

# Abbey Healthcare (Aaron Court) Limited

## Aaron Court

### 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	

# Summary of findings

## Overall summary

### About the service

Aaron Court is a care home providing personal and nursing care to 91 people across four floors, each of which has separate adapted facilities. At the time of the inspection visit 57 people were using the service.

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

The provider had made the required improvements to the quality of care and people's safety. People told us they received their medicines as prescribed. Improvements were evident in relation to the management, storage and administration of medicines. Care plans provided clear guidance for staff to support people with their medicines. Where protocols for medicines to be administered as required were missing this was addressed by the registered manager.

People felt safe because risks associated to their health, safety and welfare were assessed, managed and monitored. Care plans provided clear guidance for staff to follow to meet people's needs and staff used equipment to promote people's safety.

People told us they felt safe. Systems and processes were in place to promote people's safety. Staff recruitment procedures were followed, and all necessary pre-employment checks were carried out. Staff were trained in safeguarding procedures and knew how to raise concerns. Safeguarding procedures were followed when people's safety was of concern by reporting concerns to the relevant agencies. Infection control was maintained to a good standard and people were protected from the risk of the spread of infection.

People told us their needs were met by staff. Some people and staff felt staffing numbers could be better, but no one had expressed concerns to the registered manager about this. The registered manager confirmed the use of agency staff had reduced following appointment of permanent care staff, nurses and ancillary staff.

Improvements were found to staff training. All staff received an induction and ongoing training for their role. Staff training was monitored to ensure their skills and knowledge was kept up to date and their competency was checked regularly. Nurses accessed clinical training and support to meet people's nursing care needs. Staff were supervised and supported in their roles.

People were provided with enough to eat and drink. People's dietary needs were mostly met to ensure risks were managed and to maintain good health. Menus were being reviewed to ensure people's food preferences and cultural diets were reflected and alternatives were suitable. Observations of the dining experience was positive with examples of staff being attentive, kind and encouraging people who needed support to eat and drink.

People were supported to access a wide range of healthcare support. Staff worked with health professionals

to meet people's ongoing health needs and supported to attend routine health checks. Procedures were followed to ensure people had the opportunity to express their wishes in relation to end of life care.

People's needs were assessed thoroughly and in good detail. People's desired outcomes and wishes were documented in their care plans which included how any health conditions impacted on their daily life and the level of support required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's capacity, any authorisations to deprive people's liberty and best interest decisions were kept under review and monitored.

People lived in an environment that was welcoming and homely. The provider had already started to make improvements to the environment. Some new furniture and furnishings were in place to create areas of interest. Further improvements included sensory stimulation which could be accessed easily especially for people living with dementia.

People received care from kind and caring staff and had developed good relationships with them. People's privacy and dignity was maintained. Individual rooms with full en-suite facilities also promoted people's privacy and independence.

People received care that was responsive to their needs. Improvements were made to ensure care provided was person-centred. People were involved in the planning and reviewing of their care. Care plans contained a good level of detail about individual preferences, wishes and diverse needs were captured so staff knew how people wished to be supported.

People knew how to complain and raise concerns and were listened to. People had opportunities to express their views about the service. For example, a board entitled 'You said & We did' showed the actions taken in response to feedback from people. Results from the surveys were shared with people and relatives which showed action was being taken in response to feedback.

The service had two registered managers and they understood their legal responsibilities. The provider's quality assurance and governance systems were being used effectively to monitor the quality of the service and to drive improvements. Systems were in place to support staff in their roles. People, their relatives, health professionals and staff felt the registered manager on duty was approachable and acted on concerns. Lessons were learnt when things went wrong.

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

#### Rating at last inspection

The last rating for this service was requires improvement (published 24 January 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## 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.

Details are in our safe findings below.

Good 

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

Good 

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

Good 

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

Good 

### **Is the service well-led?**

The service was well-led.

Details are in our well-Led findings below.

Good 

# Aaron Court

## Detailed findings

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

The inspection was undertaken by four inspectors, a specialist nurse advisor and an Expert by Experience. The specialist nurse advisor had experience of working and caring for people who required nursing care. The Expert by Experience had personal experience of caring for someone living with dementia.

### Service and service type

Aaron 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. The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed the information we had about the service. This included notifications and the action plan following the last inspection. A notification is information about important events the service is required to send us by law. The action plan set out how the provider planned to make the improvements to meet the regulations.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used the information in the provider sent to us in the Provider

## Information Return.

We sought feedback from the local authority and professionals who work with the service and Healthwatch. 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 all of this information to plan our inspection and make judgements in this report.

