Aaron House Care Limited

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Inspection report

Aaron House
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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

Aaron House is a care home registered to accommodate up to six younger adults with a learning disability or autistic spectrum disorder. At the time of our inspection four people were using the service.

This inspection was unannounced, which meant the staff and provider did not know we would be visiting. We visited the service on 1 and 2 October 2015.

There was a registered manager in post. 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.

People were safe because the registered manager and staff team understood their roles and responsibilities to keep people safe from harm. Staff knew how to raise any concerns regarding people's safety. People were supported to take appropriate risks and promote their independence. Risks were assessed and individual plans

Summary of findings

put in plans to protect people from harm. People were protected from the risks associated with medicines because the provider had clear systems in place and staff had received the appropriate training. There was sufficient staff to provide care and support to people. Pre-employment checks were carried out on staff before they started work to assess their suitability.

People were provided with effective care and support. Staff had received the appropriate training to meet people's needs. The service complied with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were fully involved in planning what they had to eat. People's healthcare needs were met and staff worked with health and social care professionals to access relevant services. Some concerns were expressed with us regarding the heating system. We also noticed the outside of the house was in need of attention. The registered manager and provider had plans to address these issues.

People received a service that was caring. People were involved in making decisions about how they wanted to be looked after and how they spent their time. People had positive relationships with staff. Staff treated people with dignity and respect. Staff supported people to maintain relationships with family and friends. People's independence was promoted.

People received person centred care and support. They were offered a range of activities both at the service and in the local community. The registered manager and staff were working with people to increase the activities outside of the service. The service was responsive to people's changing needs. People using the service, families and professionals were encouraged to make their views known and the service made changes as a result.

The service was well led. The registered manager provided good leadership and management. The vision and culture of the service was clearly communicated. The quality of service people received was monitored on a regular basis and where shortfalls were identified they were acted upon. The registered manager had identified key priorities to improve the service.

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.

People were safe from harm because staff were aware of their responsibilities and able to report any concerns.

People were kept safe and risks were well managed whilst people were encouraged to be as independent as possible and engage in activities.

There were enough suitably qualified and experienced staff. Staff recruitment procedures ensured unsuitable staff were not employed.

Medicines were well managed and people received their medicines as prescribed.

Good

Is the service effective?
The service was effective.

People were cared for by staff who had received sufficient training to meet their needs.

The service complied with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to make choices and decisions.

People chose what they wanted to eat and were fully involved in planning menus.

People's healthcare needs were met and staff worked with health and social care professionals to access relevant services.

Some concerns were expressed with us regarding the heating system. We also noticed the outside of the house was in need of attention. The registered manager and provider had plans to address these issues.

Good

Is the service caring?
The service was caring.

Staff provided the care and support people needed and treated people with dignity and respect.

People's views were actively sought and they were involved in making decisions about their care and support.

Staff assisted people to maintain relationships with family and friends.

People's independence was promoted.

Good

Is the service responsive?
The service was responsive.

People's needs were at the centre of the service provided with staff knowing each person's likes and dislikes.

Good

Summary of findings

People participated in a range of activities within the local community and in their home. The registered manager and staff were working with people to increase the activities outside of the service for people. The service was responsive to people's changing needs The service made changes to people's care and support in response to their feedback.	
Is the service well-led? The service was well led. There was a person centred culture at the service that promoted people's independence. The manager and senior staff were well respected and provided effective leadership. Quality monitoring systems were in place and used to improve the service provided.	**Good** 

Aaron House Care Limited

Detailed findings

Background to this inspection

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

This inspection took place on 1 and 2 October 2015 and was unannounced. The inspection was carried out by two adult social care inspectors. The last full inspection of the service was on 24 April 2014. At that time we found no concerns.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR) before the inspection.

The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

We contacted three health and social care professionals, including community nurses, social workers and commissioners. We asked them for some feedback about the service. We were provided with a range of feedback to assist with our inspection.

Three people were able to talk with us about the service they received. We also spent time observing how all four people were being cared for and supported. We spoke with four members of care and support staff and the registered manager. We were also able to speak with two relatives of people using the service by telephone.

We looked at the care records of each person using the service, three staff personnel files, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity and deprivation of liberty, recruitment, accidents and incidents and equality and diversity.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "Yes, it's my home, I like it and feel safe here". Relatives told us they felt people were safe. We saw that people reacted positively to staff and seemed relaxed and contented in their home.

On arrival on both days of our inspection we were asked to sign the 'visitor's book' kept in the main communal area, which was the kitchen and dining area. Staff encouraged people to ask us to sign the book and to check our identification. Visitors were required to record their name, the time they arrived and time they left the service. This meant staff ensured a record was kept of visitors to the service and their identity confirmed. In addition, people were supported to protect their own safety through asking visitors to sign the visitor's book and check their identity.

