

Aaroncare Limited

Aaron Grange Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This was an unannounced inspection, carried out on 01 September 2015.

Aaron Grange is registered to provide care for up to 68 people who require personal care. The service is situated in the Huyton area of Knowsley, not far from local amenities such as shops, buses and trains.

The service has had a registered manager since September 2014. 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 last inspection of Aaron Grange was carried out in September 2014 and we found that the service was not meeting all of the regulations we assessed. The registered provider sent us an action plan outlining how and when

Summary of findings

they intended to meet the regulations. During this inspection we found that the required improvements had been made within the timescale set by the registered provider.

Improvements had been made to ensure allegations of abuse were reported and investigated in line with the registered providers and the local authorities safeguarding procedures. People who used the service felt safe. Staff knew about the systems in place to protect people from the risk of harm and they knew how to recognise and respond to abuse correctly.

Improvements had been made to ensure staff were recruited safely. Prior to starting work at the service applicants were required to complete an application form providing details of their qualifications, experience and employment history. Staff did not commence work until a satisfactory Disclosure and Barring scheme (DBS) check was carried out and two references were obtained, including one from the applicant's most recent employer.

Improvements had been made to ensure people were treated with dignity and respect. People were made comfortable when they got out of bed each morning and they were offered a hot drink before being served breakfast. Staff were gentle and kind in their approach and they spent time chatting with people about things they enjoyed. Staff addressed people in a respectful manner and treated people as individuals.

Improvements had been made to ensure there was an effective system in place to identify, assess and manage risks to the health, safety and welfare of people. A range of checks were regularly carried out across the service. These included checks on care plans, staff records and other records to ensure procedures were appropriately followed. The service was well managed by a person who people, staff and family members described as supportive and approachable.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and DoLS to ensure that people who could not make decisions for themselves were protected. Some people who used the service did not have the ability to make decisions about aspects of their care and support.

Family members had consented on behalf of their relative although they did not have legal authority to do so. Therefore the legal requirements outlined in the MCA had not always been followed where people lacked the capacity to make decisions.

The lunch time meal for some people was unsupportive and disruptive. Staff did not provide people with the support they needed with their meal and they cleaned up around people whilst they were sat at the dining table. People told us they had enough to eat and drink and that they had access to drinks and snacks in between main meals. People's nutritional needs were planned for and people who were at risk of poor nourishment had their food and fluid intake closely monitored. People had been appropriately referred onto dieticians and nutritionists and their advice and guidance was taken note of.

People told us they received their medicines on time. Medicines were kept securely and handled by authorised staff who had undertaken training relevant to the management of medications. Records were maintained for all medicines received into the service, medicines destroyed and those returned to the pharmacist who supplied them. The records were signed by only one member of staff as opposed to two, which would reduce the risk of errors occurring.

People had their needs met and they were supported by the right amount of suitably skilled and experienced staff. Staff received training and supervision relevant to their role and responsibilities. Supervision sessions provided staff with an opportunity to discuss their work and any future training and development needs.

People's care and support needs were up to date and reviewed on a regular basis with the person or other appropriate people. People told us that the staff knew them well and provided them with the right care and support.

People who used the service and relevant others were provided with information about how to complain and they told us they would not be worried about complaining if they needed to. People were confident that their complaints would be listened to and acted upon. A record of complaints was maintained and this showed people's complaints had been acknowledged and dealt with in a timely way.

Summary of findings

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 safe.

Appropriate safeguarding procedures were followed to ensure people were protected from abuse and the risk of abuse. Staff knew the signs and indicators of abuse and potential abuse.

People were cared for by the right amount of suitably skilled and experienced staff.

Medication was safely managed and people received their prescribed medication at the correct time.

Good



Is the service effective?

Decisions made on behalf of people who lacked capacity were not always made in accordance with the law.

Some people's mealtime experience was unsupportive and disruptive.

Staff received training and support which was relevant to their role and responsibilities.

