Care Quality Commission

Aaroncare Limited

Aaron Court Care Home

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
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?	**Requires improvement**

Overall summary

This inspection took place on 16 February 2015 and was unannounced. We arrived at the home at 9.30am and left at 7.30pm.

Aaron Court Care Home is registered to provide personal and nursing care for up to 73 older people and people with dementia. On the day of the inspection 65 people were living in the home. The home has single room en-suite accommodation over two floors. Each floor has lounges, dining areas and bathing and toilet facilities. There is also a garden, which has seating and tables.

The home has a registered manager who has been in post for ten years. 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 service had not met all of the regulations we inspected against at our last inspection on 5 August 2014,

Summary of findings

in that we found that the provider did not have appropriate arrangements in place for the recording of medicines and the management of creams and ointments. The provider subsequently submitted an action plan saying they would be compliant with this regulation by 19 September 2014.

At this inspection we found that the provider had made some improvements, but the arrangements still did not protect people from the risks associated with unsafe management of medicines. You can see what action we told the provider to take at the back of the full version of the report.

The experiences of people who lived at the home were positive. People told us they felt safe living at the home, staff were kind and compassionate and the care they received was good. Some of the comments from relatives included, "We're happy with the care" and "It's the first time I've been to visit since my relative came in and I can see a big difference, [name] looks really well".

People's needs were assessed and care plans were developed to identify what care and support people required.

People spoke positively about the care and support they received. Comments included: "You can't beat being here, the staff are really good and always there to help you"; "I can't praise the staff enough, since I've been here I have been treated really well"; "I don't know how but the staff seem to know if I need anything, you only need to ask and they are there for you" and "I like it here".

There were regular reviews of people's assessed needs and they were referred to appropriate health and social care professionals to ensure they received treatment and support for their specific needs.

People received visitors throughout the day and we saw they were welcomed and included. People told us they could visit at any time and were always made to feel welcome. One relative said "The manager or one of the staff will ring me if there's any change and when I come in they always talk to me".

The staff ensured people's privacy and dignity were respected. We saw that bedroom doors were always kept closed when people were being supported with personal care.

People remarked that the food was good. One person said "The food is usually nice" and another said "The food is very good and there's a choice of half a dozen things for breakfast".

People could choose how to spend their day and they took part in activities in the home and the community. The home employed an activity organiser and we saw that people were engaged in activities in small groups or individually during the day.

Staff received specific training to meet the needs of people using the service and received support from the management team to develop their skills. Staff had also received training in how to recognise and report abuse. All were clear about how to report any concerns. Staff spoken with were confident that any allegations made would be fully investigated to ensure people were protected.

People knew who to speak to if they wanted to raise a concern and there were processes in place for responding to complaints.

Some people who used the service did not have the ability to make decisions about some parts of their care and support. Staff had an understanding of the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

There were processes in place to monitor the quality of the service and identify and manage risks to the health, welfare and safety of people who used the service. However, these had not identified that staff were not following the provider's policies on the safe management of medicines.

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 safe.

Requires improvement

The medicine arrangements did not protect people from the risks associated with unsafe management of medicines.

There were systems in place to make sure people were protected from abuse and avoidable harm. People said they felt safe and staff we spoke with were aware of how to recognise and report signs of abuse and were confident that action would be taken to make sure people were safe.

Recruitment records demonstrated there were systems in place to ensure staff employed at the home were suitable to work with vulnerable people. There were enough staff to ensure people received appropriate support to meet their nursing and personal care needs.

Is the service effective?
The service was effective.

Good

Staff received on-going support from senior staff to ensure they carried out their role effectively. Formal induction, training and supervision processes were in place to instruct staff and enable them to receive feedback on their performance and identify further training needs.

Arrangements were in place to request heath, social and medical support to help keep people well. People were provided with a choice of refreshments and were given support to eat and drink where this was needed. Where the home had concerns about a person's nutrition they involved appropriate professionals to make sure people received the correct diet.