People were kept safe by staff who knew about the different types of abuse to look for and what action to take when abuse was suspected. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of the sort of things that may give rise to a concern of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. Staff we spoke with told us they had completed training in keeping people safe. Staff knew about 'whistle blowing' to alert management to poor practice. One safeguarding alert concerning the service had been made had been made in the 12 months before our inspection. The provider had taken the appropriate action. This included sharing information with the local authority and the Care Quality Commission (CQC).

There were comprehensive risk assessments in place. These covered areas of daily living and activities the person took part in, encouraging them to be as independent as possible. For example, risk assessments were in place to support people to carry out activities in their home and for people to use community leisure facilities safely. Examples of risk assessments for activities at the service included cooking and carrying out other domestic activities. Examples of risk assessments for activities outside of the service included supporting people to go horse riding and swimming. These risk assessments included a clear plan for staff to follow to keep people safe. Staff had signed these risk assessments to evidence they had read them and were knowledgeable regarding the individual assessments and plans. Staff provided care and support in accordance with these assessments and plans.

People were supported by sufficient staff to keep them safe. Two staff were available to people throughout the day, with one staff member overnight. The registered manager told us additional staff were provided when needed to support people with activities. Staff rotas confirmed these staffing levels had been provided. The service had a stable staff team and made use of a regular agency staff member to ensure staffing levels were maintained. People said they were able to receive care and support from staff when they needed it. Staff said there were enough staff to safely provide care and support to people. They also said the registered manager worked alongside them to provide additional staff support when needed.

There were safe recruitment and selection processes in place to protect people. Relevant checks were carried out before staff started work These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check an applicant's police record for any convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. The registered manager said, "If any concerns come up as a result of these checks we consider if there is any risk and make our decision always prioritising people being safe". People were involved in the recruitment of staff.

Where people required assistance in managing their money an individual assessment and plan had been completed. This identified how people's monies were to be kept safe. Staff followed these plans and carried out daily checks and reconciliation of money spent with receipts obtained.

There were clear policies and procedures for the safe handling and administration of medicines. These were followed by staff and this meant people using the service were receiving medicines safely. Staff had been trained to safely administer medicines. Medicines were securely stored and records of administration were kept. We checked medicine administration records and saw they were completed correctly. People received their medicines

Good

Is the service safe?

as prescribed. One person was prescribed emergency medicine when needed to manage their epilepsy. We saw a clear plan was in place for this. Staff we spoke with understood this plan.

The service had emergency plans in place to ensure people were kept safe. These included individual plans to assist them to evacuate the building in the event of a fire. Staff were knowledgeable regarding these plans. One person explained to us what they would do if there was a fire and where they needed to assemble. They said staff had taken time to ensure they understood what to do and that regular drills were held to practice what to do.

The provider had an infection prevention and control policy in place. Staff told us they had access to the equipment they needed to prevent and control infection. They said this included protective gloves and aprons. Staff had received training in infection control.

Good

Is the service effective?

Our findings

People said their needs were met. They told us about the care and support they received. People said, "The staff do their jobs well" and, "I'm happy here, I'm well supported". Relatives said people's needs were met.

People's care records documented how people's needs were met. Some people using the service had complex needs and required individual care and support to meet their communication and health needs. Some people also needed care and support to help them when experiencing anxiety and distress. Individual plans were in place for these areas and specialist input from other professionals had been obtained. People's care records contained information on hospital appointments and communication with healthcare professionals.

Staff had been trained to meet people's care and support needs. The registered manager said staff received core training for their role and specific training to meet the needs of people they cared for. Training records showed staff had received training in core areas such, as first aid and keeping people safe and in specialist areas such as, caring for people with epilepsy and positive behavioural support. A community healthcare professional we spoke with said staff had received the training required to care for people with complex epilepsy. Staff said they had received the training they needed to meet people's needs.

An induction checklist was in place to plan for newly appointed staff to ensure they received the training and support required to meet people's needs. The provider supported staff to complete the health and social care diploma training. Health and social care diploma training is a work based award that is achieved through assessment and training. To achieve an award, candidates must prove that they have the ability (competence) to carry out their job to the required standard. All staff either held or were working towards a diploma qualification.

The service had a programme of staff supervision and appraisal in place. The registered manager told us they worked alongside staff, observing them, before then meeting with them to carry out supervision and appraisal. Staff members told us they received individual supervision. Annual performance appraisals had not been carried out with staff. However, the registered manager had a plan in place to do these.

