

Aberdeen House Care Limited

Aberdeen House

Inspection report

Aberdeen House
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Tel: 01572823308

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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?	Requires Improvement ●

Summary of findings

Overall summary

Aberdeen House 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. Aberdeen House is registered to accommodate 18 people. At the time of our inspection there were 10 people using the service. The home is set over two floors with the main communal areas on the ground floor of the home.

At the last inspection in May 2015, the service was rated Good. At this inspection we found that the service remained good.

The systems adopted by the provider to oversee and improve the quality of care people received required strengthening.

People could be assured that they would be supported by sufficient numbers of staff who had been subject to appropriate recruitment processes. Risks to people had been assessed and were reduced through the plans of care that staff followed when providing people's care. People could be assured that they would receive their prescribed medicines safely and that staff would take action to protect them from harm. The home was clean and people were protected from the risk of infection through the procedures adopted by the provider.

Staff received the support and supervision that they needed to work effectively in the home. People's needs were assessed prior to moving into the home to ensure that the service was able to meet their individual needs. People were supported to maintain a healthy and nutritious diet.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. We have made a recommendation in the main body of the report related to the provider's use of the mental capacity act.

Staff knew people well and consistently treated people with dignity and respect. People were involved in planning their care and support and people's care was provided in line with their individual preferences.

People had detailed plans of care in place to guide staff in providing consistently personalised care and support. People could be assured that their feedback and complaints would be taken seriously and managed appropriately.

People were supported by a team of staff that had the day to day managerial guidance and support they needed to carry out their roles. The registered manager was visible throughout the home. People and staff felt confident in approaching the registered manager.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Requires Improvement ●

The service is not always well-led

The quality assurance procedures adopted by the provider required strengthening.

The registered manager was approachable and a visible role model within the home.

People were supported by staff that received the managerial guidance they needed to carry out their roles.

Aberdeen House

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 inspection took place on 10th November 2017 and was unannounced. The inspection was completed by one Inspector.

Before the inspection we checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR) which we reviewed. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with local health and social care commissioners to gather information about the service.

During this inspection we spoke with four people living in the home and five members of staff including the registered manager, deputy manager and provider of the service. We spent time observing the care that people living in the service received to help us understand the experiences of people living in the home. We reviewed the care records of three people and the recruitment records for three members of staff. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

People told us that they felt safe living in the home. One person told us "I have lived here for over one year. The staff are great. They help you however they can and make you feel safe and relaxed living here." Another person told us "I feel very safe living here. The staff are always about and check on me in my room." Staff were confident in the action that they should take if they felt an individual was at risk of harm. One member of staff told us "If anyone here had ever been harmed or was at risk I would report it immediately. I would tell my manager or someone outside of the home like the CQC [Care Quality Commission]." The registered manager had made appropriate safeguarding referrals to the local authority when required and had worked openly with the local authority to complete safeguarding investigations.

Risks to people had been assessed and plans of care implemented to guide staff in reducing the known risks to people. For example, people who had been assessed as high risk of developing pressure sores had been prescribed specialist mattresses to reduce the risk of pressure sores developing. These mattresses were set at the correct setting for people's weight which meant that the risk of people developing pressure sores was reduced. People who needed support for moving and handling had detailed moving and handling plans in place to guide staff in supporting people safely. We observed staff supporting one person to transfer from their wheelchair to an arm chair in the lounge safely. Staff were confident in using the equipment that had been prescribed to support this person when moving from one chair to another.

Accidents and incidents were recorded, analysed and appropriate action was taken following any incidents to reduce the likelihood of them reoccurring. One person told us "I had a fall and the staff were brilliant. They helped me up and came back to check on me regularly after." Following one incident of a person being injured when using the stair lift in the home, the provider took action to remove the hand rail on the stairs and to provide additional training to staff in using this equipment safely.

People could be assured that they would be supported by sufficient numbers of staff that had been subject to robust recruitment procedures prior to working in the home. One person told us "There are always lots of staff working here. If you want to have a chat with someone there is always a member of staff about to talk to." One member of staff told us "There are always enough staff working here; it's much better than other places I have worked."

People could be assured that they would receive their prescribed medicines safely. One person told us "They [staff] always come and give me my tablets when I need them." Staff had received training in how to administer people's medicines and had their competency assessed by senior staff to ensure that they administered people's medicines safely. We reviewed the Medication Administration record (MAR) charts for three people and found that these had been completed accurately.

