

Aaroncare Limited

Aaron Crest Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Aaron Crest Care Home is registered to provide personal and nursing care for up to 66 people. There were 39 people at the service at the time of the inspection. The home is divided into two units, one for people living with dementia and the other supports people who require nursing care.

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

People and their relatives told us they were happy with the care and support and provided positive feedback about the staff.

People felt safe and were protected from harm. Staff understood how to protect people from abuse. Risk assessments were carried out to enable people to retain their independence. Medicines were safely managed and the provider had processes to record and investigate accidents and incidents to ensure lessons were learned.

There were enough staff on duty to meet people's needs in a timely manner. Staff received training and support to enable them to effectively meet the needs of the people they supported. Staff had been recruited following the providers policies and procedures.

We have made a recommendation about the recruitment of staff.

Staff used PPE appropriately and followed infection control practices which helped protect people from the risk of transmitting COVID-19.

The service was well-led. The provider had systems to assess and monitor the quality of the service. The provider and registered manager demonstrated a commitment to continuous improvement in the service. Staff told us they received good support from the registered manager and felt their views were listened to.

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 4 June 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We received concerns in relation to how the service was being managed. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aaron Crest Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Aaron Crest 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 Care Act 2014.

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

The team consisted of two 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

Aaron Crest Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and the local Healthwatch. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who lived in the home about their experience of the care provided. We spoke with 11 members of staff employed in the home. These were the registered manager, two nurses, unit leader, four members of care staff, the activity coordinator, and two domestic staff. We also spoke with the regional operations manager.

We completed checks of the premises and observed how staff cared for and supported people in communal areas. We reviewed a range of records. This included five people's care and medication records. We looked at four staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including audits, policies and procedures, and accidents records.

After the inspection

Following the inspection, we spoke by telephone with nine relatives to gather their feedback about the service. We continued to seek clarification from the provider 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection, the provider had failed to adequately assess risk and monitor safety at the service. This was a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Safe care and treatment).

At this inspection, enough improvements had been made and the provider was no longer in breach of regulation 12.

- People were being effectively protected against avoidable harm.
- The registered manager and staff assessed and managed any risks to people's health, safety and wellbeing. This included assessments of specific risks such as the risk of developing pressure sores, weight loss and risk of falls.
- People were encouraged to maintain their independence with risk assessments and best interests documentation in place to promote safe care. We observed staff following individual moving and handling plans to support people to mobilise safely.
- The registered manager ensured protocols after accidents and incidents were in place, with actions and measures to mitigate any future risk. A safeguarding social worker we contacted told us the home had taken appropriate action for a person who had fallen, updating care plans and seeking both immediate emergency health care and referring for longer term support from the NHS falls team.
- The registered manager completed regular checks to ensure the safety of the premises and any equipment used. Evacuation plans were in place which details the individual support people needed, in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm. The provider had safeguarding policies and procedures in line with local authority guidance to protect people from harm and abuse. Staff told us they felt able to recognise and report on a safeguarding incident and that they would not hesitate to raise anything of concern.
- People told us they felt safe living in the home. One person commented, "I feel they [staff] are looking after me well. I have no complaints at all." Relatives we contacted had no concerns about the safety of their family members.
- The registered manager carried out safeguarding audits that included checking that CQC and the local authority had been informed of any allegations of abuse so that, where necessary, an independent investigation could take place.

Using medicines safely

- Medicines were stored safely and given as prescribed. The treatment room was well organised and medicines were stored securely. Records were fully completed to show that people had received their medicines as prescribed.
- Staff were knowledgeable about people's medicines and were seen to provide them with clear explanations in a supportive and patient manner, whilst ensuring their safety during administration.
- Staff were appropriately trained and supervised in the administration of medicines to ensure people were kept safe and free from harm. Good guidance for staff about various medicines was available.

