

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

Aaron Crest Care Home is a residential care home providing personal and nursing care to up to 66 people. The service provides support to people living with dementia and older people. At the time of our inspection there were 53 people using the service.

The home is set across 2 floors, with the dementia unit on the ground floor. There are good sized communal areas for people to use and facilities for visitors to park.

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

We have made a recommendation about the recording of some medicines. People were supported by enough staff who had the right skills and experience. People were kept safe, one person said, "I don't worry about anything. The girls are straight there if I need them, but I'm ok." Risks to people's health and wellbeing was assessed. People were protected from the risk of mistakes being repeated due to the provider monitoring incidents.

People were cared for by staff that enjoyed their jobs. There had been recent changes to management however the provider was managing this well. The provider assessed and monitored risk. There were development opportunities for staff.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 30 July 2021).

At our last inspection we recommended that the provider reviewed their recruitment processes regarding DBS checks. At this inspection we found the provider had made improvements.

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.

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?**

**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 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

The inspection was undertaken by an inspector 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 and/or personal care as a single package under one contractual agreement dependent on their registration with us. Aaron Crest 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 not a registered manager in post. A new manager was due to commence the week after the inspection, with plans to register with the CQC following a successful probation period.

## Notice of inspection

This inspection was unannounced.

Inspection activity started on 23 March 2023 and ended on 24 March 2023.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 12 people that used the service and 3 relatives. We spoke with 10 members of staff including care staff and senior managers.

We looked at a range of records including 3 care plans and risk assessments, and medicine records. We looked at health and safety documents and audits. We looked at 3 staff recruitment records, policies and procedures, and recent rotas.

# 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

- There were elements of good practice regarding the safe management of medicines however we identified that some improvements were required in the recording of medicines.
- We found that recording of the temperature of the medicine's storage room and fridge on both floors was ad hoc, some days this was completed however there were gaps on other days.
- Some staff recorded the dates of opening of some medicines such as topical creams and eye drops however some did not.

We recommend the provider consider current guidance on the recording and storage of medicines and update their practice accordingly.

- There was a schedule for auditing medicines, however the provider had missed completing audits recently due to the previous manager leaving. This was planned to recommence once the new manager was in post. The new manager was due to commence the week after the inspection.
- There was a thorough medicines policy which was in date.
- The provider made sure that staff received medicines training and checked their competencies.
- We checked medicines records and found that staff always signed to say medicines had been administered and we found good guidance for staff around the use of 'as and when required' medicines.
- There was good practice around the use of controlled drugs and covert medicines.

### Staffing and recruitment

At our last inspection we recommended the provider reviewed their procedure for checking DBS records. The provider had made improvements.

- The provider made the necessary safety checks including references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough care staff and the provider over recruited to make sure staff holidays were covered.
- The provider was open about their difficulties in recruiting permanent nursing staff and their heavy reliance on agency nursing staff. The provider was actively attempting to find solutions including recruitment from overseas.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- There was a safeguarding policy which was in date.
- The provider arranged safeguarding training for staff, and this was up to date.
- Staff could describe the process they would follow if they had any concerns.
- One person said, "I'm looked after, I feel very safe. We all get on alright here really."

#### Assessing risk, safety monitoring and management

- Staff assessed risk to people's health and wellbeing, and these were reviewed regularly.
- Clear information was stored in people's records for staff to access.
- We checked health and safety records including gas safety, electrical testing and fire safety. This was up to date.
- The provider employed a maintenance manager who monitored and implemented any changes or replacements required to the environment.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- The provider arranged training around the MCA for staff and staff understood the principles of the MCA.
- We saw appropriate MCA assessments in people's records.

#### Preventing and controlling infection

- People were protected from the risk of the spread of infection. The home appeared clean and tidy.
- 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 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's infection prevention and control policy was up to date.
- The provider was supporting visiting in line with current guidance.

#### Learning lessons when things go wrong

- People were protected from the risk of mistakes being repeated.
- The provider had an incident recording policy and staff recorded incidents.
- Senior managers analysed the incidents to monitor themes and trends and identify any areas for improvement.

# 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

- People benefitted from a positive culture and the provider was committed to achieving good outcomes for people.
- People enjoyed living at the home and relatives said staff were friendly and approachable.
- Staff enjoyed their jobs, and many had worked there for several years. One member of staff said, "The support from managers is great."

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 provider understood their responsibilities under the duty of candour.
- Relatives told us that staff contacted them to discuss any concerns or issues.

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

- Managers and staff understood their roles, quality performance and risk.
- The provider monitored outcomes and undertook regular audits. However, audits were slightly behind schedule due to the manager leaving post recently, which had a minimal impact and were due to commence following the new manager starting their post.
- The provider employed a quality assurance manager who supported staff daily in the absence of a manager.
- The provider submitted statutory notifications to the relevant agencies.

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

- The provider engaged with people, their relatives and staff.
- Team meetings and staff supervisions were behind schedule due to the manager leaving recently, however the provider arranged for external heads of service to support staff until a new manager commenced.
- People and relatives had completed surveys in the past and were due to commence again.

Continuous learning and improving care; working in partnership with others

- The provider was committed to continuous learning to improve care.
- The provider encouraged staff to complete further training and employed development co-ordinators to support staff.
- The provider worked alongside external agencies such as the local authority, health networks and commissioners.