

Devaglade Limited

Aaron View Care Home

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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was unannounced, which meant the provider did not know we were coming. It took place on 4 April 2017. The home was previously inspected in March 2016 and was rated requires improvement with breaches of regulations in The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People did not always receive care that was person centred and met their needs, staff

The home is registered to provide accommodation and care for up to 30 people. Bedrooms are located on both the ground floor and first floor level with stair and lift access. On the day of our inspection there were 22 people living at Aaron View.

There was a registered manager at the time of our inspection. 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 home had a safeguarding policy in place to protect people from the risk of abuse. Staff we spoke with knew the importance of reporting any incidents. Assessments identified risks to people and management plans to reduce the risks were in place. We received extremely positive feedback from people who used the service and their relatives. People we spoke with told us they felt safe and relatives also said the home provided safe care.

Systems were in place to make sure people received their medications safely, however these were not always followed.

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 Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found predominately the requirements of the act were being met.

There was an infection control policy and a procedure in place, however we found this was not followed and many areas were not kept clean or well maintained.

At the time of the inspection there was sufficient staff on duty to meet people's needs. Relatives we spoke with confirmed when they visited there were sufficient staff on duty.

Some steps had been taken to make areas dementia friendly. However, there was room to further improve the environment for the people living with dementia who lived in the home.

People received a nutritious and balanced diet. Snacks and drinks were offered throughout the day. People told us they enjoyed the food provided at the home.

We observed staff interacting with people who used the service and found they were kind, caring and respectful.

We looked at care plans and other written records and found that in most cases, they reflected people's current needs. However, these were not always reviewed to ensure they reflected people's current needs.

The home employed an activity co-ordinator who was responsible for arranging activities and social events. We saw activities taking place and people enjoying these.

The provider had a complaints procedure in place. People felt they could speak with staff if they had a concern. However, people told us they were happy with the service provided.

Relatives were very happy with how the service was run. There were systems in place to monitor and improve the quality of the service provided. Action plans were implemented for any improvements required and these were followed by staff. The quality monitoring had identified that some environmental improvements were required, however, the provider had not approved these and we had no date for work to commence. Since our inspection we have been informed they are approved and awaiting confirmation of start dates.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of this report.

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.

The service had a policy in place to safeguard people from abuse. Staff knew how to recognise, record and report abuse.

Systems were in place to manage medicines however, we found these were not always followed.

Infection, prevention and control systems were not effective and domestic staffing needed reviewing to ensure adequate staff were available to ensure the service was maintained to a good standard of cleanliness at all times.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff received training to ensure that they were able to fulfil their role.

The service was meeting the requirements of the Mental Capacity Act 2005. However this needed to be reflected in people's plans of care.

People praised the food very highly. People received sufficient amounts of food and drink to ensure a healthy balanced diet was provided.

The adaptation and design of the home did not always meet people's needs who were living with dementia.

Requires Improvement ●

Is the service caring?

The service was caring.

We observed staff interacting with people and found they were kind, caring and supportive. We saw friendly and appropriate banter was shared between them.

Staff we spoke with ensured they maintained people's privacy

Good ●

and dignity. People told us staff were very respectful.

Is the service responsive?

The service was not always responsive.

People had care plans and staff understood people's needs. However, these were not always reviewed on a regular basis.

We saw social stimulation took place and people told us they enjoyed the activities.

The provider had a complaints procedure in place and people told us they had no concerns.

Requires Improvement ●

Is the service well-led?

The service was not always well led. The registered manager was new and was working at embedding systems into working practice.

Quality assurance audits had taken place regularly. The registered manager had identified improvements and these were being implemented. The registered manager acknowledged further improvements were still required.

People felt they had a voice and were able to contribute their ideas and suggestions.

Requires Improvement ●

Aaron View 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 checked 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 the on 4 April 2017 and was unannounced. The inspection team consisted of two 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.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. The provider 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 improvements they plan to make.

Before our inspection we reviewed all the information we held about the home. We also spoke with the local authority to gain further information about the service.