### During the inspection

We spoke with 12 people who used the service and five relatives about their experience of the care provided. We also spoke with an independent 'paid person's representative whose role was to ensure the needs of people who lack capacity are being met. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 15 members of staff including the registered manager, the deputy manager, two nurses, two care workers, the occupational therapist, two activities staff, the house-keeping staff, the chef and two maintenance staff member. We spoke with the nominated individual, referred to as the provider in this report, who has responsibility to supervise and monitor the management team of the service on behalf of the provider.

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at seven staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and outcomes of incidents and safeguarding investigations.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to ensure robust assessments to manage risks relating to people's health safety and welfare. The medicines management and administration system were not safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people were assessed, monitored and reviewed regularly to ensure plans to reduce risks remained appropriate. They included risks such as their risk of falls or risk of choking and considered people's capacity to make informed decisions, so any decisions made were in their best interests.
- A person said, "I have never fallen over and can walk with a stick, I do get dizzy, but it is being treated." A relative said, "Staff are fabulous, they lift [them] safely and are very patient. There are always two carers. [Name] can be aggressive and sometimes a third carer will be there to talk to [Name] and calm them down. [Name] has a pressure sore and is moved every two hours. Staff use a hoist to lift [them] from the bed or from the wheelchair."
- Staff understood the support people required to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. Equipment such as room or floor sensors were in place to alert staff if a person at risk of falls had got out of bed or at risk of moving around in their bedroom unaided. This enabled staff to respond to the person without restricting their freedom of movement. One care plan lacked guidance on how staff should support a person when their behaviours were challenging to prevent further risks to themselves or others. The registered manager addressed this immediately by updating the care plan with the relevant guidance.
- Emergency evacuation plans were in place to ensure people and staff knew how to leave the premises safely in the event of a fire. Regular servicing and maintenance of fire systems and equipment within the home was carried out, which contributed to people's safety.
- People told us medicines were administered as prescribed. They said, "My medicines are given one before and one after [meal times]" and "The nurse gives them to me. I see the nurse jot it all down [completes the medication administration record (MAR)]."
- Staff were trained to administer medicines and their competency was checked regularly. Staff followed the safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff were observed to administer medicines in the correct way and signed the MAR records to confirm the medicine was taken. People's records had guidance about the level of support people required with their medicines. Staff recognised the signs and behaviours displayed when people who were unable to verbalise

when they felt pain or discomfort. This was consistent with the information in people's care plans. Advice was sought from the pharmacist and best interest decisions were completed where medicines needed to be administered disguised in a drink. This showed staff followed guidance to support people with their medicines.

- Some improvements were needed. For example, gaps and missing signatures were found in the MARs in relation to application topical creams and some protocols for medicines administered as required were not in place. The registered manager was made aware of this. Following the inspection visit the registered manager confirmed these issues had been addressed and weekly checks were in place to monitor this.

#### Staffing

At our last inspection the provider had not ensured the staffing numbers and their skill mix were adequately calculated and monitored to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Most people told us there were enough staff to meet their needs. We received mixed comments about staffing levels although no one expressed concerns that their needs were not met. One person said, "If someone is ill or has fallen down then there are enough staff for a crisis. Staff will come from another floor to help. I use the buzzer each evening and staff come immediately." A relative told us staff were visible and regularly checked on their family member who was nursed in bed and unable to use the call bell for assistance.
- Staff had mixed views about the staffing numbers. They said, "Not enough staff at times; we start off with three then frequently one is taken away to support another unit." And "I am swapped to work on different units and I don't even know people's names, I have to keep asking staff which is embarrassing."
- The registered manager explained staffing numbers were based on people's needs, skill mix and the number of staff required to support people. The use of agency staff had reduced following appointment of permanent care staff, nurses and ancillary staff, and on occasions when staff were required to support people on another floor, for example, in an emergency, as observed on the day. No one had expressed concerns to them about the staffing, but they assured us they would monitor to make sure people's needs were being met without delay.

