Aaroncare Limited

Aaron Grange Care Home

Inspection report

Blacklow Brow
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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

Aaron Grange is a residential care home for 68 older people, many living with dementia. The home is split into two separate units; Beecham suite and Emily suite. People with dementia stay mainly in Emily suite. Accommodation includes mainly single bedrooms with ensuite facilities. There is a large enclosed garden area and separate seating area for people to enjoy. A passenger lift provided access to the upper floors. At the time of our inspection 58 people were living at the home.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Everyone who lived in the home said they felt safe. There were robust measures in place to ensure people were safe. Risk assessments were in place for areas such as pressure care, safe environment, falls and mobility, and nutrition and hydration.

There were sufficient staff on duty to meet people's needs. The manager completed a dependency tool for each person each week which provided this reassurance. Staff rotas showed a consistent number of staff were on duty each day. People told us call bells were answered within a reasonable time.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. We found that staff had the skills, knowledge and experience to support people effectively and safely.

Staff were supported by the manager through regular supervisions, annual appraisal and regular training. Staff had attended training in subjects such as first aid, fire safety, food safety, safeguarding and medication. New staff were required to complete an induction. Staff meetings were held regularly.

Medicines were managed safely and people received their medicines as prescribed. Staff had been trained to administer medicines to ensure errors were kept to a minimum.

The home was very clean and there were no odours. The home was well maintained and in good decorative order. People's bedrooms were personalised and were decorated and furnished to a high standard.

Regular checks and tests, such as gas, electricity, water safety, fire drills, fire alarm tests and external checks of firefighting equipment, were completed to maintain safety in the home.

People's needs were assessed and reviewed regularly to reflect their current health and support needs. People were supported to maintain healthy lives; records showed that people were supported to attend medical appointments.

People were supported to eat and drink enough to maintain a balanced diet and meet their dietary requirements. Drinks were offered at various times throughout the day to ensure people's hydration needs were met. Staff understood people's individual nutrition and hydration needs and we saw that meals were provided accordingly. However, people gave us mixed responses with regard to their liking of the food.

Everyone living in the home was very complementary about the attitude of the staff and the way they were treated. We observed staff speaking to people respectfully; they were extremely patient and approached people with a smile. Staff were tactile with people and offered physical contact for reassurance,

Staff knew people and understood their different communication needs. Staff supported people to make decisions about their care, support and treatment as far as possible. Records showed people's preferred routines, likes and dislikes.

People and their family members were invited to attend six monthly care reviews. This ensured they were involved in the planning of their care and family members kept up to date with matters relating to their relative's health and welfare.□

People we spoke with told us they could "please themselves about their daily routine"; get up and retire to bed at times which suited them. This information was recorded in their care records.

There was a complaints policy in place, which was displayed in the home. People living in the home told us they had never had to complain about anything.

There were activity coordinators in post. They told us the programme of activities was in the process of being changed. There was an activity planner on display but this did not represent the activities provided. We did not see any activities in progress during our inspection. People told us there had been petting animals, a tea party, exercises, crafts and musical entertainers.

Quality assurance audits were completed by the manager and deputy manager which included, medication and health and safety.

There was a process completed annually where people in the home and their relatives had the opportunity to voice their opinions about the service. The manager hoped to set up a 'Relatives' forum' in the near future, to enable people to meet regularly.

There was a caring, person-centred, and open culture in the home. The manager and registered provider met their legal requirements with the Care Quality Commission (CQC). They had submitted notifications and the ratings from the last inspection were clearly displayed in the home.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Aaron Grange Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 4 & 5 June 2018; the first day of the inspection was unannounced.

The inspection team consisted of three 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.

Before the inspection we reviewed the information we held about the home. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service and other intelligence the Care Quality Commission had received. A notification is information about important events which the service is required to send to us by law.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with 15 people who lived at the home and two visitors. We also spoke with eight members of staff; including the manager, deputy manager, the cook, domestic staff and four care staff. We look at the care records for six people, the staffing rota and dependency assessment tool, accident and incident records, four staff files and records relevant to the quality monitoring and management of the service. We also looked around the home and observed people's interactions with staff members.

