

Aaroncare Limited

Aaron Court Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Aaron Court is a residential care home providing personal and nursing care to 52 people aged 65 and over at the time of the inspection. The service can support up to 73 people. The building accommodates people over four wings in one adapted building.

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

At our last inspection in June 2018, we found the home was in breach of regulations.

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

People were not always able to tell us specifically about their experiences of living at Aaron Court. Our observations of the support provided found that people were relaxed, comfortable with the staff team and used the staff team as a point of reference to assist them in their daily lives. People experienced genuine and dignified support at all times with their independence encouraged.

Relatives were happy with the support their relations received telling us that "staff are kind", "[name] is safe living here", "I can walk away knowing [name] is being looked after and is receiving a well led service".

People received care in a safe environment with appropriate equipment. Risks associated with their care was fully taken into account. People received medication safely and, in a person-centred manner. There were sufficient staff available to meet people's needs and attend to them. New staff were recruited robustly. Systems protected people from abuse.

The building was clean and hygienic with staff having access to suitable equipment to limit the spread of infection.

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.

Staff received training and supervision in order for them to perform their role. The environment was tailored to take people's needs into account.

People's nutrition and health were supported and promoted.

People were supported in a dignified and caring manner, enabling them to have their privacy respected. People were enabled to communicate in their preferred manner and were given time to express themselves.

Care plans were person-centred and included the needs of people in all aspects of their daily lives. Activities were in place and sought to reduce the risk of social isolation.

The service had responded to breaches at the last inspection and had employed a quality lead to oversee aspects of quality of care. Audits supplemented the drive for improvements. People were invited to comment on the quality of care provided. Links with the local community were established.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 5 June 2018) and there were two breaches of regulation. 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

This was a planned inspection based on the previous rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aaron Court 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?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Aaron Court 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.

Inspection team

The inspection team included one Inspector.

Service and service type

Aaron Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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

This inspection was unannounced on the first day and announced on the second.

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 professionals who work with the service. 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 five people who used the service and two relatives about their experience of the care

provided. We spoke with four care members of staff as well as the registered manager, deputy manager, quality lead and activities staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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; Using medicines safely

- All systems were safely managed within the service which reduced risks to people at the service. Shortcomings identified during our last inspection had been addressed and people were no longer at risk of harm from unlocked sluice rooms and inaccessible call alarm cords.
- Regular safety checks were completed on the environment and equipment that people used to ensure it remained safe to use.
- Risks to people had been assessed and provided detailed information around people's individual risks in order for staff to keep them safe. Risks to people were regularly reviewed and records updated to reflect any changes.
- People had up to date personal evacuation plans (known as PEEPS) which took individual needs into account in the event of an emergency evacuation of the building.
- Medicines continued to be managed safely by appropriately trained staff.
- Medicine administration records (MARS) were completed correctly. Guidance was in place for staff to safely administer 'as required' medicines to ensure people were only given medication when needed.
- Systems were in place to ensure that stocks of medication were accounted for.
- Medication was administered in a person-centred way.

Preventing and controlling infection

- The building was clean and hygienic during our visit.
- Relatives comments that the building was always clean.
- Staff had received appropriate infection control training.
- Staff always used personal protective equipment (PPE) such as disposable gloves and aprons when assisting with people's person care.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse
- Relatives we spoke with told us that they considered that their relation was safe living at Aaron Court.
- People appeared at ease and comfortable with the staff team; using them as a point of reference when they required assistance.
- Staff understood the types of abuse that could occur. They were confident that the management team would always report any concerns they had.
- Systems were in place for the reporting of any abuse incidents that required more detailed investigated

and those which were care concerns.

- Staff received the training they needed to identify and report any incidents of potential abuse.

Staffing and recruitment

- Safe recruitment processes continued to be appropriately managed.
- Care staff told us that there were always appropriate numbers of staff on duty to meet people's needs.
- We observed that there were sufficient staff to respond to the needs of people who used the service.
- Staffing consisted of a mix of suitably qualified and experienced staff.