#### Recruitment

- The provider had followed safe staff recruitment procedures. Staff files contained evidence of a Disclosure and Barring (DBS) check, references obtained, and the professional registration of nurses was confirmed with the Nursing and Midwifery Council (NMC) before they started work.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments received from people and relatives, "Yes I feel safe. I am amazed and content with staff behaviour. They treat me and other people well including some difficult residents." And, "Staff check [Name] to see that they are kept safe. [Name] wanders about safely."
- Staff had completed safeguarding training. Staff told us they knew how to report any concerns and were confident they would be properly dealt with by the registered manager.
- The provider had a safeguarding policy, procedure and systems in place to protect people from avoidable harm and abuse. Records showed the local safeguarding protocols were followed when concerns were reported about people's safety and appropriate action was taken.

#### Preventing and controlling infection

- Aaron Court was clean and tidy. Staff followed good hygiene practices such as hand washing techniques and used disposable gloves and aprons. Staff had completed training on infection control and posters were displayed to remind all about good hand hygiene practices to follow.
- House-keeping staff followed the cleaning protocols and had a sufficient supply of cleaning products. The cleanliness and hygiene of the service was monitored through regular checks and audits.

#### Learning lessons when things go wrong

- Incidents and accidents were reported on a database. This meant the provider and the registered manager were able to identify any trends and act when needed.
- The registered manager shared examples of lessons learnt and the changes that had been made. These included daily checks on people's weights, monitoring the intake of food and drink for people with known risks and the cleanliness of the service.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

### Staff support: induction, training, skills and experience

At our last inspection the provider did not ensure staff were trained and supported in their role. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff told us they had completed training for their role and their competency had been assessed. A staff member had completed the care certificate standards and dementia awareness which gave them a good insight and awareness of how dementia affects people in different ways and their role in support them.
- The induction and training deemed essential by the provider were in line with nationally recognised best practice. Improvements were noted in the staff training which covered topics such as safeguarding and health and safety. Staff received specific training for their role which included falls prevention, and clinical training for catheterisation and continence promotion, and pressure care management.
- People and relatives were confident staff were trained. They said, "Staff can do the job. Some of the youngsters need time to learn." And, "I think staff have the skills but sometimes don't always work as a team." Staff were observed supporting people effectively, for example, two staff used the hoist correctly and safely to move a person.
- The system to support staff had improved. Staff received regular supervisions and attended meetings. This helped staff to be aware of changes to the service, discuss their training needs and any issues regarding their work.

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

- People's needs were assessed to ensure the service was able to meet their needs. People and their relatives had been involved in the assessment process to support a person-centred approach to care planning.
- Staff showed awareness of people's needs and confirmed they read the assessments and care plan. Assessments were comprehensive and reflective of the Equality Act as they considered people's individual needs, cultural, age and disability so staff could meet these. Information about people's health condition such as dementia and Parkinson's had been documented and described how the condition impacted on their daily life and the support required. There was evidence of best practice guidance being used effectively.

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

- People told us they enjoyed the food provided. They said, "The food is alright here, it's wonderful." And "The quality varies, choice is there but it can be repetitive. It's warm and fresh. This Sunday for breakfast I asked for a fried egg and black pudding and got it." People were encouraged to eat together in the dining room and were supported as required. Salt and pepper pots were on tables, so people could help themselves but not gravy boats. The registered manager confirmed these items had been ordered but had not arrived.
- Cultural diets had been identified but were not fully met as menus were not reflective of people's food preference. A person enjoyed Asian meals and relied on family to bring home cooked meals in for them. The registered manager confirmed the menus were being reviewed with people to ensure individual preferences, cultural diets and alternatives were made available.
- People's care plans provided clear guidance for staff to support people to have sufficient to eat and drink. For example, a person at risk of choking had their food cut into small pieces consistent with their risk assessment. Monitoring of food and fluid intake was carried out, checked and action taken where people were at risk of dehydration or malnutrition.
- Catering staff were provided with up to date information about people's dietary needs. They prepared a range of meals suitable for people with diabetes, food intolerances and fortified diets to promote health.

### Staff working with other agencies to provide consistent, effective, timely care

- People continued to access health care services as needed. A person told us the district nurse visited regularly to meet their ongoing health care needs. A relative said, "The GP has seen [Name] for little odd things. The home has sorted out their new glasses and hearing aids." Records confirmed people were seen as required by the GP, podiatrists, chiropodists, specialist nurses and social workers.
- The nurses, care staff and the occupational therapist worked well together. They were vigilant to changes in people's needs and responsive to advice was sought from health care professionals.
- People's records included a 'hospital passport' which provided important information about their health care needs and how these were to be met. This ensured people received co-ordinated and person-centred care, to achieve the best outcomes for people. Staff were observed to be responsive and provided coordinated care and used the hospital passport when paramedics were called for a medical emergency. This supported the feedback we received from health care professional. They told us staff were effective, responsive and provided coordinated care to promote people's health.

