

Aden House Limited

Aden Mount Care Home

Inspection report

Perseverance Street
Primrose Hill
Huddersfield
West Yorkshire
HD4 6AP

Tel: 01484515019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Aden Mount is a residential care home providing personal and nursing care for up to 45 people aged 65 and over. At the time of inspection there were 31 people living at the service. Care is provided across three floors.

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

Medicines were managed safely. Staff were appropriately trained to ensure safe medication management.

Risks to people were safely managed. Care was individualised and staff were knowledgeable about people's needs.

People were safeguarded from the risk of abuse. The service worked in partnership with relevant authorities to keep people safe. Safe recruitment procedures were in place.

Infection prevention and control (IPC) practices were safe, minimising the risk of cross infection.

Systems in place to monitor the service were effective in identifying and addressing areas that required improvement. There was a positive culture at the service and people were involved in their care. People and relatives were involved in making changes to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 11 June 2019) and there was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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 regulation.

Why we inspected

The inspection was prompted in part by notification of a specific incident. Following which a person using the service died. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the management of pressure care. This inspection examined those risks.

We undertook a focussed inspection to review the key questions of safe and well-led only. We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service

can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aden Mount Care Home on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Aden Mount Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors, a specialist advisor (SpA), specialising in elderly and dementia care, and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Aden Mount is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 a manager 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 received about the service since the last inspection. We sought feedback from the local authority, commissioners and Healthwatch Kirklees. 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.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service and seven relatives about their experience of the care provided. We spoke with eight staff members including the registered manager, a nurse and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment, induction and supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed a range of records relating to the management of the service, including policies, procedures, training data and quality assurance records. We reviewed feedback from five professionals who regularly visit the service.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to follow medicines procedures to ensure safe management of medicines. This was a continued 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.

- Medicines were managed, administered and stored safely. Records showed people received their medication as prescribed.
- Physical health checks were completed prior to administering specific medications for people, for example, pulse checks. This was recorded on the medication administration record (MAR).
- Staff received training and regular competency assessments to ensure safe medicines management.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health were safely assessed, monitored and managed.
- People had risk assessments and care plans in place. These were up to date and reflective of people's individual needs and risks.
- Staff knew people well and were knowledgeable regarding people's care needs and risks. One relative told us, "Staff are very knowledgeable and on the ball" and "The staff know [name] well. I was impressed a carer knew all about [name]'s medication."
- The registered manager monitored and analysed accidents and incidents. Themes and trends were identified, shared with staff, and used to improve practice at the service.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People and relatives felt the service was safe. Feedback included; "[name] is happy and very safe" and "The service is very safe."
- The service had policies and procedures in place to safeguard people and protect them from harm.
- Staff received safeguarding training. Safeguarding incidents were being reported to the relevant authorities.
- Staff were recruited safely. Policies and procedures were in place to support safe recruitment.
- There were enough staff to meet people's needs. The provider used a dependency tool to monitor this.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 now 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.

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

- Systems and processes were in place to effectively monitor and improve the quality of the service.
- The registered manager maintained good oversight regarding the quality of service delivery.
- Lessons learned were shared with staff and action was taken to address areas requiring improvement.
- Staff received regular supervision and training to ensure they had the appropriate skills to support people.

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

- The service promoted a person-centred culture. Care was inclusive and achieved good outcomes for people.
- People were involved in their care planning. They were offered a choice and supported to make decisions to enhance their quality of life. One relative told us "[name]'s health has improved since living at the home."
- Staff knew people well. They were caring, respectful and attentive. Feedback from relatives included; "They know [name] very well. They know her quirks," "They know [name] and we know the staff as well, that is important," and "The staff are excellent."

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

- People and their relatives knew the registered manager and felt able to share any concerns. Feedback included; "The manager is pleasant, helpful and very approachable. She puts things right" and "The manager is very good. I am very happy with [name]."
- People, relatives and visiting professionals were encouraged to give feedback and make suggestions. Changes were made as a result of feedback obtained.
- There were regular staff meetings at the service. Staff felt able to raise concerns and felt supported by the registered manager.

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; Working in partnership with others

- The registered manager was open and honest when accidents and incidents occurred. They understood and acted upon the duty of candour.

- Information was shared appropriately with the local authority safeguarding team and CQC.
- The service worked effectively in partnership with other agencies to ensure good outcomes for people.