

Avery Homes (Nelson) Limited

# Aran Court Care Home

## Inspection report

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Date of inspection visit:  
25 April 2019  
30 April 2019

Date of publication:  
13 June 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service:

Aran Court is a 'care home' that is registered to provide nursing or personal care to up to 86 people. There were 49 people living at the home on the days of the inspection.

People's experience of using this service:

Since the last inspection in November 2017 there had been a change in the management team and a new registered manager had been appointed. We found some improvements had been made to address the areas we identified as requiring improvement, however this inspection found further improvements were needed. For example, we found improvements could be made in some records and in the unit for people living with dementia to support people's orientation. We also found that people's access to information could be improved and dining experience could be improved to better support people make informed choices.

People were supported by staff to stay safe and who treated them with respect and dignity and encouraged them to maintain their independence.

People were supported to receive their medicines as required to support their wellbeing, however improvements could be made to ensure times were recorded where appropriate.

People's consent was sought before providing support. However, staff we spoke with were not clear about their role and responsibilities with regards to DoLS and what this meant for individual people.

Staff received training that was appropriate to them in their role and supported them in providing care in the way people wanted.

Staff liaised with other health care professionals to meet people's health needs and support their wellbeing and provided care in the way that people preferred, and people felt able to raise any concerns they may have with staff.

People gave mixed feedback about the meals provided and felt the menu could be improved to better reflect people's preferences.

People, relatives and staff all told us there had been an improvement in the activities provided and we saw people enjoyed a range of activities.

The provider had quality assurance systems in place and we saw where action had been taken to make improvements. The provider noted these improvements but acknowledged that further improvement was needed.

Staff felt supported and said they could talk to management and felt confident any concerns would be acted on promptly.

People, relatives and staff spoke of improvement within the service since the last inspection. The provider had a home improvement plan in place to develop the service further and they worked in partnership and collaboration with other key organisations to support care provision.

Rating at last inspection:

At the last inspection we rated Aran Court as 'Requires Improvement' (report published 21 April 2018). At this inspection the overall rating has remained as 'Requires Improvement.'

Why we inspected:

This was a planned inspection based on the rating at the last inspection. Prior to the inspection we received some concerns about the way in which the home was managed. These concerns were addressed as part of the inspection.

Enforcement:

Full information about CQC's regulatory response to the more serious concerns found in inspections is added to reports after any representations and appeals have been concluded.

Follow up:

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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.

### Is the service effective?

Requires Improvement ●

The service was not always effective

### Is the service caring?

Good ●

The service was caring.

### Is the service responsive?

Good ●

The service was responsive.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led

# Aran Court Care Home

## Detailed findings

### Background to this inspection

#### The 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.

#### Inspection team

The inspection team consisted of one inspector, a specialist professional advisor and two Experts by Experience. The specialist professional advisor on this inspection was someone who had nursing expertise. An Expert by Experience is someone who has had experience of working with this type of service.

#### Service and service type

Aran Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced and took place on 25 April 2019. We agreed with the registered manager to return and complete the inspection on 30 April 2019, when the inspection team consisted of one inspector.

#### What we did:

We used information the provider sent to us in the Provider Information return (PIR). This is information we require providers to send to us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public.

During the inspection, we spoke with eight people using the service and seven relatives to ask about their experience of care. We spoke with the regional manager, the registered manager and one of the providers

project managers who was working at the home at the time of the inspection. We also spoke to the deputy manager, two nurses, one senior carer, four care staff, the chef, the head of housekeeping staff and a laundry assistant.

We looked at the care records for seven people, two staff employment related records and records relating to the quality and management of the service. Details are in the Key Questions below.

# Is the service safe?

## Our findings

At our last inspection in November 2017 in the key question of "Safe" we rated it as "Requires Improvement." Following this inspection and the improvements we found, we have changed the rating to "Good."

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

People were safe and protected from avoidable harm. Legal requirements were met

Staffing and recruitment:

- People and staff we spoke with felt there was enough staff employed at the home to keep people safe. We saw staff responded to people's requests for support in a timely way during the inspection.
- The provider had taken actions so that staff had been recruited safely to ensure they were suitable to work with people.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and all the staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse.
- Staff confirmed the provider had a whistleblowing policy in place.

Assessing risk, safety monitoring and management:

- People were supported by staff who were aware of the risks to them on a daily basis. People told us of the safety measures in place to support them and one relative commented, "Its safe here. I'm able to go away on holiday and not worry about [family members name]."

Using medicines safely:

- Improvements had been made since the last inspection and people who received help with their medicines told us they received their medicines on time and as prescribed.
- We found that insulin records could be improved to record the time that insulin was given. We discussed this with the management team who said that this would be addressed immediately following the inspection.
- Medicine records were checked by the management team and action taken when any errors, for example, missed signatures, were found.

Preventing and controlling infection:

- Overall the home was clean, and we saw staff used protective equipment such as gloves and aprons. Staff told us at protective equipment was available to them but there had been issues on with stock running out on occasions. We discussed this with the provider who advised that additional stock was always available from the home's sister home (located next door).

