

Rushcliffe Care Limited

Aarons Specialist Unit

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Aarons Specialist Unit is a residential care home providing personal and nursing care to up to 22 people living with dementia and other neurological conditions. At the time of our inspection there were 22 people using the service.

Aarons Specialist Unit accommodates people across 4 separate wings, each of which has separate purpose built facilities.

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

People were not always safe. This was because risks assessments were not always completed to manage known risks associated with people's care and support. The protocols for managing medicines were not always in line with best practice. Lessons were not always learnt from incidents that occurred at the service to minimise the risk of reoccurrence.

The systems used by the provider for monitoring the quality of care and support people received, identified areas of improvement. However, there was no evidence of actions taken to make the required improvements. The provider did not take required actions to meet the conditions of people's deprivation of liberty safeguards authorisations.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. The environment did not always promote people's dignity, privacy and their individual needs.

People were supported to manage their health conditions. They had prompt access to health and care professionals.

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

Rating at last inspection

The last rating for this service was good (published 09 April 2020).

Why we inspected

The inspection was prompted in part due to concerns we received concerns in relation to the management of medicines and management of people's behaviour support needs. As a result, we undertook a focused inspection to review the key questions of safe, and well-led only. We returned for a second site visit to extend the inspection to include the key question effective as we found concerns related to this.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aarons Specialist Unit on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to safe care, need for consent and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Aarons Specialist Unit

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by an inspector, a nurse specialist and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Aarons Specialist Unit is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Aarons Specialist Unit is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed the care people received in communal areas of the home. We had telephone conversations with 11 relatives of people who used the service. We sought feedback via email from nursing and care staff. We also spoke with the registered manager, deputy manager, the compliance manager and the activities organiser. We reviewed a range of records. These included 5 people's care records and multiple medication records. We looked at 1 staff file in relation to recruitment. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

Following our initial review we found concerns relating to compliance with the Mental Capacity Act. We therefore returned for a second visit to collect further evidence to enable us report on the key question of effective.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed 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

- The management of medicines was not always safe. The provider did not always manage the disposal of medicines according to best practice as stated in national guidance.
- Where people required transdermal support for some of their medicines such as pain relief patches, there was no system in place to complete daily checks and assure that patches remained in place.
- The systems for managing 'as required' medicines were not always safe. We found a discrepancy relating to handwritten prescriptions. We also found that stock checks were not always accurate.
- We brought these to the attention of the managers who had also identified these issues through the provider's monitoring arrangements. They told us of the plans they had in place to improve safety in medicines management.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- The provider did not always assess and mitigate known risks to people who used the service. For example, one person's care records stated they had disinhibitions which could put them and some staff at risk of abuse. We observed this person receiving one to one care from staff which could potentially expose both of them to this risk. The provider had not completed a risk assessment to put measures in place to ensure the safety of the person and staff.

The provider did not always have safe systems for management of medicines. They did not complete required risk assessments to support the safety of people and staff. This placed people at risk of harm. This constituted a breach of regulation 12 (safe care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received training to support them recognise and report signs of abuse and avoidable harm. Most staff told us they were supported by their managers when they reported incidents to them. However, some staff felt more support was needed from managers in response to incidents relating to supporting people with their behavioural needs and expressions.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found areas within communal areas where sealing around skirting boards and floors were not fully sealed. This posed a risk of poor hygiene and harbouring of germs which could put people at risk of infections.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider 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.

Visiting in care homes

At the time of this inspection, the protocols in place for visiting the home was in line with the government guidance on visitation in care services.

Learning lessons when things go wrong

- Staff recorded accidents and incidents that occurred at the service. They also reported these to relevant authorities. However, there was not always sufficient action taken by staff to minimise the risk of accidents and incidents reoccurring.

Staffing and recruitment

- There were enough suitably skilled staff on duty to meet people's needs. This included nursing and care staff. Care staff included a mixture of agency and permanently employed staff.
- Staff deployment was in line with people's assessed needs. This included meeting the staffing needs of people who required one to one care and supervision.
- The provider followed safe recruitment practices. They completed relevant checks before staff commenced their employment. This assured them staff were suitable to work with people who use health and care services.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where needed, appropriate legal authorisations were in place to deprive a person of their liberty. However, conditions relating to some DoLS authorisations were not being met.
- The provider had not taken action to meet the required conditions of DoLS authorisations. They did not evidence the reasons, or specific challenges encountered, which meant the conditions were not met.
- The above meant the provider had not taken required steps to ensure that deprivation of liberty was always lawful.

