Ackroyd House Limited

Aaron House

Inspection report

20 Collegiate Cresent
Sheffield
South Yorkshire
S10 2BA

Tel: 01142660310

Date of inspection visit:
13 November 2018

Date of publication:
30 November 2018

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

This inspection took place on 13 November 2018 and was unannounced.

Aaron House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Aaron House can accommodate up to 25 people who require accommodation and personal care. The home consists of one adapted building across two floors. At the time of our inspection there were 23 people living in the home.

There was a registered manager employed at Aaron House. A registered manager is a person who has registered with the CQC 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.

People told us they felt safe living at Aaron House. There were enough staff available to keep people safe and to meet their needs in a timely way.

Systems were in place to identify and reduce risks to people. Staff had been trained in how to safeguard vulnerable adults and they had a good understanding of their responsibility to protect people from harm.

People's needs were assessed before they moved into the home. The support they needed from staff was clearly recorded in their care plans. People's care plans recorded their preferences, likes and dislikes. This supported staff to provide person-centred care.

People received their medicines, as prescribed, from staff who had been trained in medicines management.

People told us staff were kind and caring. During this inspection we observed staff treat people with kindness, dignity and respect. Staff knew people living at Aaron House very well.

People were supported to take part in a range of activities, both within the home and in the local community. Staff supported people to take part in activities of their preference.

Staff received a range of training which supported them to do their jobs effectively. Staff were happy with the training they received. Staff were supported by the management team through supervisions and appraisals.

People were asked for consent before care was provided to them. Where people lacked capacity to make decisions for themselves, their care records showed decisions had been made in their best interests. People

were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible. The policies and systems in the service support this practice.

The service worked closely with community health professionals to support people with their health needs. People's care records evidenced they received medical attention when they needed it, to promote their health.

People were supported to eat a varied diet that met their nutritional requirements.

The provider had effective system in place to deal with any complaints.

Where people were receiving care at the end of their life, the service worked closely with community health professionals, to ensure people's pain was effectively managed.

The registered manager completed regular audits of the service, to make sure action was taken and lessons learned when things went wrong. Effective systems were in place to support the continuous improvement of the service.

People living at Aaron House, their relatives and the staff were all positive about the registered manager and about how the home was run. We found a welcoming and positive culture within the home.

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 was safe.

There were sufficient numbers of staff deployed to meet people's needs. Recruitment procedures helped to make sure staff were of suitable character and background.

Systems were in place to identify and reduce risk to people. Staff understood how to keep people safe.

People received their medicines safely, from trained and competent staff.

Is the service effective?

Good

The service was effective.

Staff were provided with training, supervision and appraisals to support them to undertake their role effectively.

People were supported to maintain a varied and balanced diet. The service worked closely with a range of community health professionals to support people to maintain their health.

The service worked within the principles of the Mental Capacity Act 2005. Staff received training in this area and understood what it meant in practice.

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were kind and caring. We observed staff respect people's privacy and dignity.

People were treated as individuals. Their choices and preferences were respected.

Staff spoke with knowledge about people's needs and their likes and dislikes.

Is the service responsive?

Good

The service was responsive.

People's care records accurately reflected their needs and were regularly reviewed. This supported staff to provide person-centred care.

The service had an effective complaints policy in place. People's complaints were appropriately recorded and responded to.

People were supported to take part in a range of activities, both within the home and in the local community.

Is the service well-led?

Good

The service was well-led.

People, their relatives and staff said the registered manager was approachable. Staff felt supported by the registered manager and they told us they enjoyed their jobs.

The provider had effective quality assurance systems in place to identify any issues and rectify them.

People and their relatives were asked for their feedback about the service. The registered manager analysed this feedback to help drive improvements to the service.

Aaron 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 13 November 2018 and was unannounced. This meant nobody at the service knew we were coming. The inspection team consisted of two adult social care inspectors.

Before this inspection we reviewed information we held about the service. The registered manager had completed a Provider Information Return (PIR). The PIR 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 reviewed safeguarding alerts and notifications submitted to us by the service. Providers are required by law to notify us of certain events, such as when a person who uses the service suffers a serious injury. We took this information into account when we inspected the service.

