

Aaroncare Limited

Aaron Crest Care Home

Inspection report

Tanhouse Road
Skelmersdale
Lancashire
WN8 6AZ

Tel: 01695558880

Website: www.newcenturycare.co.uk

Date of inspection visit:
16 April 2019

Date of publication:
04 June 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Aaron Crest is a residential care home registered to provide personal and nursing care for up to 65 people. 53 people resided at the service at the time of the inspection. The home is divided into two units, Tan House unit supports people living with dementia and Up Holland unit supports people who require nursing care.

People's experience of using this service:

There were shortfalls in staff training and competency checks to ensure staff had the skills to provide safe and effective care.

People at risk of falling were not always risk assessed against avoidable harm.

People at risk of developing pressure damage to their skin were not always provided equipment set correctly in accordance with their weight and needs. This placed them at risk of avoidable harm.

The provider did not always ensure people's consent to care and treatment was sought in line with the Mental Capacity Act 2005.

Records showed some staff had not undertaken training in mandatory courses. This meant we could not be assured staff were suitably qualified and competent to undertake their roles and responsibilities. For example, 55% of staff had not undertaken practical moving and handling training.

The provider had made improvements around safe recruitment of staff. Before staff started to work at the service appropriate character checks were undertaken.

People's medicines were managed in a safe and person-centred way.

The provider had made improvements around meeting people's nutritional and hydration needs. People had choice and control over their meals and snacks.

The service supported people in a person-centred way and staff understood the needs of people they supported.

The service considered ways to promote communication this included; communication aids for non-English speaking service users and picture boards. The service was in the process of implementing picture menus to help aid understanding of the choices available at meal times for people living with dementia.

There were sufficient numbers of staff deployed across the service.

People were protected against bullying, harassment and abuse.

The service worked in partnership with external health care professionals and their advice was acted on.

People were supported in a kind and compassionate way. We observed staff encourage people to maintain their life skills and remain independent.

Staff told us they felt supported and listened to.

People had access to the complaints procedure and the registered manager responded to people's concerns and complaints in a timely way.

People were not routinely asked for their feedback. There had been one survey issued since the last inspection and this was in relation to catering. We have made a recommendation about this.

Since the last inspection the service had changed ownership. This meant changes in legal directorship and senior leaders however, the provider's registration remained the same. There was also a new registered manager.

The registered manager was transparent and understood their role and responsibilities.

There were quality assurance systems to identify, monitor and improve the service. Issues identified at this inspection had already been highlighted by the provider and they demonstrated what action would be taken. This was with exception of the failings found around consistent assessment of people's mental capacity.

Staff were encouraged to have their say and told us they were involved in decisions made at the service.

Rating at last inspection: At the last inspection the service was rated requires improvement (published 17 April 2018). The service remains rated requires improvement. This service was rated requires improvement at the last three consecutive inspections.

Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection, we found the provider had made improvements in relation to the breaches of regulations we found at the last inspection. However, we found further breaches of regulations.

Why we inspected: This was a scheduled inspection based on the previous rating.

Enforcement:

We have identified breaches in relation to safe care and treatment, staff training and asking people for their consent at this inspection.

Please see the 'action we told provider to take' section towards the end of the full report.

Follow up: We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will monitor the progress of the improvements working alongside the provider and local authority. We will return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two adult social care 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. The Expert by Experience had personal experience of caring for someone who lived with dementia.

Service and service type:

Aaron Crest is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Prior to our inspection we looked at all of the information we held about the service. This included any safeguarding investigations, incidents and feedback about the service provided. We looked at any statutory notifications that the provider is required to send to us by law. We used a planning tool to collate all this evidence and information prior to visiting the service.

The provider completed a Provider Information Return before the inspection. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections.

