Mr & Mrs K Joory

Aitken House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

This inspection was unannounced and took place on 17 and 19 November 2015.

Aitken House is a service that provides accommodation and care for up to 20 people who are living with a mental health condition. On the day of the inspection, there were a total of ten people living at the home, two of whom were in hospital.

There was a registered manager employed at the home. The registered manager was also the provider. 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 and associated Regulations about how the service is run.

People were happy living at Aitken House. They described it as their home where they felt safe, well cared for and comfortable. People were listened to by the staff and the provider and their opinion was valued.

The staff were trained to a good standard to provide care to people safely and were developing their knowledge in relation to mental health conditions. This would provide them with further skills when supporting people who were living with a mental health condition.

There were enough staff to provide support to the people who lived at Aitken House and people were able to make decisions and choices about their care and these were respected by the staff.

People were encouraged to be as independent as they wished to be and were supported to use the facilities within the community when they wanted to. They were supported by the staff to maintain good health.

People's care needs and preferences had been assessed. However, some risks to people's safety had not been managed well which meant they there was a risk they could experience harm. There was a risk that people would not receive their medicines when they needed them.

The home was well maintained and clean. Risks in relation to the premises were well managed. The staff were happy working for the provider and felt supported in their role.

There were a lack of systems in place to monitor the quality and safety of the service provided to the people who lived in the home. Some records about people's care were inaccurate which placed them at risk of receiving incorrect care.

There were some breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014). You can see what action we have told the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risks to people's safety had not always been assessed or actions taken to reduce the risks of people experiencing poor care.

There was a risk that people were not receiving their medicines when they needed them.

There were enough staff to meet people's needs in a timely manner.

There were systems in place to protect people from the risk of abuse.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were not always monitored to make sure they received enough to eat and drink.

Staff had received enough training to meet people's needs.

People were supported by the staff to maintain their health.

Is the service caring?

Good

The service was caring.

The staff were kind and compassionate and treated people with dignity and respect.

People were involved in making decisions about their care and were encouraged to remain as independent as possible.

Is the service responsive?

Good

The service was responsive.

People's individual needs and preferences had been assessed and these were being met.

Staff supported people to access activities to complement their hobbies and interests and to enhance their wellbeing.

The provider had a system in place to investigate and deal with complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There were a lack of systems in place to monitor and improve the quality and safety of the service provided.

The provider lacked knowledge in some important areas such as risk assessment and the Mental Capacity Act 2005 and related Deprivation of Liberty safeguards.

Staff felt supported in their role and were able to raise concerns which were listened to and dealt with.

People were happy living at the home and felt listened to and valued.

Aitken House

Detailed findings

Background to this inspection

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

This inspection took place on 17 and 19 November 2015 and was unannounced. The inspection team consisted of two inspectors and an inspector who specialised in medicine management.

Before the inspection we reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us and additional information we had requested from the local authority safeguarding and quality assurance teams.

During the inspection, we spoke with seven people living at Aitken house, four care staff, the cook, a domestic member of staff and the provider who was also the registered manager. We spent time observing the interactions between the care staff and the people living at Aitken house.

The records we looked at included six people's care records, five people's medicine records and other records relating to people's care. We reviewed four staff recruitment files and staff training records. We also looked at maintenance records in respect of the premises and equipment and records relating to how the provider monitored the quality and safety of the service.

Requires Improvement

Is the service safe?

Our findings

Some risks to people's safety had been assessed and were being managed appropriately. For example, the risk in relation to one person leaving the home on their own had been assessed. Actions had been put in place to reduce the risk of this person becoming anxious, such as them having a mobile phone with them at all times. However, we found that some risks to people's safety were not always being assessed or managed effectively, placing them at risk of harm.

It was recorded within the minutes following a meeting of the staff in May 2015, that staff should always be present within the communal areas of the home to monitor one person who had experienced a number of falls. However, incident and accident records completed after this date detailed that this person had experienced further falls within the communal areas. These records stated that the staff had found the person after the accidents indicating that there were no staff present at the times they happened. The staff we spoke with told us that they had not always been able to monitor this person as closely as had been required and that sometimes the person had been left unattended.

The same person was of low weight. Their risk of not eating or drinking had not been assessed although the staff were aware of this risk and were monitoring the person's weight regularly. However, their care record stated that their food required fortifying with extra calories but the cook told us that this had not happened. Therefore, the provider was not taking the actions they had identified as being necessary to assist the person to reach a healthy weight.