We contacted social care commissioners who help arrange and monitor the care of people living at Aaron House. We also contacted Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the feedback from these organisations to plan our inspection.

During this inspection we spoke with nine people living at Aaron House and two of their relatives. We spoke with eight members of staff which included two care assistants, a domestic assistant, a laundry assistant, a cook, an activity coordinator, the deputy manager and the registered manager. We spoke with the nominated individual of the service who was visiting the home on the day of the inspection. A nominated individual is a person, nominated by the provider, to supervise the management of the service. We also spoke with a community health professional who was visiting Aaron House to obtain their views about the service.

To help us understand the experience of people who could not talk with us, we used an observation method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with

people in their care.

We looked at three people's care records, nine medication administration records and three staff files which included recruitment checks, supervisions, appraisals and training records. We also looked at other records relating to the management of the service, such as quality assurance audits.

We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.

Good

Is the service safe?

Our findings

People living at Aaron House told us they felt safe. Comments included, "I feel very safe here" and "I've no worries and I feel safe." People's relatives told us they had no concerns about their family member's safety.

The provider had appropriate systems in place to safeguard people from abuse. Staff had been trained in their responsibilities for safeguarding adults. They knew what action to take if they witnessed or suspected abuse and they were confident the registered manager would address any concerns they raised. The registered manager knew when incidents or allegations of abuse should be reported to the local safeguarding authority and to the CQC. The records we viewed evidenced this was being done appropriately.

Systems were in place to identify and reduce risks to people. People's care records included assessments of specific risks posed to them, such as a risk of malnutrition and a risk of falls. The risk assessments were reviewed each month or more frequently if a person's needs changed to help ensure they consistently identified the level of risk as a person's needs changed. If a person was assessed to be at risk, a care plan was written to provide staff with clear guidance on how to support them to manage the identified risk.

Medicines were obtained, stored, administered and disposed of safely by staff. People were receiving their medicines as prescribed by their GP. Staff were trained to administer medicines and their competency to do so was checked. We found one staff member's competency assessment was not dated so it was not clear when the assessment had been completed. However, the deputy manager agreed to reassess the staff member's competency, to ensure all competency checks were up to date. Where people were prescribed medicines to be taken 'as and when required', there were detailed protocols in place which provided staff with guidance about when people may need these medicines. For example, where people could not inform staff verbally that they were in pain, the protocols described the symptoms staff should look out for to assess whether the person needed their medicine. We found one protocol required additional detail. The deputy manager agreed to update this straight away.

Staffing levels were sufficient to keep people safe. The registered manager used a dependency tool to calculate the number of staff required to meet people's needs. Each person living at Aaron House had their dependency level assessed. The dependency levels were reviewed by the registered manager at appropriate intervals, so they could arrange sufficient numbers of staff for each shift. During this inspection, staff were visible and available to meet people's needs promptly. Neither the people living at Aaron House, nor the staff, raised any concerns about staffing levels.

Recruitment checks were completed to help make sure the staff employed at Aaron House were assessed as suitable to work at the service. Staff files contained their identification, details of their work history with a written explanation for any gaps in their employment, two references, a health questionnaire and a check with the Disclosure and Barring Service (DBS). A DBS check provides information about any criminal convictions a person may have. This information helps employers make safer recruitment decisions.

The provider had a system in place to learn from any accidents or incidents. This reduced the risk of them reoccurring. The registered manager reviewed records of any accidents or incidents, such as if someone had a fall, on the day the incident occurred. This enabled them to check staff had dealt with the incident appropriately and make sure immediate action was taken to reduce the risk of it happening again. The registered manager then analysed the accident and incident records every month to identify any trends and common causes.

Aaron House was clean and there was an effective infection control system in place. Staff followed cleaning schedules and had access to personal protective equipment such as gloves and aprons. All staff received training in infection control when they started working at the home.