We spoke with six people who lived at the service and seven relatives. We also spoke with the registered manager, the regional manager, the deputy manager, a registered nurse, two support workers and the handyman. We looked at a variety of records which included the care files for eight people who used the service and three staff recruitment files. We also reviewed a number of records related to the operation and monitoring of the service and medicines management.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- People were not always effectively protected against avoidable harm. For example, one person's risk assessments were not always updated after they had fallen and post fall observations were not routinely completed. This meant the provider did not always ensure risks to the individual had been considered and, where possible, reduced.
- People at risk of developing pressure damage to their skin were not always provided with equipment set at the required level to prevent avoidable harm. We checked three people's air flow mattress settings and found all were not set at the required pressure as outlined in their care plan and in accordance with their weight. The registered manager assured us mattress settings would be checked and a system would be adopted to embed routine checks.
- We found shortfalls in staff training around key subjects to help keep people safe. For example, no staff had completed basic life support training and no staff had undertaken falls prevention training. Only 47% of staff had completed fire safety theory training and only 45% of staff had completed practical moving and handling training.

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).

- Staff demonstrated a good understanding of people's needs. We observed staff supported people to maintain their safety whilst mobilising and people were encouraged to maintain their independence.
- Staff carried out environmental risk assessments which showed action was taken to reduce risks.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to safeguard people from the risk of abuse. People and their representatives told us they felt safe and protected from harm.
- Staff understood what types of abuse people could be exposed to and how to report any concerns. However, only 59% of staff had completed training in safeguarding adults. The registered manager showed us evidence of scheduled training and some staff had previously been trained in safeguarding, however the accreditation time had expired.
- The registered manager kept records of safeguarding investigations. We found the service worked in line with local authority safeguarding procedures and incidents were assessed against the safeguarding authorities triage tool.

Staffing and recruitment

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 19.

- The provider ensured pre-employment checks had been carried out to make sure staff were of good character.
- We received positive feedback about staffing levels and everyone we spoke with told us they felt staff responded to them in a timely manner. People's representatives told us they were satisfied with the amount of staff and felt the staff team were consistent. Staff told us they worked across both units to ensure they had time to build trusting relationships with all people who lived at the service.

Using medicines safely

- Staff followed safe and effective systems for the management of people's medicines.
- We observed staff administered medicines safely and people told us staff informed them of what medicines they were being given. Medicine storage was safe and the clinical room was clean and organised.
- People's preferences were recorded on the front of medicine records to direct staff about how they like to take their medicines. Allergy and identification information was also available.
- The service maintained a good standard of recording in relation to people's medicines and protocols were available to direct staff around the administration of medicines prescribed on a when required basis.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- 28% of staff had not received training in the prevention and control of infectious disease. However, throughout the inspection we observed staff followed safe procedures in relation to infection prevention and control.
- The registered manager carried out an infection control audit every six months and actions for improvement were recorded and completed. The service had three infection control champions who had participated in local initiatives to help prevent the outbreak of infectious disease.

Learning lessons when things go wrong

- The provider had a system to record lessons learnt and analyse incidents. Staff told us they were supported to learn from accidents and incidents. However, we found this had not been fully implemented. Staff reported accidents and incidents to the registered manager and initial analysis was carried out, however lessons learnt were not clearly recorded.
- The registered manager told us improvements would be made in relation to the recording of lessons learnt.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 Act 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's consent to care and treatment was not consistently sought in line with legislation and guidance. We found examples where people's mental capacity had not been assessed before asking for consent. For example, consent to bedrails and photography.
- The provider had a MCA and DoLS policy and procedure to guide staff around lawful practice. However, staff did not always follow this.
- The provider had not ensured all staff had been trained in the MCA and associated DoLS. People were being deprived of their liberty at the time of this inspection and some of the staff we spoke to were unable to tell us who was subject to a DoLS authorisation or what the authorisation was in relation to.

The provider had failed to ensure the service worked within the principles of the MCA. This was a breach of regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Need for consent).

Staff support: induction, training, skills and experience

- The service did not consistently make sure staff had the skills, knowledge and experience to deliver effective care and support.
- Training records showed significant shortfalls in compliance with training courses specified by the provider to be mandatory. For example, the overall compliance score for mandatory training at the time of the inspection was 43.8%. The registered manager evidenced scheduled training courses for dates after the inspection.
- We asked to see evidence of staff supervisions since our last inspection. The matrix provided showed

supervisions had commenced January 2019. However, evidence for 2018 was not provided. Staff told us they had regular supervision with their line manager and felt supported.