We observed care and support and carried out a Short Observational Framework for Inspection (SOFI) on two occasions. The SOFI is an observational tool used to help us collect evidence about the experience of people who use services, especially where people may not be able to fully describe this themselves because

of cognitive or other problems.

Good

Is the service safe?

Our findings

Everyone who lived in the home said they felt safe. Some of their comments included, "I feel safe in the home", "You've got a button to press and there's always somebody watching", "I don't worry about anything", "The staff are always on call. I've never been threatened, I've no reason to feel unsafe" and "There's a call bell and there's always someone on hand, even during the night".
A visitor told us, "There are no issues. [Name] is more safe here than in their own home."

There were robust measures in place to ensure people were safe. Risk assessments were in place for areas such as pressure care, safe environment, falls and mobility, and nutrition and hydration. There was evidence to suggest that people had been fully involved in their risk assessments where they were able to do so. For example, we saw that one person had a risks assessment in place with regards to leaving their bedroom door unlocked. The risk assessment stated that the risk of theft had been explained to the person however they demonstrated they were able to understand the risk.

Staff said they had received training in safeguarding vulnerable adults and understood the reporting procedures. One staff member told us, "The contact details are downstairs in the office." Another said, "The person who doesn't report their concerns is just as bad, I would not hesitate."

There were sufficient staff on duty to meet people's needs. The manager completed a dependency tool for each person each week which provided this reassurance. Staff rotas showed a consistent number of staff were on duty each day. People told us call bells were answered within a reasonable time. A person said, "I don't have to wait." Another said, "They come pretty quickly". And another person told us, "You only have to wait if they're really short staffed, but it's very rare." A visitor told us, "There's always somebody about."

We looked at how staff where recruited and the processes undertaken. We found copies of application forms and references and found that Disclosure and Barring (DBS) checks had been carried out at the start of a person's employment and every three years thereafter. This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.

People said they received their medication on time and nobody ever ran out of medicines. Medicines were managed safely and people received their medicines as prescribed. Staff had been trained to administer medicines in order to ensure errors were kept to a minimum. Their competency to safely administer medicines was checked regularly by the deputy manager. There were safe systems in place to monitor medication stock.

Everyone we spoke with said the home was very clean. There were no odours in the home. We saw domestic staff working on both units throughout the two days of our inspection. Domestic staff we spoke with told us that cleaning rotas were in place to maintain good standards of
cleanliness. The home was well maintained and in good decorative order. People's bedrooms were personalised and were decorated and furnished to a high standard.

Measures were in place to ensure the environment was safe and suitable for the people who lived there. Regular checks and tests, such as gas, electricity, water safety, fire drills, fire alarm tests and external checks of firefighting equipment, were completed to maintain safety in the home. We checked these certificates and saw that they were in date. Personal Emergency Evacuation Plans (PEEPs) were in place for everyone at the home, which were personalised to each person's needs.

Good

Is the service effective?

Our findings

Many of the staff at Aaron Grange had worked with people who lived in the home for several years. From the training plan we saw and from conversations we had with staff we found they had the skills, knowledge and experience to support people effectively and safely.

The registered provider had a system to help ensure staff received regular training. We saw that all staff had attended training in subjects such as first aid, fire safety, food safety, safeguarding and medication. New staff were required to complete an induction.

People were assessed and reviewed regularly to ensure their documentation reflected their current health and support needs. People were supported to maintain healthy lives; records showed that people were supported to attend medical appointments.

We received mixed comments about the food from people who lived in the home. Comments included, "Very plain, but it's all edible", "It's very good", "If you don't like it they'll give you an alternative", " The food's quite good, there's a choice and I get enough. They offer you seconds", "Do I like it? Yes and no", "Excellent, I've no complaints, I don't get a choice, but I'm not a fussy eater", "They make nice sandwiches and cakes" and "We get a lot of beans".

People were supported to eat and drink enough to maintain a balanced diet and meet their dietary requirements. Drinks were offered at various times throughout the day to ensure people's hydration needs were met. Staff understood people's individual nutrition and hydration needs and we saw that meals were provided accordingly. For example, some people had their meals pureed to avoid choking, people with diabetes received less sugar in their meals.