It had been recorded in another person's daily care notes that they had a red sacrum. This was treated by the staff with cream and had not developed into a pressure ulcer. However, the person's risk of developing a pressure ulcer had not been assessed and there was no guidance for staff about protecting this person from this risk. The same person was having their fluid intake recorded as the staff told us they were at risk of not drinking enough. However, there was no risk assessment in place regarding this and the actual amount the person was drinking was not being recorded. Therefore, it was not possible for the provider to monitor effectively if the person was receiving enough fluid to meet their individual needs.

We also found that where there were risk assessments in relation to people falling, these had not always been reviewed after people had fallen to make sure that the actions being taken were effective to protect them from the risk of harm.

There was a risk that people were not receiving their medicines as they should do. When we compared medication records against quantities of medicines available for administration we found numerical discrepancies. There were some records where we could not account for the medicines. For example, there was a discrepancy for a person's medicine prescribed to manage their anxiety. We were also unable to account for their anti-coagulant medicine warfarin. These records indicated that people may not have received their medicines as intended by the person who had prescribed them.

We also found that the information to guide staff on how to give people their medicines was not complete.

Although there was information about known allergies and medicine sensitivities, there was no written guidance about how people living at the home preferred to have their medicines given to them. Where people were prescribed medicines on a when required basis, there was not always written information available to show staff how and when to give these medicines. In addition, records showed that where these medicines had been given, there was no information explaining why they had been needed. Therefore people may not have had these medicines administered consistently and appropriately.

A risk assessment was in place for people who managed some or all of their own medicines but these had not been regularly reviewed. They did not detail the support that staff needed to provide to the person to ensure they continued to take their medicines safely.

For medicines that required refrigeration, there were gaps in the temperature records so the records did not confirm they had been stored appropriately and were still safe for use.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Risks in relation to the premises had been assessed and regularly reviewed. We saw that fire doors were kept closed and that the emergency exits were kept clear. Testing of fire equipment and the fire alarm had taken place. Staff demonstrated to us that they knew what action to take in the event of an emergency such as a fire or finding someone unresponsive within their room.

We had received a concern that the standard of cleanliness at the service was poor. We were aware that the local authority had recently inspected the service in relation to infection control practice. This had resulted in the provider being advised that a number of actions needed to be taken. We checked on their progress in relation to this.

We found that the majority of the home was clean. This included people's rooms and the communal areas. The carpets within the home had recently been cleaned. However, one of the communal baths contained lime-scale deposits and the sealant around the bath was coming away. This would make it difficult for the bath to be cleaned effectively. The provider told us that this was being addressed. Another area that required attention was the laundry and a carpet on the first floor which was torn. The provider told us that they had plans to refurbish these areas by the end of March 2016 to comply with the requirements as set out by the local authority infection control specialist.

The equipment that people used was clean and the domestic member of staff told us how she now had clear instructions on what areas of the home needed to be cleaned and how often. All of the staff had received recent training in relation to infection control. We saw staff using safe practices to protect people from the risk of infection when assisting people with personal care or when handling food.

All of the people we spoke with told us they were happy with the standard of cleanliness at the home. One person said, "It is clean and tidy and well looked after." Another person told us, "It is clean and comfortable." We were therefore satisfied that the provider had implemented a number of changes to reduce the risk of the spread of infection and that improvements continued to be made.

All of the people we spoke with who lived at Aitken House told us they felt safe living there. One person said, "I feel very safe here." Another person told us, "This is a very safe home." They said that if they did have any concerns that they would not hesitate to speak to the staff about it.

All of the staff we spoke with had a good understanding of how to reduce the risk of people experiencing

abuse or harm. They could tell us the different types of abuse they looked out for and were able to identify external organisations they could report any concerns to. Recent training had been provided to the staff within this area. Staff were knowledgeable about those people they supported who were vulnerable to abuse. They were clear about the actions they should take to reduce the risk of them experiencing abuse.

The staff told us that some people occasionally became upset or distressed that placed them or others at risk of harm. The staff explained to us what actions they took to calm the person to keep them and others safe. We were therefore satisfied that the provider had ensured that staff understood their obligations with regards to reducing the risk of people experiencing abuse.

Four of the six people told us that there were enough staff to support them with their care. However, two people did tell us that there had been a shortage of staff recently but that this had not impacted on them sufficiently to be a concern. They went on to say that they were aware that two new care staff had been employed, one of whom they had recently met. The provider confirmed this to us and advised that there were no current staff vacancies at the home.