The registered provider complied with the requirements of the Mental Capacity Act. The manager and staff had a good understanding of people's legal rights and the correct processes had been followed regarding Deprivation of Liberty Safeguards.

Is the service caring?
The service was caring.

Good

People were provided with care that was kind and compassionate.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their families in order to provide person-centred care.

Is the service responsive?
The service was responsive.

Good

Summary of findings

People and their representatives were consulted about their care, treatment and support. Information was recorded so that staff had easy access to the most up-to-date information about people's needs.

People were given choices throughout the day. People were given choices about activities, food and how they spent their day. People were supported to go out into the community and see their families.

People and their relatives were listened to and their feedback acted upon.

Is the service well-led?

Requires improvement 

This service was not well led.

The registered manager was well established and had managed the home for over ten years. The staff were confident they could raise any concerns about poor practice and these would be addressed to ensure people were protected from harm. The provider had notified us of any incidents that occurred as required.

There were systems in place to make sure the staff had reflected and learnt from events such as accidents, incidents and investigations. This helped to reduce the risks to the people who used the service and helped the service to continually improve and develop. However, the medicines audits had not identified the shortfalls we identified during this inspection.

People were able to comment on the service in order to influence service delivery.

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

This inspection took place on 16 February 2015 and was unannounced. We arrived at the home at 9.30am and left at 7.30pm.

The inspection was led by two adult social care inspectors who were accompanied by 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR, reviewed all the information we already held on the service and we contacted the local authority who funded the care for some of the people living there. No concerns were raised.

During our inspection we observed how the staff interacted with the people who used the service and looked at how people were supported during their lunch and throughout the day. We reviewed four care records, staff training records and records relating to the management of the service such as audits and policies and procedures. We spoke with 11 people who used the service and relatives of eight other people. We also spoke with the registered manager and all the staff on duty.

Requires improvement

Is the service safe?

Our findings

People who used the service told us they felt safe. One person, when asked, said "Oh yes, I feel really safe here, the staff look after us very well". Relatives told us they had no concerns about the way their family members were treated. One relative said "I know my relative is well looked after and if there was something wrong they would call us – they have in the past" and another said "I think it's very safe". People also told us they were given their medicines at the times they were prescribed or when they needed them.

At our previous inspection in August 2014 we found that appropriate arrangements for the recording, handling and safekeeping of medicines were not in place.

At this inspection, we looked at a sample of medicines, Medication Administration Records (MARs) and other records for people living at the home as well as systems for the storage, ordering, administering, safekeeping, reviewing and disposing of medicines. We also spoke with nurses responsible for handling and administering medicines.

Whilst arrangements were in place for recording medicines, we found that it was not possible to account for all medicines as nurses had not completed records completely and accurately. The quantity of medicines received into the home, the amount brought forward from the previous month and the amount administered were recorded. However, when we counted the medicines in stock and checked the amounts against the records, we found that the figures did not tally. For example, one person was prescribed an anticoagulant and records indicated there were 84 tablets left in stock, but when we counted them there were 131. We also noted at 11am on the day of the inspection some people's medicines had been signed as given at 2pm and 6pm. We asked the nurse who had done this for an explanation and they said they hadn't actually given the medicines yet but they had signed for them to save time later. This is contrary to the Nursing and Midwifery Council Standards for Medicines Management. If medicines are not recorded accurately, it is impossible to see whether or not they have been given correctly. This was pointed out to the registered manager and appropriate action was taken.

We found that creams and ointments were applied by the care assistants, but the nurses were signing the medication records. Since the last inspection, charts had been put in place indicating where the creams or ointments should be applied and how often. However, the care assistants who applied the creams were not documenting when they had applied them. This meant that it was impossible to see whether these products had been used as intended or which care worker had applied them.