We spoke with 12 people who used the service and five of their relatives, and spent time observing staff supporting people.

We spoke with seven members of staff, including two care workers, two kitchen staff, the domestic, the deputy manager and the registered manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's care and support records including their plans of care. We saw the system used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

At the last inspection we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. We found lack of staff to meet people's needs in a timely way. At this inspection we found staffing levels had improved and the registered manager determined staffing levels by the dependency of people who used the service. Since our last inspection, an additional 16 hrs for a laundry assistant and 18hrs for an activity co-ordinator had been implemented. However we identified that although there were domestic hours in the mornings from 8 – 1pm the odour and standard of cleanliness we found when we arrived at 9.20am evidenced this was not adequate as there was no cleaning carried out from 1pm until the following morning every day. The registered manager told us they had identified this and were looking to change the hours to incorporate some additional hours in the late afternoon and evening.

We spoke with people who used the service and their relatives about the safety of the home. We asked people if they felt safe in the home. They told us they did, 'feel safe' and that they had no concerns or worries. From people's comments they confirmed they were protected from abuse and avoidable harm. People were able to make choices and still take risks as part of an independent lifestyle.

People told us, "I don't know what I would have done at home, if it was not for the staff here." Another person said, "I feel really safe." Another person said, "I can rest at night - because I know I am safe here." Another person said, "I feel safe and well, they [the staff] look after me and are very kind."

People also spoke highly of staff and said they were always there when they need them. They added, "I can always call for help if I need too." When we spoke with relatives they were very happy with the home. They told us, "We feel very settled that [our relative] is in a safe place." Another relative said, "They phone us whenever there is a problem."

The provider had safeguarding policies and procedures in place to guide practice. Staff we spoke with were knowledgeable on procedures to follow including whistleblowing procedures. Staff could tell us how to recognise and respond to abuse appropriately.

We saw that risks associated with people's care were identified in care records. These were about risks such as falls, pressure area care and nutrition. The hazards were highlighted and also the likelihood of it occurring. People had personal emergency evacuation plans (PEEPs) to ensure they could be evacuated from the building in a safe manner if required.

We found risks had been identified, assessments in place and measures had been implemented to manage risks such as, sensor mats, more regular checks and moved people to downstairs rooms to be able to monitor more closely. However, we found a high number of incidents many of which were unwitnessed falls. We looked at records in relation to accidents and incidents and found an analysis tool was in place to record actions and to monitor trends. The registered manager had completed very thorough analysis and had identified peak times. Following our inspection the registered manager carried out further analysis over a three month period and identified the people at risk and narrowed down the peak times. They have

requested a further visit from a member of staff from the Clinical Commissioning Group (CCG) falls team to seek advice and guidance on any additional measures that could be implemented to reduce falls risks.

Relatives we spoke with were happy how the registered manager managed any incidents. They confirmed they were kept informed. One relative said, "When my relative had a fall, the manager phoned us and another member of our family." Another relative told us if we have any issues or concerns about anything, 'It is dealt with straight away'.

We looked at two recruitment files of staff who had been employed recently and found the provider had a safe and effective system in place for employing new staff. The staff files we looked at contained pre-employment checks which were obtained prior to new staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people. However one staff members file was not in the service, this was with the provider and we were unable to access this file. The registered manger acknowledged this should be in the service and assured us this would be ratified.

We looked at systems in place to manage people's medicines. Medicines were administered by staff who had received training to administer medications. Medicines were stored in a small cupboard off the lounge, this room had a thermometer however, it was not a maximum/minimum thermometer so could not demine what temperatures the room reached during a 24 hour period.

We found predominantly people received medication as prescribed. However the records did not always reflect this. Staff did not always record the amount of liquid medicines received or the amount carried forward from the previous month. Dates of opening were not recorded on liquid medication and not every person had a picture or details of how they liked to take their medication with the MAR.

