and had access to PPE.

People's nutritional needs were met and additional support was given as required. The food provided was fresh, nutritious and people ate well. Staff were kind and caring and people and their relatives confirmed this. We observed staff responding to people's needs with dignity and respect. People and relatives knew who to speak to if they had any concerns or complaints to raise.

We received positive feedback about the leadership and management of the service. There were systems in place to monitor, maintain and improve the quality of the service.

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. However, we have made a recommendation about completing mental capacity assessments for each specific decision.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 16 November 2020)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 COVID-19 and other infection outbreaks effectively.

Recommendations

We have made a recommendation in relation to the completing of mental capacity assessments for people which are required to be decision specific, meaning assessing a person for 1 specific decision at a time.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Aspen Grange Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 2 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

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 28 March 2023 and ended on 31 March 2023. We visited the location's service on 28 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 3 relatives about their experience of the care provided. We spoke with the regional manager, registered manager, clinical lead and 6 care staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 4 people's care records, 9 people's medication records. We looked at 3 staff files in relation to recruitment and staff supervision. We reviewed records relating to the management of the service including quality assurance monitoring and the services policies and procedures.

Following the inspection we continued to seek further clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- The registered manager had systems and processes in place for the safe management of medicines. The clinical lead completed a monthly medicines audit which including actions taken in the event of identifying any errors.
- People received their medicines from the nursing staff who had received training in safe medicine management and were assessed as competent before administering medicines.
- People received their medicines as prescribed. We carried out checks of boxed medicines held on the medicines trollies. The amount in the boxes reconciled with the total amount recorded on the Medication Administration Records (MAR).

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "They [staff] treat me well here, I feel safe."
- Relatives told us they felt their loved ones were kept safe and free from harm. One relative told us, "I do feel [person] is safe here, there is plenty of space, and the staff are very attentive."
- Staff had undertaken safeguarding training and knew how to identify and escalate any concerns. One member of staff said, "I have raised a safeguarding before. I would report any concerns to the registered manager or CQC if I felt nothing was being done about it."
- The registered manager understood their legal responsibilities to protect people and share essential information with the local authority and the CQC and had taken appropriate steps to investigate concerns raised.

Assessing risk, safety monitoring and management

- Risks to people had been assessed, monitored, reviewed, and updated regularly, such as falls, moving and handling and skin integrity. Where people had a catheter in situ there was comprehensive catheter care plan guidance in place for staff to follow, this included how often it is changed and by whom, to encourage person's fluid intake, risk assessment and information about infections.
- The registered manager had systems and processes in place to analysis all accidents and incidents which would identify any trends, themes, patterns occurring within the service.
- In January 2023; the clinical lead held a group supervision with members of staff to discuss the higher than usual number of accidents/incidents. Staff approach, managing people's behaviours and looking at people's environment were explored as ways of keeping people safe from harm.
- Staff had received training in manual handling to enable them to support people safely and use equipment safely. One member of staff said, "I received practical manual handling training, this way you

learn how to use equipment correctly."

- Fire alarm tests and fire drills were undertaken regularly to help ensure the staff would know what to do in the event of a fire. People had personal emergency evacuation plans (PEEPS) in place, and these were up to date. They contain relevant information about the person, their needs and how staff should support them to safely evacuate in the event of a fire or emergency situation.

Staffing and recruitment

- Recruitment procedures were robust and appropriate checks were carried out including references and Disclosure and Barring Services (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helped the provider make safer recruitment decisions.
- Relatives told us there were sufficient staff numbers on duty. One relative said, "There always seems to be enough staff on duty."
- Staff comments included, "There are more permanent staff now," "I feel I always have enough staff on duty to work with." And "I feel we have enough staff on duty each shift, and we help each other."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider's approach to visiting was in line with government guidance and there was no restriction to visitors at the time of inspection. One relative said, "The registered manager made a point of telling me, I can visit any time."

Learning lessons when things go wrong

- Staff we spoke to knew how to report accidents and incidents appropriately, one member of staff said, "If a person fell, I would report to the clinical lead on duty."
- The registered manager and clinical lead evidenced regular communication with the staff team, by conducting daily handovers, staff meetings and staff supervision. Staff confirmed they were kept informed about any changes to people's care and support needs.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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's needs were assessed before moving into the service. This was so the service could be assured they could meet people's needs. Assessments contained information about people's needs and preferences, their requirements and what was important to them. This helped to form the foundation of their care plan.
- The registered manager told us, "Many of the referrals we receive are for people who may have more complex care requirements due to their dementia. We always carry out a comprehensive assessment of their needs and seek support from any other health professionals involved in the person's care to ensure we can meet the person's requirements."