The provider had suitable storage facilities for medicines, but we found some morphine sulphate injections that were stored in a locked cupboard that was not a controlled drugs cupboard. There are legal requirements for the type of cupboard that controlled drugs must be stored in and the cupboard they were in did not meet those requirements. Other controlled drugs in the home were stored and recorded appropriately.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider had safeguarding policies and procedures in place to guide practice on keeping people safe from harm and staff training records showed that safeguarding training had been delivered to staff. All staff were given a copy of the whistleblowing procedure and knew who to contact if they had concerns about the management of the service. One staff member said "I know all about whistleblowing and if I had to I would use it – I'm sure that any of the staff would". Staff that we spoke with told us what steps they would take if they suspected abuse and were able to identify the different types of abuse that could occur. They said they were confident about raising concerns with the manager and that appropriate action would be taken. The information held by the Care Quality Commission (CQC) and the local authority demonstrated that the registered manager followed the correct procedures when any alleged abuse was reported.

Individual risk assessments were completed for people who used the service, so that staff were provided with information as to how to manage risks and ensure harm to people was minimised. Each risk assessment had an identified hazard and management plan to reduce the risk, which was reviewed at least monthly. Staff were familiar with the risks and knew what steps needed to be taken to manage them. Where people had behaviours that challenged the service, management plans were drawn up to inform staff about what may trigger this behaviour and the best way to support the person to defuse the situation.

Requires improvement

Is the service safe?

The provider consulted with external healthcare professionals when completing risk assessments for people. For example, where people had been identified at risk of choking because of swallowing difficulties, we saw that they had been referred to the appropriate health professional and the professional's guidance was followed by staff.

Records showed that staff took appropriate action following accidents or incidents.

The manager told us that staff rotas were planned in advance according to people's support needs. She told us that although she used staffing ratios to work out the number of staff on each shift, people who used the service could be provided with additional support during the day to meet their needs should this be required. We observed that there were enough staff to meet people's needs, although some people had to wait for their meals because a lot of the people who used the service required assistance at mealtimes. A relative told us "I come in at mealtimes when I can and feed my mother because the staff do get pushed at mealtimes, so I think they appreciate it". The manager said she was considering options to increase the number of people available to assist at mealtimes.

Records showed that all the necessary checks were carried out on staff before they were employed.

The home was clean, spacious and well-lit. There was clear signage on toilets and bathrooms to help people find them easily. Appropriate equipment was provided, such as hoists and assisted bathing facilities, to keep people safe. Equipment was checked and serviced at the required intervals and staff were trained in its use.

Emergency procedures and contact numbers were available in the nurses' office on each floor.

Good

Is the service effective?

Our findings

People who used the service and all but one of the relatives we spoke with said they were happy with the care provided.

People received care from staff who were aware of their responsibilities and had the knowledge and skills to carry out their roles effectively. Induction training was provided to all new staff. This covered all the Skills for Care Common Induction Standards. Staff also shadowed more experienced staff until they were assessed as competent to work on their own.

Staff we spoke with were aware of their roles and responsibilities and had the skills, knowledge and experience to support people using the service.

The provider had a comprehensive training programme, which staff were required to undertake. The provider had submitted information to Skills for Care, who collate information about staff training in the care sector. We looked at this information and saw that Aaron Court's training levels for safe working practices were 'better than expected' and all care staff had achieved at least a level 2 vocational qualification in care.

Records showed that staff received regular supervision and staff said the registered manager was very approachable and supportive, listened to their suggestions for improvement and acted upon them. One member of staff said "I feel well supported here and a lot of the staff have been working here for a long time like me".

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Staff were aware of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had received training in these topics and had read the policies available. They were aware of recent changes in DoLS practice. The manager worked in liaison with the local authority to ensure people who used the service were not unlawfully restricted in any aspect of their care and accommodation. We looked at the records of people with dementia and saw that mental capacity assessments had been carried out and multi-disciplinary meetings had been held for those people who lacked capacity to make certain decisions. As a result best interests decisions had been made for some people and DoLS were in place.