Good



Is the service caring?

The service was caring.

Staff were gentle and kind and they treated people with dignity.

People's choices were respected, listened to and acted upon.

Staff used a variety of techniques to reassure and comfort people who were anxious and upset.

Good



Is the service responsive?

The service was responsive.

People's care and support needs were well documented and met.

People were referred onto to other external health and social care professionals as and when needed.

People were provided with information about how to complain and they were confident that their complaints would be listened to and dealt with.

Good



Is the service well-led?

The service was well led.

There were effective systems in place to identify, assess and manage risks to people's health, safety and welfare.

People, staff and family members had confidence in the registered manager and the way they managed the service.

Incidents and accidents were appropriately recorded and the information was used to facilitate learning and minimise reoccurrences.

Good



Aaron Grange Care Home

Detailed findings

Background to this inspection

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

We visited the service on 01 September 2015. Our inspection was unannounced and the inspection team consisted of three adult social care inspectors.

We observed the care people received, met with all the people who used the service and spoke in detail with

eleven people. We also spoke with two family members and a visiting healthcare professional. We spoke with the registered manager, the area director for the service, nine members of staff who held various roles, including; care staff and ancillary staff. We looked at the care records for four people, recruitment and training records for five members of staff and records relating to the management of the service.

Before our inspection we reviewed the information we held about the service including notifications of incidents that the provider had sent us since the last inspection. We contacted local authorities who commission care at the service to obtain their views about it. They raised no concerns about the service.

Is the service safe?

Our findings

People told us they felt safe living at the service and they said they would tell someone if they were worried about anything. People's comments included; "Yes, I feel safe here. The staff are there for you if you need anything", "If I was worried I'd tell the [registered manager]" and "I feel very safe, not worried at all". A family member told us they had no concerns about their relative's safety.

At our last inspection in September 2014 we were concerned because the registered provider failed to follow appropriate safeguarding procedures when responding to allegations of abuse.

The registered provider sent us an action plan outlining how they would make improvements. At this visit we found the required improvements had been made.

Since our last inspection in September 2014 the registered manager had undertaken training to update their knowledge and understanding of the registered providers and the relevant local authorities safeguarding procedures. They reported all potential safeguarding matters onto the relevant local authority and awaited guidance from them before taking any action. Staff received safeguarding training annually and they had access to the registered providers safeguarding procedure and those set out by the relevant local authorities. Staff knew what was meant by abuse. They described the different types of abuse that may occur and they knew the signs and symptoms of abuse. Staff explained what they would do if they discovered abuse and we found this was in line with the relevant procedures. Staff said; "I wouldn't hesitate to report abuse" and "If I saw anyone being hurt I would stop it straight away and report it at once".

At our last inspection in September 2014 we were concerned because the registered provider failed to obtain appropriate information in respect of new staff prior to them starting work at the service. The registered provider sent us an action plan outlining how they would make improvements. At this visit we found the required improvements had been made.

Following our last inspection in September 2014 the registered provider carried out an audit (check) of staff files. They also strengthened their quality checks at the point of recruitment to ensure that the required recruitment records were obtained in respect of new staff prior to them

starting work at the service. We viewed recruitment records for five staff members, including records for three staff that had recently commenced work at the service. Appropriate information had been obtained for staff prior to them starting work at the service; including previous employment history, two references and a Disclosure and Barring (DBS) check.

Medicines were managed safely by authorised staff who had received medication training. There was a central medication room which was clean and tidy. It was kept locked when not in use and all medicines were stored within the room in locked cabinets which were secured to the wall. Where appropriate medicines such as creams and eye drops were stored in a refrigerator and they had been dated when opened. Daily temperatures of the medication room and the refrigerator were taken to ensure medicines remained effective. Records were maintained for all medicines received into the service, medicines destroyed and those returned to the pharmacist who supplied them. The records were signed by only one member of staff as opposed to two, which would reduce the risk of errors occurring. We discussed this with the registered manager and they assured that they would introduce a system which requires two staff to sign records of medicines destroyed and returned to the pharmacist.