### Supporting people to live healthier lives, access healthcare services and support

- People's care plans provided clear guidance for staff to provide effective and timely support, such as monitoring people's oral hygiene and when a GP support be contacted. For example, a person's care plan stated staff were to seek medical advice if a person's blood sugar levels were not maintained over a specific period. Another person nursed in bed was re-positioned at regular intervals to reduce the risk of further deterioration of pressure ulcers. Their care records showed the person was responding well to treatment.
- People's health care needs were kept under review and referrals were made when people's health was of concern. For example, a staff member had identified weight loss for a number of people over a period of three weeks and had contacted each person's GP to alert them, so any health care implications could be reviewed and acted on.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The service continued to work within the principles of the MCA. Authorisations and any conditions to deprive people of their liberty had been met and were kept under review. These were monitored by an independent 'paid person's representative (PPR). A PPR who was at the service, told us they were meeting with a person who was subject to a DoLS. They had reviewed the records and were assured the conditions were met.
- People told us staff provided care and support with their permission. A person said, "My daily choices will depend on how well I am. I can cope at the moment; I can dress and wash. Staff do ask before helping me."
- Staff were trained in MCA and understood how to present information, so people could make daily decisions about their care.
- People's capacity to make informed decisions about all aspects of their care had been assessed. Best interest meetings were held for individual decisions where a person was unable to make decisions for themselves. For example, a best interests' decision was made when a person should be given their medicines 'covertly' without their knowledge and disguised in a drink. The process and decisions made were clearly documented.

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

- People lived in a purpose-built home and had several communal areas in addition to their bedroom which they could use. People were seen using the lounges, quite areas, the cinema room and the dining rooms for eating, doing activities and listening to music.
- People's wellbeing and sense of purpose could be improved especially for people living with dementia, by developing the environment to have areas of interest and focus which could be accessed easily. Memory boxes had been mounted on the wall outside each person's bedroom, but these were empty. People did not have independent access to the gardens if they were not accommodated on the ground floor. Staff told us people's relatives were bringing relevant meaningful memorabilia for the memory boxes. The development of the garden and outdoor space was still in its infancy and would be discussed with people before any changes were made to the premises.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff treated them respect and kindness. People and relatives said, "I think most of them should feel well rewarded for what they do. I have a lot of admiration for staff." And "I have observed staff to put people at the centre of what they do and not only for my relative."
- Staff had developed good relationships with people. Staff were observed to interacted in a warm, respectful and friendly manner so people enjoyed spending time sharing light-hearted conversations with them. It was clear that staff knew people well and understood their needs.
- People's records had information about their individual preferences, personal history and backgrounds. This information was used by staff to provide topics of conversations and was effective in reassuring people when they became anxious or distressed. Clear guidance in care plans enable staff support people. For example, we saw staff support a person living with dementia whose behaviour became challenging to others, was assisted to a quieter less stimulating environment where they were able relax.
- People's diversity and their individual preferences was considered when developing and reviewing their care plan.

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

- People made decisions about planning and reviewing their own care when possible. Decisions made were documented and reviewed. This assured people their wishes would be respected. One person said, "All the staff are good, they listen to me and do what I ask them to do." In some instances, people's relatives supported them to make decisions. For example, a person was visited by their relative regularly and during their visit they provided personal support and care, spent time socialising with them and had lunch together.
- People told us staff knew what was important to them. One person said, "Staff know as much as I'm willing to share. I do think they know what care I need. I try to talk to staff and they talk with me and I feel happy." A relative said, "Staff know what [Name] likes. Staff take [them] dancing [on another floor]. [Name] loves dancing."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and their independence was promoted by staff. A person said, "I like to leave my door open and staff can come in. They close the curtains and door, when they are washing and changing me." A relative told us they had observed staff knocked on the bedroom door before they entered and confirmed their family member's dignity and privacy was respected.
- Staff respected people's privacy and knew how people wished to be supported. Staff knew the gender of

staff people preferred to received support with their personal care needs and this was documented in the care plans. Staff were discreet when they offered support to people when they needed assistance with personal care. During the lunch staff offered people an apron to protect their clothing from food and drink spillages.