The provider had failed to ensure staff had the necessary training to provide safe and effective support. This was a breach of regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Staffing).

- People consistently told us they were supported by staff with the skills to provide safe and effective care. New staff were inducted into their role and had to complete a probationary period to ensure they were suited to their role and responsibilities.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care and support was planned, delivered and monitored in line with people's individual assessed needs. The service used systems to assess people's needs and choices, in line with legislation and best practice.
- Management completed pre-admission assessments before people were admitted to the service. This ensured their needs and preferences could be met.
- People's care plans showed involvement from external social care professionals had been documented and followed. We received feedback from three visiting health care professionals who told us the service was effective at meeting people's needs and liaising with them.

- People were supported to live healthier lives, had access to healthcare services and received ongoing healthcare support. Staff supported people to attend medical appointments when needed.

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

At our last inspection on 06 & 07 February 2018, we found shortfalls in relation to meeting people's nutritional and hydration needs. This was a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Meeting nutritional and hydration needs).

At this inspection, we found the provider had made improvements and was meeting legal requirements.

- People were supported to maintain a healthy and balanced diet. Staff assessed and monitored risks associated with nutrition.
- People told us they were satisfied with the quality of food and drinks provided. We dined with people and asked for their feedback at lunch time. People told us; "Yes I thought the food was very good." And, "very nice".
- We checked how the service maintained safe nutritional regimes for people who were nil by mouth. Staff had maintained accurate records and clear direction was available to guide the nursing staff responsible for administration of enteral feeds (tube feeding direct into a person's stomach).
- Staff supported people who were at risk of choking and needed texturized diets to receive the correct food and drinks. The service had embedded new guidelines around the safe use of food and fluid thickening agents.

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

- The service had been adapted to aid people's independence. Signage was available to promote orientation to the environment, for example to help people locate bathrooms and their bedrooms.
- We saw people had personalised their bedrooms with their own items of furniture and ornaments.
- Some areas of the service had been redecorated and we saw improvements had been made around the

building which included new flooring and soft furnishings.

- The service considered ways to promote the accessible information standard. This included communication aids for non-English speaking service users and picture boards. The service was in the process of implementing picture menus to help aid understanding of the choices available at meal times for people living with dementia.

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

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

- Staff treated people with kindness, respect and compassion and gave people emotional support when needed.
- We observed staff engaged with people in a respectful way. People told us, "You're not just an object, you're a person, they ask you how you're feeling." And, "Staff are very good, they are kind."
- We observed staff knocked on doors before entering. People were treated as individuals and staff understood each person's needs and preferences.
- Staff recorded information about people's life story. We asked staff about people they supported and found they had a very good understanding about what was important to them, including family and interests.
- There were no restrictions on visiting times. We saw people's relatives were offered refreshments and had built trusting relationships with the staff team.
- Staff supported people to maintain their independence and positive risk taking was considered. For example, people who lived with dementia had free access to a secure garden area and if they chose to smoke, staff assessed and monitored the risk.

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

- The service involved people in making decisions about their care. However, this was not always recorded.
- People told us they had access to their care plans. However, the recording of service user involvement in care planning was not robust. We discussed this with the registered manager who assured us improvements would be made.
- People and their representatives had access to regular meetings with senior management. The registered manager operated an open-door policy and people confirmed they felt involved in decisions made about the service, including redecoration. People told us; "The meetings are very useful, the staff listened." And, "I have been to three meetings in two years, but they are going to be every two to three months now. There are two time options to attend, one in the afternoon and one in the evening."
- People told us they had not completed a satisfaction survey. The registered manager told us people were encouraged to complete an online survey. However, when we checked this, the last survey results were from 2017. After the inspection the registered manager provided evidence of a catering survey undertaken in January 2019.