The registered provider had a policy and procedure for managing medicines and it was displayed in the medication room along with other current guidance. Each person had a medication profile and a medication administration record (MAR). Medication profiles displayed a recent photograph of the person and detailed things such as; their GP contact details and any known allergies. MARs listed the persons prescribed medication and instructions for use, and medicines given had been appropriately signed for.

The registered provider had a range of procedures for ensuring people who used the service, staff and others were kept safe. Staff had access to the procedures and they had received annual training in topics of health and safety including, fire awareness, moving and handling and first aid. Emergency equipment was located across the service including firefighting equipment and first aid boxes, and staff knew where to locate them. However, the majority of

Is the service safe?

items in the first aid box kept in the medication room were out of date. We brought this to the attention of the registered manager who assured that the box would be removed and replaced with new.

Risks to people's health and wellbeing were assessed and methods to reduce the risk of harm or injury occurring were put in place to ensure people's safety was maintained. For example; care plans were in place for people who were at risk of falls, dehydration, malnutrition and developing pressure wounds. A family member told us that the number of falls their relative experienced had reduced significantly since moving into the service. Care plans instructed staff how to support people safely with their mobility. For example; people who were at risk of falls were observed closely as they walked around independently and staff used appropriate equipment to transfer people in and out of bed and chairs. Staff were aware of the risks people faced and they managed them in accordance with people's care plans.

People were cared for and supported by the right amount of suitably skilled and experienced staff. Staffing rotas which were drawn up and agreed in advance took account of people's needs and occupancy levels. Staffing rotas for a four week period prior to our inspection showed there had been a consistent amount of staff on duty during the day and night. Each shift was led by a suitably qualified and experienced member of staff and there was a system in place for calling upon a manager if staffing levels fell below requirements. The registered manager told us that were possible they did not use agency staff in the event of a shortfall in staffing. They said regular staff worked overtime

to cover any shortfalls so that people received care and support from staff that they were familiar with and knew their needs well. People who used the service and their family members raised no concerns about the staffing levels.

The registered provider had procedures for infection prevention control and staff had undertaken infection control training. Staff knew what their responsibilities were for maintaining a clean environment and ensuring safe infection control practices. For example, they used personal protective equipment (PPE) when providing people with personal care and serving food to minimise the spread of infection. There was a good stock of PPE which was easily accessible to staff. Hand cleanser/sanitizer and paper towels were provided in all toilets and bathrooms and hand washing instructions were displayed above all hand basins. There were bins situated around the service for the disposal of domestic and clinical waste and systems were in place to ensure all waste was safely removed from the service. Infection control audits (checks) were regularly carried out across the service and records of them were kept. Following a recent audit carried out by the local authority's community infection control team, the service achieved a gold certificate of excellence for achieving 98.65 per cent in infection prevention control.

Accidents and incidents which occurred at the service were documented and held within people's personalised care records. There was a system in place for reviewing such occurrences and this enabled the registered manager to identify, review and minimise risk.

Is the service effective?

Our findings

People told us they were happy with the care and support they received and they said the staff were good at their jobs. People's comments included; "The carers will do what we ask. They would never force us to do something we didn't want to do", "I get up and go to bed when it suits me, if I want to sleep then that's ok", "They [staff] know me well and do everything they need to", "They [staff] think of everything" and "They seem to know what they are doing". A family member told us that their relative had been well looked after at the service and that their health had improved significantly.