- People's independence was promoted. For example, the occupational therapist (OT) worked with people nursed in bed to look at ways to maximise their opportunities to sit out of bed even for short periods. Some people who were more independent and self-caring said they would prefer to make a cup of tea and toast or cereal rather than rely of staff. The registered manager had had discussions with the OT about this and at the next residents' meeting they planned to discuss setting up a 'breakfast club'.
- People's records were accurate, complete and legible. They were securely stored and accessible to staff for updating. Staff were aware of maintaining people's confidentiality.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection people did not always receive person-centred care; because care plans lacked guidance and their ongoing care and health needs were not monitored. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's risk assessments were linked to care plans which had been reviewed and updated with guidance, so staff could provide a consistent level of support. For example, a care plan described the person liked to wear dark glasses and another person's care plan recognised their cultural heritage and how they liked staff to speak with them using specific terms of endearment.
- People's care and health was monitored. Records showed people nursed in bed were re-positioned regularly to prevent further skin damage and fluid intake charts were checked and staff encouraged people to drink more to prevent the risk of dehydration. People's care plans and risk assessments were updated as people's needs changed.
- Further action was needed to ensure care plans had accurate and clear information about people living with dementia or people unable to verbally express themselves. For example, a person's care plan contained contradictory information about the speaking in English or in their first language which was a known trigger for anxiety. Staff also had differing views about how best to communicate when they supported this person. Another care plan did not describe how the person liked to spend their time and what type of activities they enjoyed. These issues were raised with the lead nurses and they assured us the care plans would be updated.
- Staff had good insight about the people they supported and spoke in a very person-centred way. This showed they knew people's individual routines and likes in relation to their appearance and food preferences. Communication between staff was good. A daily 'flash meeting' was held by the registered manager with the lead nurses or senior carer from each floor and head of departments such as the chef, activity coordinator, house-keeping staff, and maintenance staff. The meeting was informative and provided an overview of risks to people, daily planned activities and maintenance issues.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's initial assessment identified their specific communication needs which included wearing glasses or hearing aids to promote effective communication. Care plans contained information about the impact of people's physical health on their ability to communicate well.
- Staff were observed facing the person whilst talking to them, using short sentences to assist them to understand what was being said so they could reply.
- Policies, procedures and other relevant information was made available to people in the format that met their needs. For example, pictorial menus and information was produced in easy read styles and different languages.

#### Improving care quality in response to complaints or concerns

At our last inspection the provider did not have effective system to handle people's complaints effective. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- People and relatives told us they were confident that their complaints would be taken seriously and acted on. They said, "I made a complaint and it was sorted out, I got an apology from headquarters" and "No complaints (now). I found [Name's] bed soaked. I told the staff to clean it and they did it straight away."
- The complaint procedure with the contact details of local advocacy services, was displayed around the service.
- Records showed all complaints were recorded along with the outcome of the investigation and action taken. The management team had acted to investigate previous complaints and had resolved them where possible to the complainant's satisfaction. The registered manager was responsive to concerns raised during the inspection and addressed the issues.

Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us there were more activities and events organised which they took part in. A person said, "I join in everything that's going on, like trips to the garden centre, Rutland Waters. It's rewarding, and I get enough stimulation; I have fun."
- People's hobbies and interests had been identified and through discussions with them, activities were planned. Activities included quizzes and games, and individual time was spent with people, such as reading poetry, hand massage and reminiscence. People's religious and diverse needs were met and respected by all.
- People continued to maintain relationships with family and friends. People received visitors and could spend time in private. A relative said, "[Name] enjoys dancing. We go for walks outside. [Name] went on a trip to Skegness recently. [Name] plays a ball game and does painting. They hold a church service here."
- The programme of activities was displayed throughout the service along with photographs from events which showed people enjoyed themselves. The activities staff had completed training to promote people's wellness with meaningful stimulation, and they worked with the occupational therapist. The provider had already started to improve opportunities for people and to ensure the environment promoted this. New furniture has been ordered and decorating had started on one floor which included memory walls, garden features and suitable seating, so people could use the outdoor space on warmer days. Sensory stimulation using lights and tactile objects were being identified to create an environment to promote the wellbeing of

people living with dementia.