Staffing and recruitment

- People received effective and timely care and support. The provider had systems to ensure staff were deployed in the home in sufficient numbers and with the right skills.
- People were cared for by staff who were familiar to them and knew their needs. The service had a number of staff members who had worked at the home for several years.
- Staff had been safely recruited. The provider completed required pre-employment checks to help ensure staff were suitable to work with vulnerable adults. We discussed with the provider the procedure for declaration of convictions.

We recommended the provider reviews the procedure checking DBS records by identifying a senior named person external to the home to authorise any risk assessment that maybe needed.

Learning lessons when things go wrong

- Staff documented when accidents or incidents occurred. These records were reviewed by the registered manager to ensure appropriate measures were put in place to reduce the risk of similar events occurring.
- The registered manager held regular 'safety huddles' to ensure important information was shared with staff without delay.

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 meeting shielding and social distancing rules.
- 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. Staff had access to sufficient supplies of PPE.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Domestic staff had a good understanding of the need to regularly clean high touch areas such as light switches and door handles.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At this inspection we checked the breaches made at the last inspection of regulation 11 (Need for Consent), regulation 12 (Safe Care and Treatment) and regulation 18 (Staffing). We found improvements had been made and the provider was no longer in breach of regulations.

- We found consent to care and treatment was sought in line with legislation and guidance and staff had been trained in this area. Where people were unable to provide consent, appropriate applications for DoLS had been made in accordance with people's best interests.
- People were being effectively protected against avoidable harm. The provider had a system of regular audits and checks to ensure the quality and safety of the service.
- Systems for supporting staff including inductions, supervision and appraisals were implemented to help support the delivery of safe and effective care.
- Staff told us both the training and supervision processes supported them with their role. One staff member told us, "The training has been really good. On top of my training I'm included in the training the nurses receive so that I get a better understanding of people's needs and what to look for."
- The registered manager understood their responsibility to meet regulatory requirements and had submitted required notifications to CQC. Staff had policies, procedures and a handbook to ensure they understood their roles and responsibilities.

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

- Processes were in place to ensure people's care was regularly reviewed, and any changes or improvements needed were acted upon in a timely manner.
- The registered manager and staff team were experienced, knowledgeable and familiar with the needs of the people they supported.
- People were positive about the quality of service they received. Staff were also positive about the leadership of the service. They commented, "I find the manager [name] is really knowledgeable and we get more updates these days. It's very well organised." And another said, "I've worked here nearly 14 years. I think the manager's doing a really good job. It's a great place to work."

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

characteristics; 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

- While the provider had systems that engaged and involved people and relatives we discussed with the registered manager feedback we received from relatives. While the majority of people were satisfied with the care there were two areas of concern, one was issues with getting through on the telephone and the other of missing clothes. The manager agreed to address these and update relatives in a newsletter and via email.
- Relatives told us they were happy with the contact from the home. One relative told us, "We receive regular emails about what's going on with the home itself and with my relative. I have got to know the carers and they don't hesitate to call me."
- The provider had a policy which informed staff what to do if something went wrong with a person's care. Relatives told us they were informed of any incidents or accidents which occurred. A relative told us, "Yes, they do contact us when there's an issue. There was a dental problem recently and they called us."
- Staff told us they could contribute to the way the service was run. The registered manager organised meetings for staff to give them an opportunity to discuss working practices and raise any suggestions for improving the service.

Working in partnership with others

- The service worked effectively with others such as commissioners, safeguarding teams and health and social care professionals. Staff were proactive in contacting community-based health professionals to seek advice and guidance about how best to meet people's needs.
- We spoke to two external healthcare professionals who told us the home had developed good working relationships with them and followed any advice or instructions.

Continuous learning and improving care

- Records we reviewed showed the management team held meetings with staff to ensure they were following government and best practice guidance as well as the provider's policies and procedures.
- The registered manager reviewed all accidents and incidents to ensure any lessons learned were implemented.
- The service engaged in external steering groups and linked with other services within the organisation to share best practice.