Learning lessons when things go wrong

- A record of incident and accidents that occurred were kept and reviewed regularly to identify any patterns or trends so that lessons could be learnt when things went wrong.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At 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's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 18 (Staffing).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Our last visit had identified that staff did not always receive the training they required to support people.
- This inspection found improvements to the amount of training that staff received.
- Training included those topics relevant to meeting the needs of people who lived at Aaron Court.
- Staff stated that they received regular training.
- Nursing staff received training enhancing their clinical needs.
- New staff received a structured induction programme to prepare them for their role.

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 when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We made a recommendation at the last inspection that the registered manager sought advice and support from a reputable source around ensuring that the requirements of the MCA are met within the service. This had been addressed.

- People had their capacity to make decisions assessed.
- Where people lacked capacity; the registered manager took steps to apply for deprivation of liberty safeguards to promote the best interests of people.
- Staff were responsive to those instances where people's capacity had changed, and they needed to be subject to an urgent deprivation of liberty order.
- Staff were aware of the capacity of people and how the MCA assisted in maintaining their best interests.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were completed prior to people moving into the home to ensure staff were able to meet their needs; information was gathered from other health and social care professionals to help complete these assessments.
- Assessments of people's care needs were completed in good detail and provided guidance for staff to support people based on their health needs, communication and interests.
- Relatives told us that, "[Staff] know my relation and what they need" and "They are very good".

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

- The nutritional needs of people were recorded within care plans as well as their preferences, like and dislikes.
- People indicated that they were happy with the food provided within the service. Hot and cold drinks were made available throughout the day.
- Where people were at risk of malnutrition; other agencies such as dieticians had been involved to promote weight gain and this had been successful.
- In cases where food and fluid intake required to be monitored; records were appropriately completed.
- Lunchtime was a relaxed occasion. Staff ensured that people had significant choice in meals available. Staff also supported people who required assistance with eating in a patient and helpful manner.
- Food was stored, prepared and served in line with food hygiene good practice.

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

- Equipment within the service was designed to enable appropriate support to be given to people who had limitations in mobility, for example.
- Signage was available to assist in people's orientation around the building.
- A "dementia- café" had been opened for people to access; decorated in a way which assisted people who were living with dementia.
- A "public house" had also been created within the building named after a former local landmark for activities to be held and for people to be prompted to reminisce.
- Further plans were in place to provide a sensory room for people with limited sight or cognition.

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

- Where people required support from healthcare professionals this was arranged and staff followed guidance provided.
- Where staff identified changes in people's needs, referrals to appropriate healthcare professionals were completed and records maintained to evidence such referrals and any advice given.
- Staff worked closely with all health professionals to ensure that people had their health and wellbeing promoted.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At 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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received respectful support from staff who knew their individual needs.
- Staff were seen to be kind and compassionate when providing support. Staff were aware of the individual needs of people and their preferences, likes and dislikes.
- Relatives spoke positively about staff approach and considered them to be "caring", "respectful" and "knowledgeable" about their family member's needs.
- Staff were aware of the different ways people communicated. They understood and supported people's communication needs and choices. They listened patiently and carefully when speaking with people.
- Staff created a welcoming and friendly environment that made people and visitors feel relaxed.

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

- The preferred ways people communicated were outlined in care plans and these indicated any considerations that staff needed to take in effectively communicating with people to gain their views and preferences.
- Where people could express their wishes verbally; staff offered choice to people, took time to listen to them and act upon their preferences.
- Where people could not communicate verbally; staff were aware of people's choice through body language.

Respecting and promoting people's privacy, dignity and independence

At the last inspection we made a recommendation the registered manager sought advice about delivering person-centred care. This had now been addressed.

- People were treated in a respectful and caring manner at all times.
- Where people able to maintain independence with eating or their mobility, for example, the staff team encouraged them to do this.
- Staff always knocked on bedroom doors before entering and personal care was provided taking people's dignity and privacy into account.
- People were well presented in relation to their appearance.
- People's personal information was kept secure at all times.