The people we spoke with said they enjoyed the food provided. One person said "The food is usually nice" and another said "The food is very good and there's a choice of half a dozen things for breakfast". One of the visitors we spoke with was not satisfied with the food being offered to their mother, but they had not spoken to the manager about their concerns. There was a three weekly menu which showed a good variety of foods. We talked to the cook who was aware of people's preferences and that if a person didn't like or want the meals on offer other choices were available. We observed that staff told people what was for lunch and tea during the morning and if people didn't want what was on offer they were able to request an alternative. We observed lunch being served. A couple of people did not want the main meal and asked for a sandwich, which was provided. Snacks were also provided throughout the day and available on request. For example, tea and cakes were served in the afternoon and one person was given a bowl of cornflakes with warm milk, which they had requested.

The home had policies and procedures on food safety and nutrition. The care records showed that people had an initial nutritional assessment completed on admission to the home and people's dietary needs and preferences were recorded. Some people required special diets and the staff we spoke with understood people's dietary requirements and how to support them to stay healthy.

People were weighed at least monthly to make sure they were maintaining a healthy weight. If anyone lost weight we saw that their care plan was reviewed and additional measures were put in place, such as weekly weights, offering food more frequently and offering a fortified diet. There was evidence that appropriate referrals were made to a dietician or doctor for further guidance and advice. We saw that fluid intake charts were in place for those at risk of dehydration.

The care records showed that, when necessary, referrals had been made to appropriate health professionals. For example, one person had not been well and we saw that their doctor had been called and treatment had been prescribed. Other health professionals consulted included opticians, dentists, dieticians, speech and language therapists and mental health professionals. One person who used the service said "We see the doctors and nurses in nearly every week to see someone – the staff will always ring them if someone isn't well".

Good

Is the service caring?

Our findings

People spoke positively about the care and support they received. Comments included: "You can't beat being here, the staff are really good and always there to help you"; "I can't praise the staff enough, since I've been here I have been treated really well"; "I don't know how but the staff seem to know if I need anything, you only need to ask and they are there for you" and "I like it here".

Relatives described the staff as "kind and caring". One relative said "We're happy with the care". Another said "It's the first time I've been to visit since my relative came in and I can see a big difference, [name] looks really well".

People said they were comfortable with the staff who supported them. We saw people laughing and joking with staff members, which showed there were trusting relationships between the staff and the people who used the service. The atmosphere was calm and relaxed.

Staff we spoke with showed a caring attitude towards those in their care and had a good understanding of people's individual needs. We saw that staff were patient, friendly, supportive and used people's preferred names. They continually interacted with the people in their care, offering support and encouragement. People were given choices, such as whether they wanted to stay in their room or go to the lounge.

We also saw staff treating people with dignity and respect. When they provided personal care, people were discreetly asked if they wanted to use the toilet or to have a bath or shower. Staff always knocked on bedroom doors before entering and ensured doors were shut when carrying out personal care.

People said they were supported to express their views and be actively involved in making decisions about their care, treatment and support. People's life history was recorded in their care records, together with their interests and preferences in relation to daily living. Staff we spoke with were familiar with the information recorded in people's files.

People's wishes for end of life were also recorded. For example, some people had a do not attempt resuscitation (DNAR) order document in place and an advanced care plan (a plan of their wishes at the end of life). We saw that the person concerned, their doctor and their family were involved in this decision. Staff had received training in end of life care.

People's bedrooms were personalised and contained photographs, pictures and ornaments that people had chosen to bring with them.

There were arrangements in place for people to access an advocacy service if they had no-one to represent them.

Good

Is the service responsive?

Our findings

We observed that call bells were responded to promptly and people told us that staff responded quickly if they pressed the call bell. One person said “The staff are in and out all the time- if I press the bell they are here in a minute or so”.