Staff support: induction, training, skills, and experience

- Staff received an induction when they started working at the service. This included shadowing experienced staff, training and getting to know people living at the service.
- Staff had completed training in safeguarding, moving and handling, fire safety, nutrition and hydration and dementia as an example. We saw staff had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received supervisions and appraisals. Staff members told us, "We do have supervision and I love [name of registered manager], I can ask them anything." And "I have my supervisions with [name of clinical lead]. I feel very supported, we are always asked for our opinion and what we could change. They [senior team] do involve us."

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

- People were supported to eat and drink enough to maintain a balanced diet. One person said, "I enjoy the food, the dinner is worth waiting for and there is lots of it." A relative told us, "The food is wonderful and plenty of it, they [staff] are always giving people fluids and cakes in the afternoon."
- We observed people having their lunch and saw they were supported to eat and drink by staff who worked with them in an unhurried and respectful manner. People were shown a visual choice of meals, served on plates at mealtimes to allow them to make their own choices independently. We observed a plentiful supply of snacks and drinks being offered throughout the daytime.
- What people ate and drank was recorded so information about their nutrition and hydration could be shared with health professionals as appropriate. This meant people were supported by staff to maintain a healthy diet.

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

- The service worked effectively with other professionals. For example, when people's needs changed, staff made referrals to health and social care professionals to ensure people received the support they needed.
- People's care plans contained information regarding their physical health. Comprehensive handover information provided to staff supported the sharing of information about people and their health and care needs. One member of staff told us, "We have a handover and find out about what has happened, has anyone fallen or feeling unwell. The clinical lead is extremely helpful, you can talk to them."

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

- The service was well maintained and suitable to meet people's needs. The premises were decorated to a good standard and people had a choice on how they could decorate their rooms. Although this was an area the registered manager wanted to improve on and involve more relatives where possible.
- Most areas of the service were accessible to people. The registered manager told us of their renovation plans for the garden which include new walkways, a summerhouse and newly built raised beds to encourage people outside to utilise the space.
- The registered manager had enhanced the service to support people living with dementia; people's bedroom doors had door knockers on. People's names and pictures were outside their bedrooms in memory boxes on the wall to help them and others remember their rooms.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had received training in MCA and understood the importance of gaining consent from people. Comments from staff included, "I always offer people choice, I always hold up clothes for people to choose, and show people a choice of food." And, "It is better when I show people the choices as they seem able to choose independently then."
- The service had applied for DoLS applications, however we found some had expired and new applications were made a month or so after expiry. After the inspection the registered manager had diarised the expiry dates of all authorised DoLS applications to ensure there would be no lapse of time between applications for people being deprived of their liberty.
- Mental capacity and best interest assessments had been completed for people who lacked capacity to make decisions about their care and treatment. These were in relation to their personal care, day to day decisions and Covid-19 vaccines. However, we found no MCAs completed for people who had sensor alert mats in their bedrooms, or who had bedrails in place and how this decision was made in the persons best interests.

We recommend the provider seek advice and guidance from a reputable source about the completion of their current MCA forms and ensure decision specific MCAs are completed for people who lack capacity to make certain decisions about their care and treatment.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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 and their relatives told us the staff team were kind and caring. One person told us, "Most of the staff are very good here." Relatives told us, "[Person] is unable to speak, but they are always smiling, and I know they are happy." And "They, [staff] are very kind and friendly to [person], I know [person] is happy here."
- Staff spoke positively about their roles and the people they cared for. One staff member told us, "I do think people are getting good care. I would be happy for a relative to live here." And "I do hair and makeup for people; I like to make their bedrooms look nice. I love working here, the best thing about working here is everything."

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

- People were supported to express their views. Meetings were held with people and relatives, so they had the opportunity to be involved with decisions. Care plans indicated people, relatives or advocates had been involved with decision making.
- Care plan reviews were held regularly, and relatives and health and social care professionals were invited to be involved. Relatives told us, "[Name] has a care plan and we are also regularly updated about [name]." And, "They, [staff] always update me on any concerns. I am always informed straight away."
- We saw the service had a 'you said, we did' wall display in the front reception. This was feedback gathered from people, relatives and staff meetings and what action was being taken in response to any issues raised.