The provider had implemented safe systems of working to protect people from the risk of infection. The provider had an infection control policy that was followed by staff. A system of audits had been implemented to consider the suitability and cleanliness of equipment in the home. A cleaning schedule was in place and was monitored by the registered manager to ensure that the risk of infection within the home

was minimised. We found that the home was clean and that appropriate hand washing facilities and personal protective equipment was available for staff and visitors.

Is the service effective?

Our findings

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).

People's capacity to consent to their care and support was sought by staff on a day to day basis and referrals had been made to the local authority for people who lacked capacity to consent to their care and support. Although people's consent was sought by staff on a day to day basis when providing people's care formal assessments had not always been completed prior to DoLS authorisations being sought from the local authority. People can only be subject to DoLS authorisations when they lack capacity to consent to aspects of their care and support and therefore formal assessments of capacity for individuals should be completed prior to seeking authorisation to deprive people of their liberty. The providers' Mental Capacity Act policy outlined the way in which formal assessments of capacity should be completed by staff however, we found that this process had not always been followed. We recommend that the provider reviews the way in which they assess people's capacity and make referrals to the local authority to seek authorisation to deprive individual of their liberty. The provider should ensure that this is completed in line with 'Deprivation of Liberty Safeguards (DoLS) at a glance' published by the Social Care Institute for Excellence in May 2015.

People's needs were assessed prior to them moving into the home to ensure that the provider was able to meet their care and support needs. One person told us "They asked me all sorts before I moved in so they knew what they needed to do to help me." Thorough assessment of needs were completed and individual plans of care developed to guide staff in providing personalised care to people.

Staff received the training, support and supervision that they needed to work effectively in their role. One member of staff told us "We get regular supervision and get to discuss any issues that we want to. The manager is very approachable. It's like a family here; I feel very well supported." Another member of staff told us "I have had lots of training since I started working here. I recently did a dementia awareness training course and it made me more aware of what signs to look out for and when to alert people's GP's." The provider was in the process of liaising with the local authority to review the training that was offered to staff to ensure that this was in line with recent legislation and best practice guidance.

People had regular access to healthcare professionals and staff were vigilant of changes in people's health. One person told us "I rarely need to see a doctor, but if I did I would ask the staff and they would sort an appointment out for me." Any changes in people's health were recognised quickly by staff providing support and appropriate referrals to healthcare professionals were completed in a timely manner.

People were supported to eat, drink and to maintain a healthy balanced diet. One person told us "The food is very nice here. We have a menu but if I want something different I just say and they make that for me." People who had been assessed as being at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. People were encouraged to eat and drink throughout the day and had access to snacks and drinks.

During our inspection the home was in the process of being refurbished to ensure that it provided a homely and accessible environment people using the service. The provider had planned the refurbishments carefully to minimise any disruption to people living in the home. The provider was refurbishing a number of bedrooms as well as the communal entrance and hallway to provide a lighter more open space for people. The provider had further plans to refurbish the kitchen to provide a more accessible area where people may be able to bake and participate in activities in the home.

The registered manager worked in partnership with other agencies to improve people's experience of living in the home. For example, referrals had been made to other professionals involved in people's care such as dieticians and tissue viability nurses to ensure people received the care they needed. During this inspection we observed staff liaising with the district nurse to support people to have their annual flu inoculation in the home. Staff explained the purpose of the flu jab in a way that people were able to understand and supported them to see the nurse in a private area in the home.

Is the service caring?

Our findings

People told us that they were consistently treated with dignity, respect and kindness. One person told us "The staff are very pleasant." Another person told us "The staff are brilliant here. It's not like a normal care home because the staff spend time with you and genuinely know you well." We observed that people were asked discreetly if they would like to use the bathroom and as people were assisted in moving from their chair the staff explained how they would be moved and encouraged them to assist themselves. People's preferences in relation to the gender of carer that supported them were respected by staff and recorded within their plans of care. Staff told us that they promoted people's dignity by ensuring that any personal care was delivered in private and by waiting to be invited into their room when they knocked on people's bedroom door before entering.

People were relaxed in the company of staff and clearly felt comfortable in their presence. Staff knew people well and engaged people in meaningful conversation. Staff asked people about their family, important events in their life and created a relaxed social atmosphere through their conversation with people. People's choices in relation to their daily routines and activities were listened to and respected by staff. One person told us "I don't really take part in the activities so the staff often come up and spend some time with me chatting in my room."