Is the service responsive?

Our findings

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

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's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure consistent record keeping in relation to hydration records. This was a breach of regulation 17 (Governance)

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Our last visit identified that information in care plans was not consistent.
- This visit found that care plan information was consistent and accurate. We were able to observe care practice which was in line with care planning, for example, with how people communicated, their mobility and dietary needs.
- Care plans were person-centred outlining the support people required in all aspects of their daily lives as well as those areas where people remained independent.
- Care plans were regularly reviewed and were accompanied by daily records which provided an ongoing commentary of daily progress.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was made available to people in line with their communication needs.
- In some cases, information was provided verbally with staff communicating with people appropriately taking any sensory limitations they had into account.
- Other information was presented in pictorial form, for example, the programme of activities was accompanied by pictures and symbols to assist people with their understanding of activities available.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- A programme of activities was in place. The registered provider had employed activities co-ordinators to assist in the delivery of activities.
- Activities involved in-house activities as well as the use of local community facilities. Photographs of recent events were available for people to look at and remind them.
- Key events were celebrated. These included birthdays and other annual events.

Improving care quality in response to complaints or concerns

- A complaints procedure was available. This outlined the timescales for investigation.
- Information was presented in pictorial form to provide information to people who used the service on how to make a complaint in line with their communication needs.
- A log of received complaints was in place and demonstrated that complaints were investigated appropriately.
- Relatives told us that they knew how to make a complaint but had not needed to do so.

End of life care and support

- No- one was receiving end of life care during our visit.
- The service had consulted with people and their families in relation to people's future wishes in the event of their death.
- They had included consideration of any spiritual or cultural wishes of people.

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.

At our last inspection the registered provider had failed to ensure consistent oversight of the quality of care within the service. This was a breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Continuous learning and improving care

- Our last inspection identified that quality had not always been embedded into care practice within the service.
- In response to this, the registered provider had employed a quality lead. This person's role was to spend time providing direct personal care and to conduct other quality audits. This enabled the registered manager to be provided with any quality issues where direct support was provided.
- Quality assurance systems were in place and used effectively to monitor key aspects of the service. Audits and checks were completed regularly and consistently by the management team. Regular staff supervision and care plan reviews were in place to ensure good standards of care were met and maintained.
- Representatives of the registered provider visited the service on a regular basis to conduct quality assurance checks.
- Staff meetings were held on a regular basis and supervision enabled key areas of practice to be discussed.

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

- The management and staff team were committed to providing person-centred care which meant the individual needs of people they supported was at the heart of their work.
- The management team were engaged and transparent in their approach to the inspection process.
- Relatives and staff told us that the management team were open to ideas to enhance the lives of people they supported.

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

- The registered manager understood their regulatory responsibilities and always informed us of significant events within the service.
- The ratings from the last inspection were displayed in line with legal requirements which demonstrated a transparent approach.
- The registered provider had responded positively to requirements from our last visit by creating a new quality role and ensuring effective and safe care for people.
- Staff were positive about the registered manager and had considered that they were supportive, approachable and had brought positive improvements into the service. The registered manager regularly invited relatives to meet with them individually to discuss aspects of their relation's care.
- Systems were in place to ensure that when things needed improvements; that these were done in a timely manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their families were involved in the development and delivery of their service on an individual basis, through surveys.
- The service worked closely with other agencies and community groups to achieve good outcomes for people.
- The service had recognised 'Pride Month.' While no-one living at the home had this protected characteristic; the aim of this was to demonstrate an inclusive and welcoming atmosphere for people who came to live at Aaron Court in the future as well as providing information.
- The service had sought to involve the local community in developments in the service. This had been done through social media, A recent example of this had been the creation of a reminiscence pub within the building. The service had requested the local community for a suitable name and there had been a positive response to this.