In one part of the service people's dining experience at lunch time was rushed and unsupportive. People were offered a choice of meal, including sandwiches with various fillings and cheese toasties with a side salad. A number of people appeared to have difficulties eating the cheese toasty, one person told us they could not eat it because it was 'too hard' and another person attempted to eat it with some difficulty and left it. Some people were offered an alternative to the cheese toasty; however there were a number of people who were not offered an alternative, despite other options being available. Some people ate very little of their meal and staff took it away from them without offering any encouragement or prompting. Staff collected dishes, wiped tables and brushed the floor in the dining room whilst people were still eating. This meant that people's overall experience during the mealtime was unsupportive and disruptive. We discussed this with the registered manager and they assured us that they would monitor meal times more closely to ensure people's mealtime experience was less rushed and appropriately supported.

Care plans were in place for people who were at risk of dehydration and malnutrition and were appropriate charts were used to monitor people's weight, food and fluid intake. Staff completed the charts as required and used them to help identify any concerns they had about people's diet. People were referred onto dieticians and nutritionists when a concern about their health was noted and staff maintained contact with them for advice and guidance.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty

Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivations of Liberty Safeguards (DoLS) are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken. The registered manager understood the process and their responsibilities for making appropriate applications if they considered a person was being deprived of their liberty. Applications had been made to the supervisory bodies in respect of a number of people who used the service and a DoLS authorisation. Staff described their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how this impacted on their day to day practice at the service. Staff gave examples of practices that may be considered restrictive and we saw policies were in place to guide staff. Staff obtained people's permission before they provided them with any care and support. We observed people being asked if they required support with personal care, medicines or if they wanted to join in with an organised activity.

The registered provider had introduced new agreement and consent forms which related to sharing of information, use of photographs, administration of medication and care and treatment. The forms were present in three of the six people's care files which we looked at. The registered manager told us that they were in the process of completing them for each person who used the service. Family members had been consulted about their relatives proposed care and support, and their views taken into account. Care plans did not contain any evidence of family members being granted a Lasting Power of Attorney (LPA), or have been appointed by the Court of Protection as a deputy, therefore they did not have legal authority to give consent on behalf of their relative who lacked capacity. We discussed this with the registered manager and they assured us that they would ensure that the principles of the MCA were followed when obtaining consent for people who lacked capacity in the decision making process.

People were supported as required to see external health and social care professionals. For example; visits were arranged for people to receive or attend appointments with their dentists, chiropodist and district nurses. Each person was registered with a local general practitioner (GP) and GPs were called upon when needed to attend to people.

Is the service effective?

Records were maintained of the contact people had with other services and they included details of any continuing care and support staff were required to provide. People told us that they got to see their GP when they needed to.

Staff had completed training relevant to their roles and responsibilities and the needs of the people who used the service. Staff told us they had completed an induction programme when they first started work at the service. During the induction staff were provided with an orientation of the environment, introduced to policies and procedures and they completed a range of training in mandatory topics. Staff shadowed more experienced staff for a period of time as part of their induction before being included in the staffing rota. A record of training completed

by staff and planned training was maintained. This showed that all staff had completed training or were due to attend training appropriate to the work they carried out. Mandatory training included topics such as fire awareness, infection control and safeguarding. Other more specialist training undertaken by staff included; diabetes and dementia care and end of life care.

Staff received appropriate support and supervision and they felt well supported in their role. The registered manager had provided each member of staff with regular one to one formal supervision sessions and an end of year performance and development review. These sessions provided staff with an opportunity to reflect on their work and plan any future training and development needs.

Is the service caring?

Our findings

People told us that staff were polite, kind and caring and that staff treated them with respect. People's comments included; "They are all very nice" "They can't do enough for me, very good", "the girls are very patient with me, I know I can be difficult at times". Family members and a visiting healthcare professional told us that staff were caring and patient.

At our last inspection in September 2014 we were concerned because people's dignity and independence was not always respected. The registered provider sent us an action plan outlining how they would make improvements. At this visit we found the required improvements had been made.

Following our last inspection in September 2014 the registered provider made a number of changes to the service to ensure staff fully promoted people's dignity and independence. This included additional training for staff around dignity and respect, more regular checks on staff practice and the purchase of more suitable equipment for serving meals.