Regular checks of the building and the equipment were carried out to keep people safe and the building well maintained. We checked the home had relevant safety certificates for the equipment they used, such as hoists. The certificates were up to date and the equipment within the building was checked every month to see if it was in good working order. Staff were provided with appropriate guidance about which equipment people living at Aaron House could safely use. For example, where people required equipment to help them mobilise, their care records detailed the specific equipment they required and how staff should use this to support them.

Where the service was responsible for managing people's personal allowances, people's money was stored securely and the provider had effective procedures in place to protect people from financial abuse. The provider kept an individual financial transaction record for each person they held money for. Any money deposited or withdrawn was documented in their transaction record. Receipts were kept for all withdrawals recorded on people's transaction sheets to evidence how and when the money had been spent. The registered manager checked the balances on the transaction sheets against the money held for each person, every month, to make sure the balances tallied. We checked people's cash floats against their transaction sheets and found they corresponded.

Good

Is the service effective?

Our findings

People living at Aaron View were positive about the care they received. People's relatives spoke very highly of the care provided to their family member. One person commented, "They [staff] will do anything for you". A relative told us, "It's very good here. The way [staff] are looking after [my relative] is brilliant. They have been so kind. Staff come in and encourage them to drink. It's written in the care plan to encourage fluids. [Staff] are doing everything they can and are making [relative] as comfortable as can be."

The care people received was tailored to their individual needs and preferences. People's needs were assessed before they moved into Aaron House, to check the service was suitable for them. A detailed care plan was then written for each person which guided staff in how to care for them. People and their relatives were involved in this process and were asked to provide important information about their preferences and life history.

People were supported to maintain a balanced and varied diet that met their nutritional requirements. People were asked about their dietary needs and food preferences when they moved into the home. The cook maintained a list of people's likes and dislikes in the kitchen so they could cater for people's personal preferences. Where people required a special diet, this was catered for and was clearly recorded in their care plan. People were positive about the food they received. One person commented, "The food is very good and we always get a choice." We observed the lunch service during this inspection and saw there was a calm and relaxed environment where people were supported in a timely manner. People were offered different meal and drink options, and if they did not want anything on the menu they were provided with a different meal of their choice.

Staff received regular training to ensure they had the right skills, knowledge and experience to deliver effective care. The training the provider considered to be mandatory included moving and handling, health and safety, fire safety, safeguarding, the Mental Capacity Act 2005 and infection control. The registered manager had also arranged additional training for staff, to develop their skills in areas such as end of life care, dementia awareness and dignity. Staff were happy with the training they received.

Staff were supported by the management team through supervisions and appraisals. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss goals and objectives. Staff told us they felt supported by the registered manager and they could always raise any concerns or questions with them. Some staff were overdue their annual appraisal. We discussed this with the registered manager who agreed to complete these the following week.

Aaron House worked closely with other organisations to deliver effective care and support to people. The registered manager regularly sought advice from community health professionals such as the GP, district nurses and the community falls team. This process supported staff to achieve good outcomes for people and to help maintain their health. We received positive feedback from the health professional visiting the service during our inspection. They informed us staff proactively sought their advice if they had any concerns

about a person's health and any advice they gave was acted upon.

The design, adaptation and decoration of the premises considered the needs of the people living in the home. For example, there was pictorial signage on doors and on the walls in the corridors to help people navigate their way around the building. We observed some improvements could be made to the building to make it more suitable for people living with dementia. For example, the carpet in the hallway and the small lounge was patterned. Patterned carpets may cause distress to people living with dementia due to perceptual disturbances they may experience. The provider had already replaced much of the flooring throughout the home. The new flooring was not patterned and met the needs of people living at Aaron House.

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. 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 with appropriate legal authority. 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 the service had obtained the appropriate legal authority to deprive people of their liberty and whether any conditions on any DoLS authorisations were being met.

Staff worked within the principles of the MCA and supported people to make their own decisions when they had capacity to do so. People's care records demonstrated that people's capacity to make decisions had been appropriately assessed and kept under review. Where people lacked capacity, best interest decisions had been made and were clearly recorded in people's care records.