We found people were prescribed medication to be taken as and when required known as PRN (as required) medicine. For example, pain relief and to alleviate agitation. We found people had PRN protocols in place to detail when to give PRN medication and explain how people presented when they were in pain and agitated. However, we found for people living with dementia these lacked detail to be able to determine how the person presented if they were in pain, many people living with dementia are unable to communicate with staff when they are in pain or agitated.

We checked controlled drugs (CD's); these are drugs that come under the requirements of the Misuse of Drugs Act. We found these were not recorded appropriately. We checked one person's temazepam we found when medication had been administered it was not recorded in the CD register we also found 28 tablets had been dispensed on 13 March 2017 but these were also not recorded in the CD register. When we counted up the number dispensed and the number administered we found one tablet was unaccounted for there should have been 40 tablets left and there were only 39. The registered manager agreed to look into this following our inspection.

We observed that staff who administered people's medicines explained to people what the medicine was for and offered those drinks appropriately.

We completed a walk round of the home and saw that it was not maintained in clean condition, tidy or odour free. We found a strong odour when we entered the home and a number of bedrooms had strong odours, floor coverings throughout the home were dirty and littered with debris, store rooms were cluttered and unable to be thoroughly cleaned, bedding in some rooms was stained and dirty, underside of shower

and bath chairs were dirty, domestic and sluice rooms both badly maintained and dirty. We also found the kitchen store room floor covering was carpet and not able to be cleaned, the areas behind the freezer was littered with debris and not clean and freezers were encrusted in ice and required defrosting.

The domestic commenced work at 9am and finished at 1pm. When they had cleaned the odour was no longer present. They told us that they only had cleaning hours in the morning and when they arrived each morning there was an odour especially from two rooms. We discussed this with the registered manager who agreed it would be beneficial to have some dedicated domestic hours in the evening to be able to do a further clean of some areas.

The registered manger had completed infection control audits and had identified some of the issues we found. However, the audits did not cover all areas of the home for example it did not include cleanliness of bedrooms and did not cover bath and shower chairs so were not looked at as part of the audit.

Following our inspection the registered manager contacted the infection prevention control nurse specialist for advice, they visited the home and have carried out a full audit. Their report was shared with us. The registered manager has completed an action plan to address all the areas identified and is looking at ways to improve the cleaning.

This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12. Safe care and treatment.

Is the service effective?

Our findings

At the last inspection we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person-centred care. We found lack of choice and variety at meal times and the meal experience was not person-centred to meet people's needs.

People told us the quality of the food in the home was very good, one person said, "The food here is great." Another person said, "Nothing is too much trouble for the cooks, if you don't like something they offer you something else straight away." It was also clear people were involved in menu planning one person said, "I asked for liver to be put on the menu, and it has." Another person said, "We get good old fashioned food and plenty of it." People could choose where they wanted to eat and who to sit with we saw people coming into the dining room and making the decision where to sit. One person said, "I can choose to have my meals in room, but today I have been down since breakfast."

At this inspection we asked people's relatives what they thought of the food served in the home and if the service managed their family members' diets appropriately. They all gave very positive feedback. One relative told us, "[My relative] loves the food, they always mention it." Another relative said, "[My relative] eats everything they are given, they have put weight on and they look so much better since they came to live here."

One relative told us the home arranged a party for their relative's birthday, they said, "The staff arranged a fantastic buffet for [my relatives] birthday. There was so much food. It was the best birthday party they had ever had."

We looked at people's care plans and found these included their dietary requirements and preferences. We saw that snacks, including fresh fruit, were available throughout the day, as were a selection of drinks. We observed lunch in both dining areas. Lunch was nutritious and appetising. People were offered a choice of meal and the menu was displayed in a written format.

We spoke with the catering staff who were knowledgeable on people's nutritional needs, the cook said, "We discuss the menus at the residents meetings'." And added, "We can order anything that residents like, we have never been told there is a budget. If there is anything that is different that they would like we will get it."

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. 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 registered manager was meeting the requirements of the act.