The atmosphere at the service was calm and relaxed. People who chose to get up before breakfast were made comfortable in the lounge areas and offered hot drinks. People were assisted to the dining room and breakfast was served to them in a timely and dignified way. Staff approached people individually and offered them a choice of food and drink for breakfast. There were a number of people sat at the dining table in their wheelchairs, however this was in accordance with their needs and wishes. For example, one person told us that they preferred to sit at the table in their wheelchair and eat their meals because they felt more comfortable. Care records for another person showed that they remained in their wheelchair at meal times for their safety. Staff served meals and drinks to people who chose to stay in their rooms and they spent time chatting with them and ensured they were comfortable.

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. Staff understood the importance of ensuring people's privacy and dignity was respected. When staff entered lounges, they enquired after people and made sure they had

everything they needed. Staff knocked on bedroom and bathroom doors and waited for a response before they entered. People received personal care in the privacy of their bedroom and bathrooms.

Each person had their own bedroom which they were encouraged to personalise, for example with ornaments, family photographs and plants. The service provided people with a selection of furniture, bed linen and towels and it was all of a good standard and neatly laundered. Some people preferred to use items of furniture, bedding and towels which they purchased themselves and staff fully supported and encouraged this. People were dressed in clothes appropriate for the time of year. People told us that they chose what clothes they wore each day and that they were happy with the laundry service. One person said, "My clothes are always nicely washed and ironed and I get them back quickly".

Staff approached people in a gentle and patient way and they quickly responded to people's requests. Staff sat close to people when talking with them and the conversations which took place showed staff knew people well. People who used the service and staff shared banter and people's reactions showed that they enjoyed it. One person said; "A bit of laughter brightens up my day".

Staff used a number of techniques to help reassure people who were upset and anxious. For example, a member of staff sat close to one person took hold of their hand and stroked it gently and this quickly settled the person. Another member of staff settled a person by engaging in conversation with them about their family.

We observed that visitors were welcomed and offered refreshments. There were quiet private areas where people and their visitors could go, other than the person's own bedroom, to enable them to have conversations without being overheard.

People who used the service and their family members were provided with information about the service. Information included the aims and objectives services and facilities available and details about the registered provider, the registered manager and staff. There was clear information about what people should expect from the service and guidance on how they could raise any comments if they wished to.

Is the service responsive?

Our findings

People told us they received all the care and support they needed. People's comments included; "They [staff] are always there when I need them", "I never have to wait long" and "The girls are really good and they make sure I am well looked after". A family member told us that their relative was provided with very good care.

Each person had a care plan for their assessed needs. Care plans clearly identified the area of need and instructed staff on how best to meet them. Care plans detailed people's preferences and wishes; for example; preferred routines and gender of carer. Care plans also included the level and type of assistance people needed, such as number of carers to assist with their mobility and aids to help people communicate effectively. A document titled 'This is me' was completed and held in people's care files alongside their care plans. The document included important information about the person such as their likes and dislikes, life history and things of importance.

A daily record was maintained for each person who used the service. The records detailed the care and support people were offered and received on a daily basis and helped staff to monitor, review and plan people's care. The records showed that people had received the right care and support and that staff responded appropriately to any concerns they had about people's health or wellbeing. Care plans had been reviewed on a monthly basis with the person's involvement and where appropriate the involvement of relevant others. This helped to ensure the information remained up to date and reflected changes in people's needs and it enabled people to give their view on the quality of care and support they received.

People were referred onto to other external health and social care professionals as and when needed and staff worked alongside them to make sure people were provided with the care and support they needed to promote their health and wellbeing. For example, people

attended appointments with their GP, dentist, optician and chiropodist as well as more specialist appointments with memory clinics, social workers and community nurses. Appointments were arranged in accordance with people's needs, for example, either at the service or at surgeries and clinics in the local community.