There was a programme of activities available to people living in the home. A timetable for the month was on display in reception and weekly schedules were displayed on each of the units. One person said “We had a karaoke evening a couple of nights back – it was very good and we all joined in and sang along”. Another person told us they had also enjoyed the singing. We spoke with the activity organiser who had only recently been employed. On the day of the visit they were spending time talking to the people who used the service about their hobbies and interests and asking what activities people would like to take part in. Examples of activities available included film shows, gardening, bingo, arts and crafts, exercises, musical entertainers and trips out. The manager told us that she had asked the activity organiser to devise more individual activities based on people’s preferences and interests because many of the people who used the service were not able to take part in group activities. The home had a hairdressing salon which was open two days a week and the activity organiser was arranging for someone to provide massages to people that wanted them. Visiting ministers also held services in the home to meet people’s spiritual needs. A mobile library visited the home and newspapers and magazines were provided.

All of the care records we looked at showed that people's needs were assessed before they had moved in. They were reviewed again on admission and appropriate care plans were drawn up. Care plans were reviewed at monthly intervals or when people’s needs changed.

All the staff we spoke with were familiar with people’s needs. The staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen.

We saw that visitors were welcomed throughout the day and staff greeted them by name. Visitors and relatives we spoke with told us they could visit at any time and they were always made to feel welcome. They said they were consulted about their relatives’ care and the staff were responsive to requests. One relative said “The manager or one of the staff will ring me if there’s any change and when I come in they always talk to me”.

People who used the service and visitors told us they felt they were consulted about the service and that consultation meetings were held. The manager also held a weekly surgery and a comments box was located in reception. Another relative said “I know there are regular meetings and if I can make it I do come”.

The complaints procedure was displayed in the reception area. Most of the people we spoke with told us they were aware of how to make a complaint and were confident they could express any concerns. One family member said they were not aware of the complaints procedure and this was provided to them on the day. We looked at the compliments and complaints file and saw there had been no formal written complaints since the previous inspection in August 2014. Five verbal concerns expressed by visitors had been recorded by staff, together with what action they had taken. This information was passed to the manager so she could make sure the matters had been resolved.

Requires improvement

Is the service well-led?

Our findings

The home had a registered manager who had been in post for over ten years. She was supported by a deputy manager. People and their relatives knew the management team well and told us they felt comfortable speaking with them.

The provider had a quality assurance system in place and evidence was provided that recent checks had been carried out. The area manager carried out monthly visits. The manager carried out monthly reviews of care plans and other audits to determine whether the home was providing a good service. These included audits of complaints, accidents, staff files and health and safety. Clinical audits were sometimes delegated to the nurses, for example audits of medicines, wound

care and infection control. Most of the audits had identified areas for improvement and these had been actioned. However, we found the medicine audits had not been completed accurately because they had not identified the discrepancies that we found on this inspection. Following feedback to the provider their Director of Governance and Quality said they would visit the home and make sure staff audited medicines accurately in future, in accordance with the provider's policies and procedures.

The manager told us that people's views and experiences were listened to, respected and acted upon. We saw that customer satisfaction surveys were conducted annually and compared with the previous year's survey. We looked at the most recent one and saw that 95% of the people who had completed the survey were satisfied with the service provided.

Staff told us their managers were approachable, valued their opinions and treated them as part of the team. They said they felt well supported and could easily raise any concerns and were confident they would be addressed appropriately. Staff meetings were held on a regular basis and issues of concern noted and addressed. Staff we spoke with told us they were informed of any changes occurring within the home through staff meetings, which meant they received up to date information and were kept well informed. Comments included: "I feel well supported here and a lot of the staff have been working here a long time"; "We work as a team here and help each other"; "We are encouraged to come up with ideas at meetings"; "Staff will speak up - if there is anything wrong or we feel we could do something better we get together and talk about it".

We saw that policies were reviewed on a regular basis so that staff had access to up to date information.

The home had policies on information security and social media, confidentiality, data protection and access to records, email and internet acceptable use and keeping of statutory records. Paper records were stored securely. All computers were password protected which meant that only the nominated people could access the system.

The Commission had been notified of reportable incidents as required under the Health and Social Care Act 2008.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **The medicine arrangements did not protect people from the risks associated with unsafe management of medicines.**

The enforcement action we took:
We issued a warning notice that required the registered provider to be compliant by the end of April 2015.