People we spoke with told us staff asked for their consent to any care and treatment offered, and respected

their choices. However, we found this was not always reflected in their plans of care. Best interests decisions were not always recorded. The registered manager was aware that this required improving and was working with the new deputy manager to ensure these were in place.

People confirmed they were offered choices and make decisions. One person said, "I can come and go as I please, I can walk outside whenever I want." We also saw people living with dementia were able to freely and safely access the outside patio when they wished.

We saw staff received supervision sessions on a regular basis. These were one to one meetings with their line manager. We also saw that staff received appraisals on a yearly basis. The registered manager was aware any new staff were to undertake the 'Care Certificate' as part of their induction. The 'Care Certificate' is a nationally recognised programme of training for care workers.

The management team used a training matrix to monitor the training staff required, when it had been completed and when it required updating. We saw staff training was on-going and the registered manager had booked a number of training sessions for staff to ensure their knowledge was up to date to be able to meet people's needs.

We asked people how easy it was to have access to their GP and other healthcare professionals. People told us that they were well supported by staff that were responsive and quickly made sure they had access to any healthcare service that they needed. One person said, "I have my own optician, the staff make me an appointment when the time comes around."

The service provided care for people living with dementia and some areas of the environment had been improved to meet their needs. However, some improvements could still be made. There were no reminiscence pictures or materials and no items of interest, or tactile items that people could pick up or engage with independently.

We also identified lack of accessible bathing facilities. The service only had one usable assisted bath. The two shower rooms were accessed by a step and many people using the service were unable to access these. People we spoke with told us they would like more showers but not able to. A relative told us, "We are disappointed in the response to our request for [relative] to have more than one shower a week. They need this to improve their personal hygiene." We spoke with the registered manager regarding this and they had identified this as part of their quality monitoring but were looking at ways to resolve the problems. Following our inspection we had confirmation from the provider that the works had been approved and were waiting a start date. They intended to provide a new bath or wet room and a new dedicated clinical room. They also as part of the actions intend to carry out works in the domestic cleaning store and sluice room. This will ensure the adaptation and design meets the needs of the people who use the service.

This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 15. Premises and equipment.

Is the service caring?

Our findings

People who used the service and their relatives all made very positive comments about the staff. We saw staff got on well with people. They respected people's privacy by knocking on doors and calling out before they entered their bedroom or toilet areas. The staff and people looked comfortable together. There was a lot of laughter and friendly 'banter' between people. People said that staff were good at listening to them and meeting their needs. Relatives and visitors were also welcomed in a caring and friendly manner. People said, "The staff are smashing, I get on with all of them." Another person said, "You cannot fault the love and care we receive." Another said, "The care is excellent, there is such consideration given."

Although not all relatives and people living at Aaron View were involved in planning their care - a few people commented on being fully aware of the care planning process. Some spoke of key workers phoning them to ask if care plans were still appropriate. One person said, "I was involved in my care plan when I first came in." A relative said, "The key worker has phoned me to ask questions about the care plan."

People's relatives said they felt the staff really cared about their family members. For instance, one relative said, "The staff are all very special," Another said, "They are so kind to our whole family." They added, "I cannot thank them enough for their loving care."

We observed staff interacting with people and found they were caring and supportive. People told us staff talked to them and involved them in decisions. People confirmed that their family members and friends were able to visit and were made welcome by staff.

We saw life stories were available in care records which gave detail about people's hobbies, interests, likes and dislikes. People's rooms were personalised and homely.

A member of staff was identified as a dignity champion at Aaron View. They were responsible for maintaining standards of dignity and respect throughout the home. People also had access to advocacy services. An advocate can speak up for someone who is unable to do this for themselves.

Is the service responsive?

Our findings

People and their relatives we spoke with all told us staff were very responsive to their needs. One person said, "The staff are very good they are always around to help."