We recommend the provider seeks advice and guidance from a reputable source, about supporting people to express their views and involving them in decisions about their care, treatment and support.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
At our last inspection, on 06 & 07 February 2018, we found people were not always supported in a person-centred way. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Person-centred care).

At this inspection, we found the provider had made improvements to care planning and was meeting legal requirements.

- People received person-centred care. Staff identified people's needs and preferences. Some risks to individuals had not been fully recorded in relation to when a person had fallen and we found shortfalls in the way pressure relieving equipment was monitored. However, staff understood the needs of people they supported and demonstrated passion for improvement. At the inspection we were reassured the shortfalls we identified would be quickly addressed.
- We saw care plans included people's choices, wishes, preferences and things that were important to them. People were encouraged to maintain their interests and hobbies and connect with the local community. Staff told us about their sense of connection to the service and how many of them lived in the local community.
- Staff had built trusting relationships with people they supported and this enabled the delivery of effective care. One person told us about their experience at the service and how they were happy to reside there indefinitely.
- The service did not have an activity worker at the time of our inspection. However, we received positive feedback about how all staff had continued to provide recreational activities during this time. The registered manager told us about plans to improve activities within the service.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened and responded to, and used to improve the quality of care.
- The registered manager maintained records of complaint response and people told us they felt confident to share their concerns. People, their relatives and visitors had access to the complaints procedure.

End of life care and support

- People received person-centred end of life care and support.
- The service had an end of life policy and procedure and staff demonstrated good knowledge about end of life care. Staff supported people to experience a dignified death and their relatives were involved in the decision-making process, where appropriate.
- Staff supported people to create an end of life care plan which included their preferred place of care and

personalised information about what was important to them.

- Staff told us they felt competent to support people at the end of their lives and had support from visiting health care professionals. Only 19% of staff had received end of life training. The registered manager told us training was scheduled and staff had access to eLearning which covered end of life care.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection on 06 & 07 February 2018, we found the service was not always effectively managed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had made some improvements and was meeting legal requirements in relation to regulation 17.

- We identified shortfalls in the safety and effectiveness of the service. This showed the service was not always consistently well-led.
- Since the last inspection the service had changed ownership. This meant changes in legal directorship and senior leaders, however the provider's registration remained the same. There was also a new registered manager. There was a stable management team and the service had embraced the change of ownership, adopting new systems and policies.
- The registered manager was aware of their role and responsibilities and told us they felt supported by senior managers within the organisation. Providers and registered managers are expected to notify us about serious incidents, deaths, police involvement and changes that may impact on the way a service operates. The registered manager was aware of regulatory requirements and submitted notifications to us in a timely way.
- The provider's quality assurance processes had identified the issues found during this inspection, except for shortfalls around compliance with the MCA and associated DoLS. Strategies to resolve shortfalls, such as scheduled training, had been made and we were reassured by the registered manager improvements would be made.
- The service had a format for recording a lessons learnt however, this had not been fully implemented.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and deputy manager understood the needs of people who lived at the service. This meant they could engage in decision making processes about people's changing health and social care needs to ensure they received person-centred care.
- The registered manager, deputy manager and senior staff were aware of their duty of candour responsibilities.
- The registered manager carried out daily walk round audits and this included oversight of staff performance.

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

- The service engaged and involved people who lived at the service and stakeholders.
- Regular staff meetings were held, and minutes showed effective communication. Staff told us they were listened to and the senior management team were responsive to their concerns and ideas.

Working in partnership with others

- We received positive feedback from visiting professionals and commissioners who told us they had seen improvements at the service and were satisfied with how the provider worked in partnership with them.
- The service engaged in external steering groups and linked with other services within the organisation to share best practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The registered provider failed to ensure people were consistently cared for in line with principles of the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards. Regulation 11 (1) (2) (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risk assessments were not always carried out to protect people from avoidable harm and the registered provider had not consistently done all that was reasonably practicable to minimise the risk of avoidable harm. Regulation 12 (1) (2) (a) (b) (c) (d) (e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The registered provider failed to ensure staff had received suitable training to be able to provide safe and effective care for people who lived at the service. Regulation 18 (1) (2)