The registered manager maintained an overview of the applications made to deprive people of their liberty. Applications were appropriately made and where authorisations were subject to conditions, these conditions were recorded in people's care records. The service complied with any conditions imposed.

Good

Is the service caring?

Our findings

People living at Aaron House and their relatives told us staff were kind and caring. Comments included, "They [staff] are lovely. Nothing is too much trouble", "They [staff] are very kind" and "Staff are gorgeous. They are always kind." A relative commented, "[My relative] is happy here. When I take them out, they come back with beaming smiles for the staff. I wouldn't move them because they are happy here, even though they could be closer to my home. The staff are always respectful, very kind."

Staff displayed a kind and caring attitude throughout the inspection. They clearly knew people well and had developed positive relationships with them. Staff told us, "All staff give it their all. We concentrate on care, not just the jobs that need to be done, but making people happy. We don't get stressed, so residents don't get stressed. This is their home" and "I love the residents and the staff are nice. I like being able to spend time chatting to residents. We have busy times but also quiet times so we can chat. We get to know people well."

Staff were respectful of people's privacy and dignity. They knocked on doors and called out before they entered bedrooms or toilet areas. The provider also had systems in place to ensure people's personal information remained confidential. Confidential information was securely locked away it could only be accessed by staff who needed to see it.

Relatives and friends were encouraged to visit people living at Aaron House. During this inspection we observed staff welcoming people's relatives into the home in a friendly manner. We could see staff knew the visitors well. People's relatives told us they were always made very welcome. A relative commented, "They [staff] support the family as well. We can come any time, day or night. The staff are all lovely and they are always respectful. They treat [relative] with great care and personal touches. The staff know [relative] and what they are like. Any concerns are addressed straight away."

People living at the home were given choices and supported by staff to make decisions about their care throughout the day. Staff communicated effectively with people's families and we observed relatives were able to approach the registered manager throughout the day to ask questions or discuss their relative's care. Where people did not have any family or friends to support them, the registered manager had information available for them about advocacy services. This was also displayed in the corridors of the home. An advocate is a person who would support and speak up for a person who does not have any family members or friends to act on their behalf.

People were treated as individuals and their choices and preferences were respected. Staff we spoke with demonstrated a good knowledge of people's personalities and individual needs and what was important to them. Through talking to staff and members of the management team, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality. There were posters displayed within the home promoting equality and diversity.

All staff we spoke with said they would be happy for a family member or friend to receive care at Aaron House. One staff member commented, "I would be happy for my family to live here. I would come here myself." Staff told us they enjoyed their jobs and this was clear from our observations during the inspection.

Good

Is the service responsive?

Our findings

People's care records were detailed, person-centred and accurately described what support they needed from staff. Care plans provided detail about each area of support people required, such as support with nutrition and hydration, mobility and medication. They described how staff should care for each person, to promote their physical and mental wellbeing. People's preferences, interests and social histories were recorded in their care records and this supported staff to get to know people well. This information helped staff to provide person-centred care to each person.

People's care plans were reviewed each month or sooner if a person's needs changed. This helped to make sure people consistently received the correct level of care and support.

Aaron House provided a range of activities for people living in the home. People took part in a range of activities according to their personal preferences. One person commented, "We have a lot of things to do, like baking and sewing. I enjoy that." There were two activity coordinators employed at Aaron House. They supported people to access the local community and to take part in individual and group activities throughout the week. For example, people were supported to attend dementia friendly tea dances at The Crucible, to visit the pub and to go for other outings such as to the seaside.

During this inspection we observed a music quiz taking place in the afternoon. People were singing to the music and sharing conversation and laughter. They clearly enjoyed the activity. The registered manager told us there were regular 'armchair exercise' sessions, visits from singers, quizzes and they had arranged a Yoga taster session which was due to take place.