We found staff understood people's needs and knew how to meet their needs. From speaking with staff it was evident their needs were met. However, care plans we looked at varied in quality some identified people's needs and detailed how staff could meet their needs, others did not give sufficient detail to be able to understand how to meet people's needs. We also found care plans were not regularly reviewed. The registered manager acknowledged this and had identified this as part of the quality monitoring process and this was being actioned by staff.

There was an effective activities co-ordinator. They were committed to the activities being enjoyable and beneficial. Without exception, people said that they took part in, and enjoyed, a wide range of activities and outings. One person said, "The activity worker puts a lot of effort into making things just right for us."

Each person has an 'activities record'. This document highlights people's involvement in activities. Recently there had been trips to a school, garden centre and a local pub for a drink and meals. Throughout the day, the care workers were seen actively sitting with people and chatting. One person said, "I love gardening, I get to go out and work on the balcony patio with [staff member]." Another person said, "I take part in anything that's going, they help me keep busy. We really enjoy the trips out; we are planning a trip to Cleethorpes in a couple of months." Another person commented, "I get involved with anything I can."

People's religious and cultural needs were met. It was part of everyday practice. Staff recognised that religions have certain customs that need to be respected. A range of pastoral visitors and church leaders visited the home. One person said, "The Priest comes to see me regularly and the staff take me to my room for privacy." Another person said, "I take communion here and also the staff get me to the church service, and the church coffee mornings run by my friends at church."

The service had a complaints procedure in place and it was displayed in the main area of the home. People and their relatives knew how to complain and they told me they would inform the registered manager if they were unhappy with their care. One family have been asking for their loved one to have more than one shower a week. They were not happy that this has not been actioned. They questioned that this may be a staffing issue. They said that the manager was aware of this. We discussed this with the registered manager, who had identified it and the problem was lack of facilities. This was being addressed.

Is the service well-led?

Our findings

At the last inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. We found a lack of regular quality assurance check and audits. At this inspection we looked at records of audits completed to ensure the service was monitored to maintain a quality of service. The registered manager had completed audits and had identified many areas we found required improvement. However, some of the audits did not cover all areas and as such some issues had not been identified. For example the infection control audit did not include cleanliness of bedroom and the cleanliness and state of the medication store cupboard; therefore these were not identified during the audit. The registered manager acknowledged this and since our inspection has looked at ways to improve the quality monitoring systems.

There was a registered manager at the time of our inspection. 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 was registered at a number of locations and there was a general manager at this service who also had management responsibilities.

People we spoke with spoke very highly of the registered manager, they said, "The manager has worked so hard to make me feel at home." Another person said, "The manager has supported me and my daughter so well, the manager is very nice." Another person commented, "The manager is always approachable and helpful."

There was evidence that people who used the service were listened to and their views respected. People's relatives told us they had been asked to fill in surveys, and the managers and staff listened to their opinions and comments. All of the people spoken with knew how to complain. Some gave examples of leaflets explaining their right to make comments about the care and support they receive. One person said, "I cannot think of anything that could be improved."

There were a range of quality assurance methods, people said they were encouraged to speak out at meetings and fill in surveys. A number of people who used the service stated that they did not wish to attend meetings. Therefore the manager talked to them in small groups or individually.

Relatives told us they felt as though they were listened to. From meeting minutes and speaking with relatives and friends it is clear peoples thoughts and ideas were acted upon. The people who use the service had every confidence in the registered manager. The registered manager was visible around the home during our inspection and clearly knew all the people well who lived at Aaron View.

A regular newsletter was published and given to people along with a variety of questionnaires throughout the year. This was informative that explained what was planned ahead and any changes being made.

We also saw that satisfaction surveys had been sent out regularly. These questionnaires were sent to people who used the service and their families and professionals who visited the home. Comments received were all positive.

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 | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Management of medicines was not always in line with policies and records did not evidence people received medication as prescribed. The provider did not have effective infection, prevention and control systems in place. Regulation 12 (10) (g) (h) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 15 HSCA RA Regulations 2014 Premises and equipment People were not provided with an environment that meet their needs in regard to adequate bathing facilities. Regulation 15 (1) (c) |