Learning lessons when things go wrong:

- The registered manager completed records to monitor any accidents and incidents and to look for actions

needed to reduce the likelihood of events happening again. A copy of the record was also sent to the provider's regional manager for information and to assess the actions taken by the home and any lessons learnt.

- There was shared learning across the providers' homes at manager meetings and information shared via the home's computer system.



# Is the service effective?

## Our findings

At our last inspection in November 2017 in the key question of "Effective" we rated it as "Requires Improvement." Following this inspection, we found some improvements had been made but further improvements were still required. The rating remains "Requires Improvement."

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- 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 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).
- People were supported by staff who had received training in the MCA, however, staff we spoke with were not clear about their role and responsibilities with regards to DoLS and what this meant for individual people. We spoke to the provider's project manager about this; they advised that further staff training formed part of the action plan for improvements at the home and training was due to be arranged.
- The registered manager was aware of their responsibilities regarding the Deprivation of Liberty Safeguards (DoLS) and applications had been submitted where they had assessed that people were potentially receiving care that restricted their liberty. The management team had an online record of the authorisations in place. However, the service would benefit from having a process of information showing the expiry date of any authorisations along with those with any conditions in place that was easily accessible to all staff.

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

- We received mixed feedback about the choice of food provided. Although people said a choice was available to them, they said the menu was 'modern' and they would appreciate a more traditional menu. We spoke to the chef about this and by the second day of the inspection they had introduced a new process whereby they would visit each person to discuss the menu and ask for suggestions on any changes they would like to see.
- We saw that the dining experience could be improved for people. On the first day of the inspection, it was good to see that people were offered a visual choice of the meals available, however, people were not advised by staff of what the meals were. This meant that some people made choices that they then didn't enjoy. For example, one person chose a vegetarian meal, they told us they didn't know it was the vegetarian

option and would have preferred the meat dish. We spoke to the management team about this and on the second day of the inspection we saw improvements with people being advised of the choices, so they could make a more informed choice.

- People were supported to receive meals which met their dietary requirements, this included the texture they needed to reduce the risk of choking.

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

- We looked at how people's individual needs were met by the design and decoration of the home. The home was clean and tidy and well-furnished, and people had personalised rooms reflecting their interests and likes. However, we found improvements could be made in the unit for people living with dementia to support people's orientation. We noted that the provider was due to introduce its dementia programme at the home, which included an object rich environment and new signage. However, at the time of our inspection the full programme was not in place.

Ensuring consent to care and treatment in line with law and guidance

- We observed staff sought people's consent before providing care and people told us that staff respected their choices. One person commented, "Of course they ask me before they do anything." Another person commented, "I have a preferred way for them to access me and they follow what I ask them to do."

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed, they were supported through training and guidance to provide effective care for people. Staff were able to give examples of how training had impacted on the care they provided.
- Staff said they were well supported in their roles. Staff told us improvements had been made in the support to staff under the new management team and said they were able to discuss any concerns, progress or changing needs with the nurse, senior carers or management team.

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

- Staff were able to tell us of the healthcare needs of the people they supported, and they knew when to contact outside assistance. People told us they had been supported to see healthcare professionals such as the GP, dentist and optician.

# Is the service caring?

## Our findings

At our last inspection in November 2017 in the key question of "Caring" we rated it as "Requires Improvement." Following this inspection and the improvements found we have changed the rating to "Good."

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People we spoke with said they were treated with kindness. People gave positive feedback about the caring approach of staff. One person told us, "The staff are great. They are kind, caring and respectful."
- Relatives told us people had developed good relationships with staff. One relative said, "Staff love [family members name] and [family member's name] loves them!"
- Staff told us they enjoyed working with the people they supported. One member of staff said, "I enjoy working here. It's a happy home to work in and I would let a relative live here, [there's] no higher recommendation than that."
- Staff spoken with respected people's individuality and diversity. Care files contained information about people's personal histories and people's preferences, so staff could consider people's individual needs when delivering their care.

Supporting people to express their views and be involved in making decisions about their care:

- People said they felt listened to and made choices about their day-to-day care. One person commented, "I'm involved with my care. I'm always in conversations with the home about my care."
- Where people were not able to verbally communicate their needs and choices staff used their knowledge about the person to understand their way of communicating. One relative commented, "The staff understand [family member's name] they are very good."
- A Resident of the day system had recently been introduced, so each person had opportunity to discuss their care and menu choices etc.
- Although people told us they felt involved in their care, we found care records could be improved to clearly show people's inclusion and involvement. This was acknowledged by the provider.

Respecting and promoting people's privacy, dignity and independence:

- People told us they were treated with dignity and respect. One person said, "They [staff] are definitely respectful. When they are doing personal care, they keep me covered. They also make sure that the doors are closed."
- Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy, for example by always knocking people's door before entered. This was confirmed by people we spoke to. One person said, "Everyone [staff] always knocks before they come into my room even though tell them they don't need to."

- People told us that staff promoted their independence. For example, one person told us how staff encouraged them to walk with their walking aid in order to 'keep mobile.'