People were able to make their own choices and decisions about their care. Information in people's care records showed the service had assessed people in relation to their mental capacity. Training records showed that not all staff had received Mental Capacity Act 2005 (MCA) training. The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make some decisions. However, staff were clear when people had the mental capacity to make their own decisions, and respected those decisions. Staff understood the principles of capacity and best interests. The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People's care records showed that where people had been assessed as not having capacity to make a decision, a process of "best interest" decision making had been followed. This meant a decision was made on a person's behalf, with the involvement of appropriate people that considered the best interests of the person.

We looked at whether the service was applying DoLS appropriately. These safeguards protect the rights of adults using services by ensuring that if there were restrictions on their freedom and liberty, they were assessed by professionals who were trained to decide whether the restriction was needed. The registered manager and staff had an understanding of MCA and DoLS and knew the correct procedures to follow to ensure people's rights were protected. They had identified where there were restrictions and if the person was not able to consent to these, submitted applications to the appropriate authorities.

People chose what they wanted to eat. Menus were planned with the involvement of people using the service. The menus were varied and included a range of choices throughout the week. People were encouraged to participate in the preparation of food. People said, "I like the food we have" and, "I quite like cooking with help". People's care records included details of food and drink they consumed. This meant the service monitored people's food and fluid intake to ensure they were not at risk.

People's care records showed relevant health and social care professionals were involved with people's care. Plans were in place to meet people's needs in these areas and

Good

Is the service effective?

were regularly reviewed. There were detailed communication records in place and records of hospital appointments. People had health plans in place that described how they could maintain a healthy lifestyle.

The house was large with plenty of space for people. People showed us their rooms and seemed proud of them. The exterior of the house looked rather run down and the woodwork around the doors and windows was in need of attention. People also pointed out to us that the garden needed some tidying and that they felt the kitchen needed redecorating. The registered manager said the provider had a plan in place to replace the doors and windows and redecorate the kitchen.

Staff said the heating system was rather unpredictable. We noted how warm the house was and were told the heating was on, even though it was warm outside. Staff said the house is hot in the summer, then gets very cold and suffers from condensation during the winter. The registered manager said they would discuss with the provider the possibility of an easy to use temperature control being fitted. This would have the additional benefit of allowing people using the service to control the temperature of their home.

Good

Is the service caring?

Our findings

People told us staff were caring. One person said, "I like all of the staff, they're lovely". A relative said, "I'm very impressed with how caring the staff are". A health care professional said, "The staff are very caring and respectful of people". Staff told us they felt the team were kind and caring. Those we spoke with said they would be happy for a relative of theirs to use the service.

Throughout our inspection we saw that people were treated in a caring and respectful way. Staff were friendly, kind and discreet when providing care and support to people. People responded positively to staff, often with smiles, which showed they felt comfortable with them. We saw a number of positive interactions and saw how these contributed towards people's wellbeing.

Staff knew the people they cared for well. Staff spoke to people in a calm and sensitive manner and used appropriate body language. One person's care records included a communication plan which described how their communication needs were met. This was because the person's verbal communication was limited. Their communication plan detailed how they used facial expressions, eye contact and gestures alongside their verbal communication. Staff were able to explain how they supported the person with their communication to make their wishes known.

People received a service based upon their individual needs. The service involved people in planning their care and support. Where appropriate family, friends or other representatives advocated on behalf of the person using the service and were involved in planning care and support arrangements. The views of people receiving the service were listened to and acted on.

The provider had a keyworker system in place, where a staff member was identified as having key responsibility for ensuring a person's needs were met. Staff told us this system allowed them to get to know the person they were keyworker for well and ensure the needs of the person were met. Keyworkers met regularly with people and recorded their views.

People we were able to speak with told us about their family and friends and how they maintained contact with them. Staff said supporting people to maintain contact with their family and friends was an important part of providing good care and support. People's care records detailed how people were supported to do this. This included supporting people to visit family and maintaining regular contact. The registered manager told us they were aiming to further improve communication with families by ensuring keyworkers regular contacted them to provide updates.

The provider had an up to date policy on equality and diversity. Staff had received training on equality and diversity. People's care records included an assessment of their needs in relation to equality and diversity. Staff we spoke with understood their role in ensuring people's needs were identified and met in this area.

Promoting people's independence was a key theme running through people's care records. One person had a stated aim of working towards being able to live on their own in the future. Staff spoke enthusiastically about assisting people to develop their skills in living more independently. We spoke with the registered manager about this and saw they were researching additional resources to assist further with this.

Good

Is the service responsive?

Our findings

People told us the service responded to their needs. They spoke enthusiastically about activities they were involved in. One person said, "I'm saving up to go on a spa break soon". Relatives said the service responded to people's individual needs. However, one said, "I'd like to see more activities going on". Feedback from a health and social care professional also stated there should be more activities. The registered manager and staff said they would like people to have the opportunity to do more individual activities. One staff member said, "We have to do a lot of things as a group because of lack of money and staff".