We observed that there were enough staff to interact and support people when they required it during the inspection. All of the staff told us that they felt there were enough staff available to meet people's needs. Any unplanned absence such as sickness was covered by existing staff and the provider helped out if needed. This was confirmed by the people living at the home who told us that the provider was often observed to be helping out with various tasks around the home. We were satisfied that there were enough qualified staff in place to provide support to people when they needed it.

The required checks had been completed when recruiting new staff to the home. These included obtaining character references and checking with the Disclosure and Barring Service that the staff member was safe to work with people. This reduced the risk of the provider employing staff who were unsuitable to work within care.

Requires Improvement

Is the service effective?

Our findings

People told us that they liked the food. One person said, "The food is very good. We have meals on rotation." Another person told us, "The food is very nice."

People did not have a choice of their main meal but told us that they could request something different if they did not like the main meal that was on offer. They confirmed to us that this was always catered for. One person said, "There is not a lot of choice but you can ask for what you want and they give you that." Another person said, "We can have cereal or whatever we want later in the evening if we want to."

The food was freshly prepared by the cook who had a good understanding of people's individual likes and dislikes. Where people required a specific diet such as for diabetes, this was provided.

We saw that people had access to plenty of drink during the day to help keep them hydrated. One person told us, "We can help ourselves to cups of tea if we want them." People regularly helped themselves to drinks throughout the day.

We found that one person who was at risk of not eating and drinking enough was not being monitored effectively. They were also not receiving the specialist diet that they had been assessed as needing. Therefore improvements are required within this area to make sure that people receive the support they need to maintain a healthy weight.

The staff and provider staff told us that all of the people living at the home had the capacity to make their own decisions. However, due to the specialism of the home it is important that the provider and the staff have an understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The provider and staff had recently completed training on the MCA and DoLS and demonstrated a basic knowledge regarding the subject. Some staff were more knowledgeable than others. The provider was not aware of the recent Supreme Court judgement in relation to DoLS. It is important that staff and the provider have sufficient knowledge about the MCA and DoLS. This is to make sure that if people lose their capacity to make any decisions, that they always act in their best interests and are not depriving someone of their liberty unlawfully. Therefore improvements are required within this area.

People told us that the staff gained their consent before performing a task. We observed this on the day of the inspection. For example, people were asked if they wanted a meal or drink or whether they wanted their

medicines. Some of the documents within people's care records had been signed by them to show they consented to their care although this was not the case in all instances.

The people we spoke with told us they felt the staff were well trained. One person said, "Yes the carers are well trained. They are patient and compassionate." Another person told us, "The staff know what they are doing, absolutely."

All of the staff we spoke with told us they felt they had received enough training to meet people's individual needs. They said they had received training in a number of different areas such as assisting people to move, dementia, infection control, food hygiene and fire safety. They also advised that they had started to receive training from a community psychiatric nurse (CPN) about various mental health conditions. So far they had received training on schizophrenia and bi-polar disorder. The provider told us that further training sessions were being organised with the CPN to enhance the staff's knowledge about certain mental health conditions. All of the staff we spoke with told us that they had found this training useful.

The provider told us that new staff had an induction period where they shadowed more experienced staff and where they completed their training. They added that new staff members were not allowed to provide care to people independently until they were competent to do so. One of the new staff members we spoke with confirmed this.

Staff told us they felt they had enough supervision to enable them to provide effective care. They said they supported each other and that the provider and senior carer were readily available if they needed to discuss anything with them. Staff said they received formal supervision and appraisals but that some of these were behind schedule. Supervision is needed so that staff have the opportunity to gain support, discuss their performance and any training needs they have. The provider was aware of this and had plans in place to bring all the staff members' supervision up to date.

All of the people told us that they were supported by the staff with their individual healthcare needs. One person said, "The staff call the doctor or dentist when I need them. They also come with me to the hospital and the local surgery." Another person told us, "I always see the doctor if I need to."

The provider told us that the GP visited once per week to see people if it was needed. Other healthcare professionals such as CPNs, district nurses and chiropodists also visited to provide people with the care they needed. The records we saw showed that the staff contacted other healthcare professionals in a timely manner to support people. The staff we spoke with were knowledgeable about when people required support and could tell us how they arranged this. We were therefore satisfied that the staff supported people with their healthcare needs.

Good

Is the service caring?

Our findings

All of the people we spoke with told us that the staff were kind, caring and that they treated them with respect. One person said, "The staff are always very respectful. They knock on doors. You can have a laugh with them too." Another person told us, "The staff are very obliging. They are definitely caring and respectful." A further person said, "The staff are very nice. We are all friends here and we are all well looked after."

