

Avery Homes (Nelson) Limited

# Aran Court Care Home

## Inspection report

Braymoor Road  
Tile Cross  
Birmingham  
West Midlands  
B33 0LR

Tel: 01217704322

Website: [www.averyhealthcare.co.uk/care-homes/birmingham/birmingham/aran-court/](http://www.averyhealthcare.co.uk/care-homes/birmingham/birmingham/aran-court/)

Date of inspection visit:

26 May 2021

27 May 2021

Date of publication:

27 July 2021

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Aran Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide accommodation and nursing care for up to 86 older people. There were 54 people living in the home at the time of our inspection visit.

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

We found a number of issues identified with the management of sharps. Several sharp containers were not signed for when brought into use and not disposed of within a timely manner.

We found in one of the medicine rooms, the stock medication was not appropriately stored in a locked cabinet. There was a suitable lock attached to the doors however this was not being used and the doors were held closed by a rubber band.

We found care records reviewed did not always have relevant information in order to confirm when changes occurred to people's health conditions. We found reviews of care were not being undertaken with people or relatives. In addition, we found some people's care records did not consistently demonstrate that risk assessments were being followed.

The provider had safeguarding systems and processes in place to keep people safe. Staff knew the risks to people and followed the assessments to ensure they met people's needs. People felt safe and were supported by staff who knew how to protect them from avoidable harm.

Staff were recruited safely and there were enough staff to meet people's needs. Staff followed the infection control procedures the provider had in place.

Risks to people's health and well-being had been assessed and monitored to ensure they were kept safe. People received their medication as prescribed.

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 spoke positively about working for the provider. They felt well supported and that they could talk to the management team at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their role.

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:

At the last inspection we rated Aran Court as 'Requires Improvement' (report published 13 June 2019). At this inspection the overall rating has remained as 'Requires Improvement.'

#### Why we inspected

We received concerns in relation the management of safeguarding incidents. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of Safe and Well-Led only. We found no evidence during this inspection that people were at risk of harm from this concern.

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. 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 Aran Court on our website at [www.cqc.org.uk](http://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 not always safe.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

**Requires Improvement** ●

# Aran 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.

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 carried out by two inspectors, a specialist nurse advisor with extensive knowledge and experience in many fields including older person's care and dementia 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 inspectors and specialist nurse visited the home on 26 May 2021. On 27 May the lead inspector visited the home and the Expert by Experience made telephone calls to relatives.

#### Service and service type

Aran 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.

#### Notice of inspection

This inspection was unannounced.

#### 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. 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.

#### During the inspection

We spoke with seven people who used the service and nine relatives about their experience of the care provided. We spoke with 12 members of staff including the provider, acting manager, area manager, regional manager, care workers and seniors. 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 looked at eight people's care records to see how their care was planned and delivered, including pre-assessment records and risk assessments. Other records we looked at included accident and incident records, safeguarding, complaints and compliments. We also looked at staff scheduling records, management of medication and the provider's audits, quality assurance, infection control procedures and overview information about the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at safeguarding and quality assurance records.



# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant 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.

### Using medicines safely

- We identified a number of issues in relation to the management of sharps. A sharp is a device that has sharp points or edges such as needles and syringes. We found several sharps containers were not signed for when brought into use and not disposed of when full within a timely manner. Sharps containers should be disposed of within a timely manner to reduce the risk of contamination within the home. We brought this issue to the attention of the acting manager, who on the day of the inspection removed the sharps containers from the medicines room and placed these into a safe storage unit and confirmed they would be collected for disposal.
- We found in one of the medicine rooms, stock medication was not appropriately stored in a locked cabinet. There was a suitable lock attached to the doors however this was not being used and the doors were held closed by a rubber band. We brought this to the attention of the acting manager, the issue was addressed on the day of the inspection and the appropriate lock was now being used.
- Management completed monthly audits of medicines however audits undertaken had not identified issues we found during the inspection.
- Medicines were administered in accordance with peoples health needs and the prescriber's instructions.
- Staff completed training to administer medicines and their competency was checked regularly to ensure safe practice.
- There were clear protocols for staff to follow for people who had been prescribed medicine to be used as required (PRN).