Respecting and promoting people's privacy, dignity, and independence

- People's privacy and dignity was promoted. We observed staff knocking on the door before entering people's rooms, asking a person if they wanted to wear a clothes protector before having their meal and when assisting a person with their meal, we saw the carer gently wipe food from the person's mouth.
- Staff understood how to promote people's privacy and dignity. One staff member told us, "We shut doors and cover a person's body with a towel. We try to use female staff for female residents."
- Relatives told us they felt their loved ones were treated with dignity and respect. One relative said, "[Person] always looks clean, tidy and shaved, the staff know [person's] likes and dislikes and treats them with respect. I have never heard or seen any member of staff raise their voices here."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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 plans were person centred and reflective of their needs. They considered all aspects of people's care including preferred name, health, medicines, moving and handling, personal care and nutrition and hydration requirements.
- Staff understood about using a person-centred approach when supporting people. One member of staff said, "Here at Aspen Grange we use a more person-centred approach. People do as they want, not what staff want. We do our work and then give time to people for things they like to do."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of their responsibilities under the AIS. People's care plans contained information about their ways of communicating and their preferred methods.
- We observed on the day of the inspection staff offered visual choices to people wherever possible to enable people to make preferred choices.

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

- We saw some visitors during the inspection and were informed by people and relatives they were able to visit their loved ones anytime.
- The registered manager told us they were in the process of recruiting a new activity coordinator who would oversee and plan day to activities within the service. We observed staff engaging in various activities with people during the day such as, drawing, reading, listening to music, playing cards and a quiz in the afternoon which people appeared to enjoy and participated in wherever possible.
- A relative told us, "Yesterday when I came in staff were playing games with people, and then a man had been in playing music."

Improving care quality in response to complaints or concerns

- The registered manager had a system in place to record and monitor complaints. The most recent complaint dated back to August 2022 and had been responded to and managed to the complainant's satisfaction.

- One relative told us, "[Name] has had a recent change to their medicines and I was informed immediately. I have no complaints here."

End of life care and support

- The service was not supporting anyone at the end of their life at the time of this inspection. However, people had 'do not attempt cardiopulmonary resuscitation' (DNACPR) decisions in their care plans and these included the person's lasting power of attorney responsible for health and welfare decisions.
- Staff had received end of life training; people's end of life wishes were discussed either at assessment stage or on admission and their wishes were documented in their care plans. We saw an advanced decision completed which included a person's preferred place to be at the end of their life, who they wished to be present and their choice of music to be played.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a positive and open culture. People and staff spoke positively about the management team. One staff member said, "The registered manager works to a very high standard, we have regular meetings with them, and I would not hesitate to go to them if I had a problem. I know they will listen."
- A relative told us, "The registered manager is very approachable and if anything is wrong will phone me and communicates regularly by email."
- Staff understood what person-centred care was and sought the best outcomes for people. Staff had received training in person centred care, care plans were person-centred, and staff worked to meet people's needs, in line with their preferences and the provider's policies.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; 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 had systems in place to check the quality of the service including audits of medicines, health and safety, care plans and infection prevention control. Monthly quality assurance monitoring was carried out by the regional manager and any identified issues were added to the service's development plan with a timescale for action to be taken.
- Staff understood their role and responsibilities and had received training to help ensure care and support was being provided to people to the required standard.
- Staff told us they felt supported, and communication was good throughout the service. Information was shared in daily handovers, staff meetings, health and safety meetings and staff supervision.
- The registered manager understood duty of candour and was open and honest when things went wrong. Complaints and incidents had been investigated, and apologies made when the registered manager believed the service could have done things differently.

Continuous learning and improving care; Working in partnership with others

- The registered manager kept in regular contact with people and their relatives either by telephone communication, or by way of feedback received from surveys around the quality of the care being delivered. This provided the registered manager with the opportunity to improve the delivery of the service moving forward.
- The registered managers' walkarounds were recorded and included checks of people's care, infection

control, talking to people, choices being offered and people's dining experience.

- The service worked with other professionals to help provide people with joined up care. This included social workers, tissue viability nurses, physiotherapists, GPs, and dementia intensive support teams.