Some parts of the environment aided the orientation of people living with dementia. For example, pictorial signs were used to identify toilets and bathrooms and pictures and symbols were used around the service to inform people about things such as planned activities and the complaints process. There was also a board displayed on the walls in the main corridors which showed the current time and date. The registered manager had researched dementia friendly environments and was working with the registered provider on plans to further develop the environment to make it more accessible for people living with dementia.

The service had an activities co coordinator who was responsible for planning and facilitating a range of activities for people who used the service. The activities co coordinator told us they had recently taken up the post and was in the process of getting to know people's hobbies and interests. Activities which people had had the opportunity to take part in included foot spas, hand and nail massage, puzzles, chair exercises, dominoes, craft mornings, washing day, cake decorating, parachute exercises and karaoke. People told us they were satisfied with the range of activities available to them.

The registered provider had a complaints procedure which was made available to people who used the service and others. Copies of the procedure were displayed around the service including the reception area near to the main entrance. The registered manager maintained a record of complaints and these showed complaints were dealt with in line with the registered provider's procedure. People told us they would complain if they needed to and they were confident that they would be listened to.

Is the service well-led?

Our findings

People told us they thought the service was well managed. Their comments about the registered manager included; “She’s very good”, “and “I only have to ask for her and she will come”.

At our last inspection in September 2014 we were concerned because the systems in place to identify, assess and manage risks to the health, safety and welfare of people were ineffective.

The registered provider sent us an action plan outlining how they would make improvements. At this visit we found the required improvements had been made.

There were a variety of systems in place to assess the quality of the service, including audits (checks) carried out by the registered manager, the deputy manager and senior staff. Care planning, staff records, the environment, medication and health and safety were amongst the audits carried out. Audit tools clearly identified what areas had been checked, required improvements and who was responsible for any actions and the timescales for completion. The area director visited the service on a regular basis to ensure audits had been completed at the required intervals and to ensure that they were effective. The area director had also undertaken checks to ensure actions from previous audits had been completed within the required timescales.

Staff were familiar with the management structure of the service and their lines of accountability. They said there was an open culture and that they felt at ease speaking with the registered manager and the registered provider. The registered provider had a whistle blowing policy which staff were familiar with. Staff told us they would not be afraid to speak up and report any concerns they had about the service. They told us they were sure that their concerns would be dealt with in confidence.

Staff told us they thought the service was managed very well and that the registered manager had made a number of improvements to the service since their appointment.

Staff comments included; “She is a good manager and listens to what we have to say”, “Things are definitely better organised, I think we are moving forward”, “We have meetings every three months now and regular supervisions and it hasn’t always been that way. Family members and visiting healthcare professionals spoke positively about the registered manager and the way she managed the service. They said the registered manager was easy to talk to and very helpful.

Staff worked in partnership with other organisations. The service worked closely with health and social care specialists such as the community mental health team, dieticians and the falls prevention team to improve the well-being of people who used the service. People’s care files contained letters from external health professionals that reported on their findings with actions for the service to take. Care records evidenced staff acted appropriately upon the advice given.

There was a system in place for recording and monitoring accidents and incidents. Incidents were recorded appropriately and reported through the provider’s quality assurance system. This enabled the provider to monitor incidents, identify any trends and learn to avoid future occurrences. The registered manager had notified CQC promptly of significant events which had occurred at the service. This enabled us to decide if the service had acted appropriately to ensure people were protected against the risk of inappropriate and unsafe care.

The registered manager facilitated regular staff meetings for all staff. The meetings were recorded and the minutes were made available to staff who were unable to attend. Staff comments included; “We have regular meetings when we can discuss things openly” “Staff meetings are a lot more regular than they used to be and they give us the opportunity to voice our thoughts and opinions” and “It is great that we have meetings as we can share things as a team”. Visiting healthcare professionals told us that they thought the leadership of the service was good and they reported good morale amongst the staff team.