People were supported to engage with the local community, for example by attending drop in sessions at the local church, and through the community being encouraged to visit the home. The registered manager had developed a link with the health and wellbeing department of a local university. Students from the university attended the home and ran physical stimulation and exercise sessions to promote the wellbeing of people residing at Aaron House. Local school children attended the home at Easter and Christmas to celebrate with the residents. The registered manager told us a 'rattle and roll' music session would soon be taking place where young children and their parents would attend the home for a music class with the people living there.

There were systems in place to ensure the service complied with the Accessible Information Standard. The Accessible Information Standard aims to make sure that people with a disability or sensory loss are given information in a way they can understand. People's communication needs were assessed and their care records contained an information sheet detailing any additional support they required with their communication. Staff used different communication tools and equipment, such as an iPad, when people struggled to communicate verbally. During this inspection we observed the iPad being used to facilitate communication between a person using the service and staff, by the person typing what they wanted staff to do.

The provider had an appropriate complaints, suggestions and compliments policy and procedure in place. It explained how people and their relatives could complain about the service and how any complaints would be dealt with. The registered manager kept a record of any complaints received. The service had received three complaints in the last 12 months. All had been responded to in a timely manner and were dealt with appropriately, in accordance with the provider's procedure.

The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death. There was a care planning policy and procedure in place to guide staff when caring for someone nearing the end of their life. Where appropriate, people's care records contained guidance for staff about how to care for them at the end of their life. During this inspection we observed the service worked very closely with the GP and district nurses when a person was receiving end of life care. This helped to ensure people's pain was effectively managed.

Where people expressed a wish or preference about the care they would like to receive at the end of their life, this was recorded in their care plan. The registered manager told us they had arranged additional training for staff in providing end of life care to support ongoing good practice in this area.

Good

Is the service well-led?

Our findings

There was a registered manager employed at Aaron House. The registered manager and provider were keen to promote the provision of high-quality, person-centred care. We observed a positive, welcoming and inclusive culture within the home which was driven by the registered manager. The registered manager and staff were keen to achieve good outcomes for people.

During this inspection we observed the registered manager was available and visible to staff, to people living at Aaron House and to their relatives. The registered manager worked shifts so they were also available to people's relatives who could only visit in the evenings.

Staff said the registered manager was very supportive and approachable. Comments included, "[Registered manager] is nice. I can go to them for anything. They are supportive… I get supervisions, about every 3 months, but I can go to them in between" and "[Registered manager] is always helpful. I feel well supported. If I had any issues, even about my private life, if I needed support, I wouldn't be rejected."

The staff were supported to provide consistent care. Staff meetings took place where the registered manager raised any issues with staff about the home or the care provided. A handover meeting took place at the end of each shift so the senior care assistant could pass on any relevant information from one shift to the next. Staff told us they worked as a team. Comments included, "I love it here. The staff are really nice and we all get along", "It's a good team. We all work together to get jobs done" and "If there is anything I'm not sure of, I would always ask the other staff." It was clear from our observations that the staff enjoyed their jobs and their morale was positive.

The registered manager monitored the quality of the service and took action when issues were identified. Each month they completed a wide range of checks on the service. For example, they audited a sample of care plans every month and completed a detailed audit of the medication administration system. Where audits identified something could be improved, the registered manager created an action plan and appointed a person to take responsibility for implementing the actions within a required timescale. The provider also checked all audits were completed every month, in accordance with their quality assurance framework. The audits helped to drive improvements to the quality of the service throughout the year.

The registered manager used various methods to obtain feedback about the home from the people who lived there, their relatives and staff. They arranged 'resident and relative meetings' where people and their relatives could provide feedback about anything they thought could be improved. The registered manager also sent satisfaction surveys to people, their relatives and staff. We observed information displayed in the entrance to the home about actions the home had taken following feedback received about the service in the form of 'You said, we did' posters. This showed the registered manager used the feedback received to make changes to the service.

Aaron House worked closely with other organisations to deliver effective care and support to people. The registered manager told us the service worked closely with community health professionals to promote best

practice in pressure area care within the service. Through the proactive actions of staff and the engagement with the district nursing team, the service had ensured people living in Aaron House had not developed any pressure ulcers throughout 2018. This was something they were particularly proud of.