#### End of life care and support

- People's wishes and that of their family members were recorded. For example, some people had in place a Do Not Attempt Cardio Pulmonary Resuscitation (DNAR-CPR). People's capacity to make informed decisions about the DNAR-CPR's were documented. For example, a person had expressed their wish to be treated for illness at Aaron Court and not to be taken into hospital, which had been recorded in their advanced care plan.
- At the time of the inspection one person was in receipt of end of life care. Anticipatory medicines to support people were in place, should they be required to support people with symptom and pain management towards end of life.
- Staff were provided with training relating to end of life care and were respectful when speaking about end of life care.
- The service had received 'thank you' cards from people's relatives who lived at Aaron Court and had received compassionate end of life care.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection there was a lack of oversight, ineffective governance systems were to monitor the care and support staff and people's views about the service were not sought. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had two registered managers, of which one facilitated the inspection. The registered manager and staff were aware of the provider's requirements to provide quality person-centred care. The provider's policies, procedures, and the business continuity plan had been updated. This ensured the service delivery would not be interrupted by unforeseen events including the impact of Brexit.
- The provider's governance systems had been embedded effectively to monitor the care people received and to drive improvements.
- Internal risk reports were linked to the analysis of incidents and accidents.
- Audits of systems were detailed and provided scrutiny. For example, the outcome of a safeguarding investigation had not been documented, and this was addressed. The audits ranged from menu choices, activities, and checks on premises, cleanliness and health and safety.
- The majority of people's care plans had been transferred to a new format and audited by the registered manager for completeness. Unannounced spot checks at night were carried out by the registered manager to check continuity of care was provided.
- The improvement plan was monitored by the provider to ensure continued progress was made.
- There was a clear management structure in place and staff understood their roles, responsibilities and duties. Staff were supported with regular supervisions and their training was monitored and kept up to date. Some staff said the training, support and communication amongst the staff team and management could be better. The registered manager told us they would continue to work with staff to find ways to improve these areas. The ongoing recruitment for clinical staff, care staff and activity workers would help improve stability of staff and continuity of care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager worked in a transparent and open way and informed the relevant people and

- families and external agencies such as CQC, in line with the duty of candour.
- For example, the provider was open about the changes that had been made to improve the quality of service at Aaron Court.
- Clear and accurate records were kept about people's care and staff. The management system for complaints, incidents and accidents provided a corporate level oversight of all complaints. A board displaying 'You said & We did' showed an 'at a glance' summary of issues raised by people and relative which were promptly address. These included changes to the menu choices, outings and new activities.
  - The provider had submitted notification about significant events that had occurred in the service, such as accidents, incidents and serious injuries. The previous inspection report and rating was displayed within the service and on the provider's website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us they had seen measurable improvements to the quality of care and the management of the service. They said, "It is well run. Some staff have been changed and it seems better organised and efficient now" and "The home is smashing. Staff look after [Name] there is always someone I can go to. I have recommended the home to others."
- People, visitors and staff were observed approaching the management staff and appeared comfortable to do so. The rapport between management, staff and the people using the service was good. A person said, "The new manager has made a difference." The registered manager had good knowledge of the people living at the home and regularly approached them to chat and ask questions. The registered manager, staff and provider were committed to further improving the service. This showed an improved culture within the home.
- Staff felt valued and were encouraged to share ideas to improve the service. Staff were confident that concerns raised with the registered managers would be listened to and acted on.

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

- People's views about their care were sought. Regular residents meetings took place where people were encouraged to make comments and suggestions. One person said, "I've been asked to contribute to the newsletter." The results of the satisfaction surveys were mostly positive, and any issues were included in the improvement plan which the provider monitored. The service had received cards and letters of thanks for the kindness and care provided to people's relatives who used the service.
- Staff were recognised for their work. Where compliments had been received from people and their relatives, the staff member received a written statement which included the compliment as a reward for good practice. Recently staff were invited to a celebration buffet in recognition for their hard work and commitment to the improvements made at Aaron Court.

Working in partnership with others

- The service has improved the links with the local community such as the community Police team, schools and community groups, so people felt part of the local community.
- The provider and registered managers worked closely with health and social care professionals to improve all aspects of the service. The outstanding actions on the improvement plan were scheduled to be completed in October 2019 with the continued monitoring by the provider to ensure the improvements made would be sustained.
- The registered managers attended care forums and shared relevant information with the staff.
- A relative told us "There has been improvements; staff listened and are responsive." This supported the positive feedback received from the health and local authority commissioners about the improving quality

of care and the responsiveness of management and staff at Aaron Court. The management team continued to work with commissioners and health professionals. This showed there was good partnership working to meeting people's needs.