Staff treated people as individuals, listened to them and respected their wishes. Staff were observed speaking to people in a respectful manner and offering people choices in their daily lives, for example if they wanted any snacks and where they wanted to eat their meals.

Staff were aware if people became anxious or unsettled and provided people with support in a dignified manner. Staff approached people calmly, made eye contact and held people's hand to provide reassurance. We observed one member of staff who had finished their shift and was leaving the home, notice that a person had become upset in the lounge. The member of staff stopped, took their coat off and spent time talking to the person providing reassurance in a calm and caring way. The member of staff did not leave the home until the person had become calmer and had been comforted.

Is the service responsive?

Our findings

People were supported to be involved in decisions about their care. One person told us "The staff always ask me what help I need each day. Some days I ask them to help me with a shower but some days I tell them I'll just sort myself out with a wash. They'll always follow my choice." People had a range of assessments and care plans to guide staff in providing consistently personalised care and support. One member of staff told us "People's care plans are useful in telling us what help people need. We always discuss people's needs and any changes during our handover meetings though so we know exactly how to help people." We observed the handover between the night and morning staff teams. Each person living in the home was discussed including any changes in people's care needs. People's plans for the day were also discussed to ensure that staff provided people with appropriate care and support in line with people's personal preferences. People were supported to plan the care that they wished to receive at the end of their life. People had end of life care plans to provide guidance for staff to refer to when required.

People were supported to maintain links with their family, friends and the local community. People were supported to attend community activities outside of the home including visiting the local market, attending orchestral and drama performances at a local school and attending religious and cultural festivals. The registered manager also invited local community groups into the home to facilitate specific services and activities. For example, the registered manager described how a local school provided students each year to complete projects in the home and to spend time with people living in the home which increased people's sense of well-being.

The provider had a system in place to manage and respond to people's complaints appropriately. When complaints had been received these had been investigated thoroughly and appropriate action taken in response to complaints from people. For example, we saw that an investigation had recently been completed following feedback from one person's relative about the care their mother had received in the home. Learning from this feedback had been discussed with staff during handover meetings.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. For example, the registered manager was in the process of developing a pictorial menu board to support people living with dementia to make an informed choice about their choice of meal in the home.

Is the service well-led?

Our findings

There was a registered manager in post. 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 registered manager received informal support from the provider, but formal systems and processes to oversee the service were not evident. Although the registered manager utilised a system of quality assurance this was not overseen by the provider. The registered manager told us that the provider visited the home and would talk to people receiving care however, there were no formal audits completed by the provider. The provider told us that they relied upon the registered manager to identify any areas of the home or the care that people received that required improvement and relied upon them escalating these concerns to them should the registered manager require support. For example, the provider had not deployed systems to recognise that elements of their mental capacity act policy were not being followed.

There were systems and processes in place to assess, monitor and manage the risks relating to the health, safety and welfare of people using the service. People could be assured of receiving care in a home that was competently managed on a daily basis. Records relating to the day-to-day management and maintenance of the home were kept up-to-date and individual care records we looked at accurately reflected the care each person received. The management analysed incident and accident reports to try to identify trends that could be addressed to minimise incidents occurring again in the future.

The registered manager used feedback from people to continue to develop the service. Since our last inspection the provider had started to refurbish areas of the home to improve the environment for people using the service. The registered manager ensured that people and their relatives were kept up to date about developments in the home through a quarterly newsletter.

The manager was a visible role model within the home and staff felt supported and had a clear understanding of the vision and ethos of the service. Staff were extremely positive about the manager and told us they felt valued and listened to. One member of staff told us "The manager is so supportive here. She sets high standards and isn't afraid at tackling any problems in the home. She makes sure that we really focus upon the people living here and provide the care that they need"

The local community were encouraged to be part of the home. The registered manager had close links with a local school and invited students into the home for complete projects and also worked with the school to enable people living in the home to take part in events at the school and to feel part of the local community. The home used apprentices from a local college to work in the home. We observed that the apprentices knew people well and provided additional support to people and helped to create a lively and positive atmosphere in the communal areas of the home which increased people's sense of well-being.

The service worked in partnership with other agencies in an open honest and transparent way. Safeguarding

alerts had been raised with the local authority when required and the service had provided information as requested to support investigations. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required.