Staff spoken with felt well supported and told us they enjoyed working for the organisation. Comments included, "[Deputy Manager] is lovely and the seniors are great", "There's always training on, I'm up to date, we've had first aid, dementia and others", "The manager is nice, staff are great, we have a good team, everyone helps each other" and "I feel comfortable talking to [manager], she has a nice approach to her and the seniors are lovely too".

Staff were supported by the manager and deputy managers though regular supervision and an annual appraisal. Staff meetings were held regularly. The provider's training department facilitated training for staff. Training records we looked at showed that staff training was up to date and new face to face training sessions had been planned to replace the current training practice, e-learning.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager had made applications for DoLS to the local authority.

Choice, consent and capacity recorded throughout the files viewed. We saw that one person had capacity to consent to everyday decisions such as what they ate, wore, how they spent their time. However, we saw with regards to complex decisions, such as medical treatment, the service had arranged for a best interest process to be initiated and were awaiting the outcome of further support from other involved medical professionals.

The home consisted of two separate units. Doors throughout were secure to keep people safe. A passenger lift provided access to the upper floors. The lounge areas overlooked or had access to the garden area so people had views of nature. The garden area was well-maintained and had an accessible circular pathway for people to use to enable people to navigate outside easily. An outdoor sheltered seating area was available for people and colourful flower beds were on display.

People's bedrooms were identified by their photograph or their name. Accessible bathrooms were situated on each floor and these were clearly identified with brightly coloured blue doors and pictorial symbols. Wooden handrails provided a contrast to the walls to assist people to mobilise independently. However, further good practice would be to paint these in a brighter colour to enable them to be more identifiable.

Laminated flooring was used in the communal areas to allow people with aids to mobilise independently. Patterned carpet was in place in stairways and the registered provider told us they were reviewing this. We noted some pictures and posters of a past era were displayed in the communal hallways but considered that this décor could be further developed. Menus boards in Emily Suite were left blank whilst in Beecham Suite people were presented with a weeks menu each day. The use of a menu board would have better informed people of the days meals as one of the meals offered on day one of the inspection did not reflect the menu. We brought this to the attention of the manager at the time of our inspection.

Good

Is the service caring?

Our findings

Everyone living in the home was very complementary about the attitude of the staff and the way they were treated. Their comments included, "I like the staff, they're very good to me", "Great, all of them have been kind to me", "They're excellent, I'm treated as well as I expect to be" and "Very nice, if you want anything you can always ask". A visitor told us, "The staff are very caring, if anything's wrong they'll ring up." Another visitor said staff were "lovely".

We saw that staff knew people and understood their different communication needs. Staff supported people to make decisions about their care, support and treatment as far as possible. Some people made choices by staff using questions or by offering choices. Where this was not possible staff showed a good understanding of people's likes and dislikes. Records showed people's preferred routines, likes and dislikes. This helped to ensure staff supported people according to their preference.

We observed staff on both units speaking to people respectfully; they were extremely patient and approached people with a smile. Staff were tactile with people and offered physical contact for reassurance, for example, holding hands or placing an arm around people's shoulders when supporting people. Staff greeted people by their name and engaged them in natural conversation about their past occupations, family relationships and social histories. Staff spoken with were all long standing members of staff and it was evident they knew people well.

At meal times we saw that staff assisted people, where necessary, in a patient and discreet manner. Separate mealtimes were held for those that required assistance with their meals to promote privacy and ensure that staff could dedicate time to those people.

People we spoke with were clean and well-presented and carried personal belongings such as handbags with them. Some people living with dementia enjoyed doll therapy and we observed that staff ensured these were accessible to those who required them. Staff engaged with people in conversation about the dolls to stimulate people and promote communication.

Everyone we spoke with said they were encouraged to be independent. We saw that people were supported to use walking aids throughout the home. The amount of support people needed was clearly documented in people's care records to help ensure where possible people were able to remain independent in aspects of daily living , such as bathing and dressing.

People and their family members were invited to attend six monthly care reviews. This ensured they were involved in the planning of their care and family members kept up to date with matters relating to their relative's health and welfare.