We saw that staff interacted with people in a kind and friendly manner. They treated people as individuals and engaged with them regularly in conversation. The staff sat with people during their lunchtime meal which was a social affair for both the staff and the people living at the home. People were observed to be happy and comfortable with each other and in the company of the staff. We found that Aitken House had a very homely and comfortable feel to it and the people we spoke with told us that this felt like their home.

The staff told us that two of the people who lived at the home were currently in the hospital. They said that they regular went to visit them and provided updates for the other people in the home regarding how they were.

One person who was new to the home was anxious and unsettled. We observed the staff providing them with reassurance and answering any questions they had about the home. The person was worried about having a shower so the staff member said they would help them if they wanted this. This calmed the person and they smiled and started to chat happily with the staff member.

People told us that their independence was encouraged. One person said, "We have a tea club where we sit in the little conservatory. We make cups of tea and chat with each other. I also go out and do shopping for myself and for the other people who live here." Another person told us, "I like to keep busy. I clear the cups and plates, lay the tables for lunch and clear the knives, forks and glasses."

We observed that people were involved in doing as much for themselves as they wished to. One person helped with serving the lunchtime meal and with taking items out of the dishwasher once they had been cleaned. Other people cleaned their own rooms and did their own washing. The staff we spoke with told us how they supported people to be as independent as they could by assisting them to perform activities of daily living such as cooking or with personal care. Another person told us how they could make their own meals and cakes for the people living at the home.

People told us that they knew they had a care plan and were able to access it if they wanted to. They said they were involved in the planning of their care and that they had choice about how they wanted to live their lives. People were free to leave the home and go into the community if they wanted to. They were able to get up in the morning when they wanted to and go to bed when they wished. People were also able to lock their rooms to give them privacy, although one person told us that the key to their door had been lost. We advised the provider about this and she told us she would look into this.

People told us that they were listened to and were asked about the care they received. One way this was facilitated was in residents' meetings. One person told us that, at the last meeting which had been held the week prior to our inspection, that a discussion had taken place regarding a Christmas meal. It had been suggested and agreed by people that this would be held within the local village.

People's spiritual, cultural and diverse needs were respected. Representatives from various faiths attended Aitken House regularly to support people with their beliefs if they wished for this.

Good

Is the service responsive?

Our findings

All of the people we spoke with told us that they were happy that their needs and individual preferences were being met by the staff. One person said, "I don't need any more care than what I get here." Another person told us, "I get all the care that I should do and the staff help me when I need it."

There was an assessment of people's individual needs within their care record. This included information in respect of their preferences on how they wanted to be cared for such as times to get up and go to bed, their bathing preferences and food likes and dislikes. They also contained clear details about the person's life history to help staff get to know the person. In the care records we looked at, we saw that this information had been regularly reviewed.

We were told by the provider that they had reviewed some people's care records following concerns received from healthcare professionals and the local authority quality assurance team. This was on-going. The care records that they had reviewed had clear information about how the person wanted to be cared for. There was clear guidance in place for staff to follow, with actions on how to provide the care. For example, in one care record there was detailed information on how to support a person to manage their diabetes. This included what symptoms the staff needed to look out for if the person was experiencing complications from this condition and what actions they should take as a consequence. These care records were written in a person-centred way and advised staff on how to support the person to remain as independent as they could.

The care records that were yet to be reviewed did not always contain clear information to guide staff on the care that was provided. We found that there were not always risk assessments in relation to risks to people's safety and no plans of care in relation to people's nutritional, pressure care or mobility needs where there was an indication these were required. However, during conversations with staff they were able to tell us about people's individual needs and preferences and how they met these. The provider told us that she was continuing to update and review the remaining care records and had sought support from the local authority to help her do this.

We saw that the staff were responsive to people's changing needs. More regular assistance had been requested from a district nurse to support one person with an existing condition. The provider had requested further funding for another person so they could provide them with extra support when their needs had changed. People also told us that they often had a review of their care with the provider or the staff to make sure that the care they were receiving met their needs.

People told us they had access to activities that complemented their hobbies and interests and that they were able to visit the local community. One person told us, "I often go out to the garden centre and have a meal. I don't get bored, there is the television, newspaper. I play chess and talk to the other people who live here. I like to follow the world news!" They added, "We had a cinema evening the other night which was fun." Another person said, "I don't get bored here. I knit and spend most of the day chatting to people. I go out with [another person living at the home] when I want to. The taxi takes my scooter and we walk back." A

further person said, "I like to make cakes and bread and butter pudding. I also go to knitting club once a month at the local church with [person living at the home]."