### Assessing risk, safety monitoring and management

- The provider assessed risk for both people and the environment, these were managed through clear person-centred records.
  - Individual risk assessments met the specific needs of people to keep them safe however care records did not consistently demonstrate that risk assessments were being followed. For example, one person with a high risk of skin damage, in line with their risk assessment were to be repositioned every two hours on their left or right side. Care records indicated that during a ten-day period the person was repositioned on their back not their left or right side. Staff we spoke with stated the person was repositioned on their side and it was a records issue. We raised this with the acting manager who confirmed this issue would be addressed, we also found no impact on the person.
- Staff we spoke with confirmed identified risks and knew how to safely manage them in line with the risk assessments.

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

- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse. One staff member told us, "Abuse can happen in different ways such as physical, verbal, neglect and financial."
- The provider had safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. One staff member told us, "If I witnessed or became aware of any type of abuse, I would inform the management. If I was unhappy with how the incident was managed, I would contact CQC, the local authority safeguarding team or the police."
- People and their relatives explained how staff maintained people's safety. A relative told us, "I feel [name of person] is fine there. She likes it and gets on well with the staff – they look after her well. All the nurses and staff seem professional and when I've seen them hoisting her in and out of bed they appear professional."

#### Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The provider ensured people had a consistent staff team. One relative said, "The staff are all very good. They are very professional."
- Each person's staffing needs were pre-assessed on an individual basis, which were reviewed and updated regularly as people's individual needs changed.
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks.

#### 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 accessing testing for people using the service and staff.
- 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.

#### Learning lessons when things go wrong

- We found accident and incident records were completed and monitored by the acting manager for trends to reduce the likelihood of them happening again.



# 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 remained the same. This meant the 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

- Prior to the inspection, we received concerns in relation to the provider's management of safeguarding incidents. These included the notification of a specific incident following which a person using the service died. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.
- Since the last inspection there had been a change to the management team at the home. The current acting manager has submitted an application to become the registered manager in the interim while they recruit a permanent registered manager. People, relatives and staff commented that since the current management had been in place improvements had been made, however further improvements were still required such as care records and gathering feedback from relatives.
- Audits and checks undertaken by the provider had not identified issues identified during the inspection such as the management of sharps, medication storage and care records not in line with some people's risk assessments. We found care records reviewed did not always have relevant information in order to confirm when changes occurred to people's health conditions. For example, we found some people on a pureed or soft diet did not always have the date when the change occurred and who was involved in the original decision-making process. We raised this issue with the provider who confirmed this would be addressed.
- We found reviews of care were not being undertaken with people, relatives or their legal representatives.
- At the last inspection we found that the inspection team were given access to the home without staff checking the purpose of the visit. At this inspection we found staff took appropriate safety checks upon our arrival including temperature checks and checking our latest Covid-19 test results.
- At the last inspection we found information made available by the provider to support people and signpost them to other services could be more accessible. At this inspection we found the provider had addressed this issue and information was available in large print or in pictorial form.
- There were procedures in place to monitor and improve the quality and safety of the service. The provider was working on an action plan to make improvements to the quality of care. For example, additional information such as people with a Deprivation of Liberty Safeguards (DoLS) authorisation in place, had been added to shift handover to ensure all staff members had easy access to relevant up to date information.

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

- We found surveys and questionnaires were not being issued to people and relatives or attempts made to gather their opinions virtually or by telephone. The acting manager confirmed that contact would be made

with people and relatives to give them an opportunity to express their views about the quality of the service provided. The responses would be recorded so that the provider could use the information to drive improvements within the home.

- We found there were regular meetings for staff and their views were encouraged. Staff told us they felt valued and their views were respected. One staff member told us, "The team meetings give us an opportunity to express our opinions and make suggestions for improvement."

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

- People and their relatives spoke positively about the care they received and of the way the service was run.
- One relative said, "I've spoken with [name of acting manager]. Without a doubt I could take up any issues with her."
- Staff at all levels were committed to providing people with a high standard of care which was tailored to their needs and preferences.

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

- People were supported by staff who were trained and motivated to carry out their role.
- Staff received regular supervisions where they had the opportunity to discuss their role and performance.
- Staff training, skills and competence were regularly monitored through observations of their practice and regular refresher training.
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.
- In accordance with their legal responsibilities, the provider had informed us about significant events which occurred at the service within required timescales.

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 promoted an ethos of openness and transparency which had been adopted by all staff.
- There were some examples of learning where things went wrong and open discussions with people and their relatives.

Working in partnership with others

- We found the provider was working in partnership with people's relatives, health professionals, local authority departments and various groups and services within the community to ensure that people were supported appropriately.