Good

Is the service responsive?

Our findings

People we spoke with told us they could "please themselves about their daily routine." One person said, "They (staff) wake me up, it depends what jobs they've got to do. I'm happy with the time they wake me up. They put me to bed at 11.30pm. Another person said, "I'm my own boss." Another person said, "I like to get up around 7.30am and I go to bed when I want."

Within the care records viewed we saw that people's personal preferences were also taken into consideration within their care plans. For example, one person's care plan for the environment stated how they liked the furniture in the room to be placed, such as the bed, and then went on to say the person had chosen this 'for their own comfort'. In addition, there was information around people's backgrounds and life history recorded in a 'This is me' document.

We saw that there was accessible information available for one person who had a sensory impairment. Information was recorded with regards to how to support this person when communicating, such as what signs and symbols they used to make their needs known. There was also assistive technology for this person such as an IPad. The person was supported to contact their family using SKYPE. We also saw detailed information with regards to how to wake the person up. Information included 'tap foot on the floor so that [name] feels the vibrations,' also 'gently rub the back of [name]'s hand.' This meant that the service was treating people as individuals and providing support which was person centred. Person centred means tailored around the needs of the person and not the service.

There were mixed responses when we asked about activities, with many people enjoying the musical entertainment; however very few could remember what activities were provided by the home. Those people who were able to go out did so regularly, some with relatives and some with the activity staff.

We asked people how they spent their time during the day: Their comments included, "I read, listen to music and join in the activities", "I sit in the chair, dozing, I can't see the television, sometimes I get bored. The staff don't sit and chat", "I classify my frame of mind as miserable. I do some exercise, I like watching plays on television. It depends what the activities are, I join in if I enjoy them", "I watch TV, we don't have many activities", "I like going out and I like the entertainment", "I like to read and go out, I don't bother with the television" and "I read, do crosswords. If the weather's nice I like to sit out in the sun".
A visitor told us, "They've had the petting animals; they had a tea party and an entertainer." Another said, said "[Name] watches television and joins in the activities when well."

There were two activity coordinators; one worked each week day, the other two days a week. We spoke with one of the activity coordinators. They were relatively new in their post; they told us the programme of activities was in the process of being changed. There was an activity planner on display but this did not represent the activities provided. We were told that regular activities included, exercises, art and crafts and bingo. However, we did not see any activities in progress during our inspection.

There was a complaints policy in place ,which was displayed in the home. People living in the home told us

they had never had to complain about anything. A visitor told us their complaint was quickly sorted out to their satisfaction.

Information was recorded with regards to people's end of life wishes. Some people had chosen to arrange funeral plans with their relatives and details of these were kept in the person's care plan.

Good

Is the service well-led?

Our findings

At the time of the inspection there was a manager in post in the home who had applied to the Commission to be the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager had been in post for six months. They promoted and encouraged a caring, person-centred, and open culture in the home. They were supported by two deputy managers and senior care workers.

We looked at the governance arrangements to monitor standards and drive forward improvements. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with an effective and safe service. A number of audits were completed by the manager and deputy manager which included, medication and health and safety.

The manager completed a report on all aspects of the service every month that was sent to their senior manager. For example, the report detailed the monitoring of accidents/incidents and falls, pressure sores, infections and care file reviews.

There were policies and procedures in place for staff to follow, the staff were aware of these and their roles with regards to these policies.

People's care records and staff records were stored securely which meant people could be assured that their personal information remained confidential.

There was a process completed annually where relatives had the opportunity to voice their opinions about the service. An analysis of the latest feedback was displayed. We saw there were high ratings for 'caring for residents', laundry and communication. Feedback had given the provider actions to improve activities and have a review of the menus.

The manager told us that they had invited relatives to an informal meeting and there had been a good attendance. They said one of their priorities was to set up a 'relatives' forum'. They said they hoped to hold these meetings regularly to give relatives the opportunity to meet with them.

The manager and registered provider met their legal requirements with the Care Quality Commission (CQC). They had submitted notifications and the ratings from the last inspection were clearly displayed in the home.