Each person had an individual plan of activities in place. Activities included planned time for each person to receive one to one support from a staff member to take part in an activity of their choice outside of the service. They also included a number of activities people did together. For example, swimming, bowling and shopping. Activities people did were recorded in their care records. One person said, "We all get on well, so don't mind doing things together".

During our visit, two new computers with a range of educational activities and games were installed. People were pleased with these and they were using them with the support of staff and also independently. People also had their own electronic equipment they used. Staff had arranged with a local charity shop for puzzles to be collected and completed. People enjoyed doing these and the activity was valued by the charity shop as people were able to check if they were complete, or if pieces were missing. The registered manager was also investigating arts and crafts activities at local colleges. One person said staff were helping them to find some voluntary work to do. We were also told that volunteers had been used in the past to assist with activities. The registered manager said they were looking into using volunteers again.

Throughout our visit we saw people engaged in activities with staff, both within the service and going out to activities. We did see people spending time relaxing listening to music and talking with each other and staff. People told us there were enough activities.

People's care records were person centred. They included information on people's life histories interests and preferences. Staff said this information helped them to provide care and support in the way people wanted. Staff we spoke with were knowledgeable about people's life histories and their likes and dislikes. The registered manager was investigating a range of person centred planning tools. Person centred planning tools were designed to encourage staff and other people involved in planning care and support to think in a way that placed the person at the centre. They said, "We want to make sure the service is as individualised as possible".

Staff were responsive to people's changing needs. For example, additional equipment had been put in place to monitor people's health and assist them to be as independent as possible. This included sensor mats to detect seizure activity and equipment to remind someone when their medicines were due so they could ask staff for them. Staff remained responsible for the administration of the person's medicines.

A complaints policy was in place and an easy read version was available to people. People told us they were able to raise any concerns they had with staff or the manager. A record of complaints was kept at the service. The provider had not received any complaints in the previous 12 months. However, the registered manager was able to explain to us the action they would take if a complaint was received. This included carrying out an investigation, making any necessary changes and feeding back to the complainant. People said they knew how to complain and would talk with the manager or staff if unhappy with anything. Relatives said they were able to raise any concerns they had with staff. A healthcare professional said, "They listen to feedback and advice and make changes where needed".

Good

Is the service well-led?

Our findings

The vision and values of the service were clearly agreed and understood by people using the service, relatives, staff and community professionals. We were welcomed to the service by people themselves and throughout our visit the service felt to us, as though it was people's home and they were involved in everything that went on. The registered manager and staff spoke passionately about person centred care and support and their vision for the service. We saw people were provided with high quality care and support that was person centred.

People told us they liked the registered manager and thought the service was well led. They were happy and relaxed with the staff team. Staff spoke positively about the registered manager and felt the service was well led. One staff member said, "(Person's name) is a good manager, we can talk to her about anything". The registered manager was visible and worked alongside the staff team in supporting people. Communication between the registered manager and staff was positive and respectful. Staff confirmed they were able to contact a senior person when needed. Experienced staff were responsible for the service when the manager was not present.

Regular staff meetings had not been held. Staff said they would like the opportunity to meet as a team on a regular basis. The registered manager said they would arrange these and hold them regularly. Staff were delegated responsibilities in relation to certain areas of the running of the home such as checks on medicines, care planning and health and safety. Staff confirmed these responsibilities were discussed with the registered manager to ensure they were completing their delegated tasks appropriately.

The registered manager had a clear plan for improvements to the service. They said their main priorities were; to increase the range of individual activities for people, improve communication and relationships with families and to work with the provider to increase their involvement in management of the building and budget for the service.

A quality monitoring visit had been carried out by Gloucestershire County Council in May 2015. We discussed the written report of this visit with the registered manager. Action had been taken to improve some of the areas identified and further action was already planned for the other areas.

Systems were in place to check on the standards within the service. This consisted of a schedule of monthly audits. These audits looked at; medicines management, accidents and incidents, care records and fire drills. These audits were carried out as scheduled and corrective action had been taken when identified.

All accidents, incidents and any complaints received or safeguarding alerts made were followed up to ensure appropriate action had been taken. The registered manager analysed these to identify any changes required as a result and any emerging trends. The registered manager had arranged for one to one debriefing sessions for staff following incidents.

The manager and senior staff worker knew when notification forms had to be submitted to CQC. These notifications informed CQC of events happening in the service. CQC had received appropriately notifications made by the service.

The policies and procedures we looked at were regularly reviewed. Staff we spoke to knew how to access these policies and procedures. This meant that guidance for staff was up to date and easy for them to use.