# Is the service responsive?

## Our findings

At our last inspection in November 2017 in the key question of "Caring" we rated it as "Requires Improvement." Following this inspection and the improvements found we have changed the rating to "Good."

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People, relatives and staff all told us there had been an improvement in the activities provided. One person said, "We have a lot more entertainment, which is a very good improvement. I enjoy the concerts that we have now. They brought some ponies for us recently. I wanted the ponies to stay here."
- People told us they enjoyed a range of activities and we saw the provider employed a wellbeing advisor who lead on activities within the home. One person commented, "We have a lot of entertainment, which is a very good improvement." Another person said, "We have started a choir, I suggested that."
- We noted that the provider was due to introduce its dementia programme at the home. As part of the programme we saw that some people had Life story boards in place which contained information on their life history and images of things that were important to them. However, at the time of our inspection the full programme was not in place.
- Care plans were updated and reviewed as required and information was shared as people's needs changed, so that people would continue to receive the right care. This included information in the staff handover. However, we did note there was an inconsistency handover information across the homes two units. We spoke the provider who advised a new handover form was in the process of being introduced that would address this issue.
- People and relatives confirmed that staff knew people's preferences. One relative said, "They [staff] know [person's name] and what they like."

Improving care quality in response to complaints or concerns:

- People and relatives told us they knew how they would complain about the care if they needed to. People told us they had not made any complaints, but if they had a concern they were happy to speak to staff. One person said, "I would tell them if I didn't like something."
- We saw that where complaints had been received these had been investigated and the outcome recorded. The provider had a complaints policy in place and said the regional manager looked at any complaints received to assess if action could be taken to prevent further occurrences.

End of life care and support.

- We saw that plans were in place to support people at the end of their life to receive the care they wanted. Staff we spoke with were aware of those people receiving end of life care and what this meant for them. The registered manager advised that families were involved and people's future decisions had been recorded.

# Is the service well-led?

## Our findings

### Our findings

At our last inspection in November 2017 in the key question of "Well led" we rated it as "Requires Improvement." Following this inspection, we found improvements were still required and the rating remains "Requires Improvement."

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care:

- Since the last inspection there had been two changes in the management team at the home. People, relatives and staff commented that since the current management team had been in place improvements had been made, however further improvements were still required, for example, menu choices, consistency of care plans and handover information.
- On the first day of the inspection the inspection team were given access to the home without staff checking the purpose of our visit. When we spoke with people the majority told us they felt safe; however, two people told us they felt there should be better security when admitting people to the home. We spoke to the provider about this we saw they had taken steps to make access more secure and that a receptionist was normally in place, however they acknowledged that security could have been better managed on the day of the inspection and that this would be addressed with staff immediately following the inspection.
- We looked at information made available by the provider to support people and signpost them to other services to see if this information was accessible to the people that use the service. We saw some information such as the daily menu and the activities schedule could be improved by being provided in larger print or in a pictorial form. We discussed this with the provider who advised that this previously been identified and planned to produce information in more accessible formats.
- The provider had quality assurance systems in place and we saw where action had been taken to make improvements. Areas identified for improvements formed part of the provider's improvement plan.
- The provider acknowledged that further improvements were required, to this end they had introduced a transformation group, which consisted of staff from all departments and levels from within the home. The purpose of the group was to discuss any agree any changes. The group had started two weeks prior to the inspection, two staff we spoke with spoke very positively about this change.
- The registered manager reported key events to the provider, such as accidents and incidents, so the provider could be assured people were receiving good care.
- Throughout the inspection the management team were open to the findings of the inspection and actions were taken to make some changes, for example, meal choices were explained to people on the second day of the inspection.
- The provider submitted a Provider Information return (PIR). prior to the inspection giving us some key information about the service. This showed the provider had assessed what the service does well and

improvements they plan to make. For example, plans to introduce dementia champions [a dedicated member of staff to act as a point of information for other staff] along with dignity, nutritional, and diversity and equality champions.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff told us under the new management team and with the introduction of the transformation group they felt listened to and that management team were approachable and supportive.
- On the day of our visit the registered manager interacted in a relaxed and caring way with people living in the home and took time to re-assure people when they raised any queries.
- The provider and registered manager held meetings to review the running of the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had a residents committee in place and one person told us they were the chairperson of the committee. This enabled them to take any feedback or suggestions from people living at the home to the management team.
- Staff told us and we saw records of staff meetings held to share information and provide an opportunity for staff to feedback their views and suggestions.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Staff were supported to understand their roles through regular supervision meetings.
- There was a clear staffing structure and staff were clear on their role and who to report any comments or concerns to.
- The latest CQC inspection report rating was on display in the reception of the home and on the provider's website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Working in partnership with others

- Health professionals we spoke with felt there was a positive working relationship between the registered manager and themselves. One health professional told us they felt improvements had been made with the current management team and communication had improved.
- The service worked in partnership and collaboration with other key organisations to support care provision. We saw the provider had planned a coffee morning for local emergency service staff, for example paramedics, to encourage good communication and relationships.
- The service also looked to develop community links, for example, we saw a links to a local school and local churches. The home had a minibus to support people with community trips.