This put people at risk of illegal deprivation of their liberty. This constituted a breach of regulation 11 (consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The home was purpose built for the needs of people who used the service. However, the premises were not always maintained to expected standards. This included chipped paint work, a need for replacement furniture a need for curtains or providing suitable alternative to promote dignity and privacy, and personalising people's spaces to meet their individual needs.
- At our second visit for this inspection, the registered manager showed us plans they had in place to commence improvement to areas within the home.

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

- People were not supported to be involved in decisions about their meals and drinks. Meal choices were written in a format that would not be understood by people who used the service. The registered manager told us staff relied on their knowledge of people's needs and liaising with their family where possible. They told us they were planning to make improvements in this area which would enable people's involvement in meal choices.
- The meals and drinks people received were in line with nutritional and hydration needs stated in their care plan.

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

- People's needs were assessed before they began to use the service. This was so the provider could ensure they would be able to meet their needs. Assessments included people's needs relating to any protected characteristics as described by the Equality Act such as age, gender, and disability.

Staff support: induction, training, skills and experience

- Staff received training and support required to carry out their roles. The provider had a robust training schedule. Training records showed they had received training which equipped them with the relevant skills and knowledge.
- Nurses and other health professionals received the support and oversight required to maintain their clinical skills.

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

- People's records showed staff supported them with regular health monitoring and they responded to changes in people's health and wellbeing.
- People had prompt access to relevant professionals when needed as there was multidisciplinary in-house support from health and care professionals.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There were systems in place to monitor the quality of care and support people received. These included a range of audits and checks. The monthly audits record showed staff had identified some of the concerns where improvements were required, however there was no evidence of actions taken to address them or update on these at the next monthly audits.
- Quality audits were not sufficient to identify the failings we found in practice relating to risk assessments and compliance with the Mental Capacity Act.
- A staff member told us, "If we have problems with maintenance jobs we can communicate with the maintenance person however there is only one so not all jobs are done so things that aren't considered urgent will be left for a long time whether it's broken, not working, damaged, or unfixable."
- The support people received was not always person-centred. The provider did not take steps to ensure adjustments were made to empower and stimulate people where possible. For example, ensuring bedrooms could be personalised to individual needs.

The issues we found with ineffective use of quality assurance systems to identify failings in risk assessments, compliance with MCA and tailoring support to meeting people's individual needs constitute a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had a registered manager. People spoke highly of the registered manager. A relative told us, "The (registered) manager is very approachable, their door is always open". Another relative said, "Any questions I have I speak to [registered manager] and they will sort it out".
- The registered manager ensured regulatory responsibilities such as notifying CQC of relevant incidents and events which occurred at the service was carried out.

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

- Systems within the service gave relatives, staff and other stakeholders avenues to share their experience of the service. The provider responded to people's feedback.
- Staff worked collaboratively with health and social care professionals within the organisation and externally to ensure a joined-up approach to care delivery.

- Protocols within the service ensured information was promptly shared with staff, health professionals and people's relatives. This promoted a shared understanding of how people would be supported with their care needs.
- A relative told us, "Aaron's unit has its own MDT (multidisciplinary team) and I have the opportunity to attend every 6 or 7 weeks. Anyone I need to speak to, OT (occupational therapist), psychologist, I can. If anything goes wrong they absolutely respond, we are trying to get things right for my [relative]". Another relative said, "They always keep us informed when the MDT team meet and we are welcome to contribute or just sit in; they always listen".

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 demonstrated the service was run in line with the requirements of the duty of candour. Duty of candour is a requirement for providers to be open and honest with people when things may / could have gone wrong with the care they received.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>This put people at risk of illegal deprivation of their liberty. This constituted a breach of regulation 11 (consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not always complete required risk assessments to support the safety of people and staff. This placed people at risk of harm. This constituted a breach of regulation 12 (safe care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was ineffective use of quality assurance systems to identify failings in risk assessments, compliance with MCA and tailoring support to meeting people's individual. This constituted a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>