The staff we spoke with told us they were able to spend time with people, supporting them to bake or go out into the community if they wanted them to accompany them. They said that they often held cinema evenings or special lunchtime parties for people to attend and had recently had outings to the coast.

People were encouraged to maintain relationships with family and people special to them. They told us that they had regular visitors or were able to speak to their friends and family over the telephone. The provider told us that all of the people living in the home had family members they kept in touch with.

The people we spoke with told us that they did not have any complaints but that if they did, they would feel comfortable raising them. One person said, "I have made complaints to [senior carer] or [provider]. They get sorted." Another person told us, "I have no complaints at all."

The provider told us that they had not received any formal complaints within the last 12 months. She said that any issues raised by the people living in the home were usually dealt with straightaway. There was information displayed within a communal area of the home that told people how they could make a complaint. However, the information in relation to the external sources people could go to was out of date. The provider agreed to update this document.

Requires Improvement

Is the service well-led?

Our findings

There were a lack of effective systems in place to monitor the quality of care that was being provided to people. This increased the risk of people receiving unsafe or inappropriate care. The provider told us that she regularly checked that medicines were being given to people when they needed them. However, these checks were not carried out on a regular basis and no records of them were kept. We found issues in relation to the risks associated with people receiving their medicines and therefore, the current system in place to check this was not effective.

No audits were in place to monitor the standard of cleanliness of the home although the provider told us that she checked this regularly. She also told us that the staff's care practice was monitored but this was not being documented, nor were there any records to show whether the provider had assured themselves that new staff were competent to perform their role. Risks to some people's safety had not been assessed in respect of falls, developing a pressure ulcer or from not eating enough. From discussions with the provider, we found her to have a lack of knowledge about how to assess some of these risks to people's safety. She also lacked knowledge in relation to the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. No analysis of incidents or accidents was taking place to enable the provider to learn from these.

We found that some documents within people's care records contained inaccurate information. This showed that not all care records were being regularly reviewed to make sure that they contained correct information. The staff we spoke with knew the correct care that should be provided, however there was a risk that new staff or staff unfamiliar with the person's needs could provide them with inappropriate care. For example, it was recorded in one person's care record that they required their drink to be thickened but staff told us that this was not the case. There was confusing information within another person's care record about their diet. One section detailed that they should have a liquidised diet but it was noted that they should have a normal diet in another. We also saw that a number of records did not contain guidance for staff on the care that should be provided to meet a person's needs. These included care plans in relation to pressure care and nutrition. Some records were not dated so it was unclear when they had been written.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

All of the people we spoke with were happy living at Aitken House. One person said, "I cannot think of a single thing that would make this place better. We are very lucky." Another person told us, "I do like living here. I am very happy. It's my home." A further person said, "I do like it here. I have made friends here and we are well looked after." People described that they felt they were living within their own home with friends which included the staff.

All of the people we spoke with told us that the staff and provider were approachable, listened to them and acted on any concerns they had. One person said, "The manager deals with any little problems we have and [the provider] is very accessible too." Another person told us, "[The provider] is very approachable." A further person said, "[The provider] is very kind to us." The staff also told us that they enjoyed working at the home

and were able to raise any issues with the provider without fear of recriminations. On the day of the inspection, we saw the provider regularly talking to staff and engaging with the people living at the home. They looked comfortable in her presence. This demonstrated that the provider had an open culture where staff and people could speak to them openly.

Staff said that the morale was good, that they worked as a team to provide care to people and that they enjoyed their work. Staff were also supported to gain further qualifications within the social care sector and regular meetings of staff were held where they could discuss the care that people received and raise any issues they had regarding this. They were clear about their roles and responsibilities.

Everyone who lived at the home told us that communication between them, the staff and provider was good. They said that they knew who all the staff were and that new staff were being recruited. They were also aware that the senior carer was now being trained as the manager who would eventually take over the day to day management of the home from the provider. This demonstrated that people were kept informed about the running of the service and knew what was happening.

Community links had been established with the local vicarage. The people who lived at the home and the staff had been invited to a meal at the vicarage within the next few weeks to help raise money for a charity.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's safety and in relation to them receiving their medicines were not being managed effectively. Regulation 12, (1),(2) (a) and (b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were a lack of effective systems in place to monitor the quality and safety of the service provided and some records in relation to people's care were inaccurate. Regulation 17, (1), (2) (a),(b) and (c).