

Salisbury Care Limited

Aaron Court Care Home

Inspection report

328 Pinhoe Road
Exeter
Devon
EX4 8AS

Date of inspection visit:
28 January 2020

Date of publication:
10 March 2020

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Aaron Court Care Home is registered to provide personal care for up to 24 older people some of whom may be living with dementia. The property is a large family type home that has been extended and adapted to provide additional bedrooms and living space. Some of the bedrooms were registered as shared bedrooms but only occupied by one person, thereby reducing the maximum capacity to 21. At the time of the inspection there were 21 people in residence.

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

Staff ensured people were looked after safely. They received safeguarding adults training and knew how to report any safeguarding concerns to the local authority or CQC. The management of risks to people's health and welfare were assessed and appropriate plans put in place to mitigate those risks. The number of staff on duty each shift were appropriate and ensured each person's care and support needs were met. Staffing numbers were kept under continual review and adjusted as and when necessary.

The service followed safe recruitment procedures to ensure they only employed suitable staff. Pre-employment checks included written references and a Disclosure and Barring Service check. People received their medicines as prescribed. Medicines were well managed and administered by those staff who had been trained and were competent.

People received person-centred care. Their needs were assessed and a care plan written setting out how they wanted to be looked after. People signed their care plans in agreement. Staff received the training they needed to enable them to do their job well. For new staff there was an induction training programme and for all others there was a mandatory refresher training programme. Staff were well supported to do their job and received a regular supervision session with a senior member of staff.

People were assisted by the staff team to access any healthcare services. People received the food and drink they needed to maintain a healthy, balanced diet. Any preferences they had regarding food and drink were accommodated.

People were encouraged to retain as much choice and control of their daily lives and staff supported them in their best interests. The service was meeting the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.

People were looked after by staff who were kind and caring. People and relatives were complimentary about all aspects of care at Aaron Court. People's individual care and support needs were met and they were encouraged to make their own decisions about their daily life and the way they were looked after. The staff team had kind, friendly and good working relationships with people and their relatives.

The service was responsive to each person's specific needs and they were able to participate in a range of meaningful social activities. Trips out were arranged weekly and external entertainers visited regularly.

The registered manager and deputy manager provided good leadership and management of the staff team. The service ensured people received the health and social care services they needed. They encouraged people and their families to provide feedback about the service - their views and opinions were listened to and acted upon.

The provider of this service and another service with a separate entity had shared working directors, common to both services. They worked collaboratively with both registered managers to obtain the best possible outcomes for both services. At the time of this inspection the registered manager was not meeting with other relevant health or social care professionals or registered managers with other registered care services.

We have recommended that the provider seek opportunities for the registered manager to liaise and work with other relevant care services, to keep abreast of current best practice.

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

Rating at last inspection

The last rating for this service was Good (published August 2017).

Why we inspected

This was a planned inspection based upon 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Aaron Court Care Home

Detailed findings

Background to this inspection

The inspection

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

Service and service type

Aaron Court Care Home is a 'care home'. People in care homes receive accommodation and 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. The registered manager was not available for the inspection but the deputy manager and one senior member of staff were present.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information we had received about the service. This information included 'notifications' the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. The provider had not been asked to complete a provider information return (PIR) prior to this inspection. They had last completed their PIR in summer 2019. This is information we require providers to send to give us 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 judgements in this report.

During the inspection

We spoke with five people who lived at Aaron Court and spent time observing the interactions between people and the staff team. We were able to speak with four relatives/friends who were visiting their family member and one health care professional. We spoke with the deputy manager and five other members of staff.

We looked at four people's care records, six staff recruitment and training files, policies and procedures, complaints, audits and quality assurance reports.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

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

- ☐ People were looked after by staff who had received safeguarding training. They knew what to do if they had any concerns or suspected people were being harmed. Safeguarding training was due to be refreshed for all staff.
- ☐ Both managers had previously completed additional safeguarding training with the local authority. There were no safeguarding concerns regarding people at the time of this inspection.
- ☐ The numbers of staff on duty for each shift ensured each person's care and support needs could be met. The number of staff were adjusted as and when needed. The registered manager and deputy provided hands-on care, worked with the care staff and therefore had a good understanding of the workload.
- ☐ The care team were supported by domestic and kitchen staff and an activity organiser. Relatives we spoke with during the inspection felt that staffing numbers were appropriate.
- ☐ The service followed safe recruitment procedures when taking on new staff. This meant suitable staff were employed. Pre-employment checks included written references from previous employers and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people. Many of the staff team had worked at Aaron Court for many years, meaning that people were looked after by a consistent staff team.

Assessing risk, safety monitoring and management

- ☐ Risks to people's health and welfare were assessed and care plans written to reduce or eliminate the risk. The care plans were reviewed each month and amended if any new interventions were required by the care staff to reduce the risk.
- ☐ Where people needed assistance to move about or transfer their care plan detailed any equipment to be used and the number of staff required.
- ☐ Personal emergency evacuation plans were written for each person. These listed the amount of help the person would require in the event of a fire and the need to evacuate the building.
- ☐ There was a programme of weekly and monthly checks in place to keep the premises, people, visitors and staff safe. Checks included the fire safety equipment, hot and cold-water checks, checks of the premises, servicing and maintenance of all equipment.
- ☐ The Fire Service had visited in October 2019 and the service had been required to address a number of safety issues. The service had been given a deadline of end of April 2020 to complete the works but had already done so.

Using medicines safely

- ☐ Medicines were managed safely. Medicines were supplied in boxes and bottles and staff administered all medicines from the person's own supply of medicines.
- ☐ Each person's medicines were reviewed at least yearly by their GP. The staff ensured this happened.
- ☐ Senior staff who had completed medicine administration training and been deemed competent, supported people with their medicines. Further online training for these staff members had just been rolled out.
- ☐ The processes for the ordering, receipt, storage and disposal of medicines was safe.
- ☐ Medicine charts were checked each medicine round to ensure they had been completed correctly. This meant any recording errors were picked up quickly and addressed.

Preventing and controlling infection

- ☐ Aaron Court was clean, tidy and free from any odours. Housekeeping staff maintained the cleanliness of all areas of the home.
- ☐ Staff completed infection control training as part of the provider's mandatory training programme. They also completed food hygiene training. The service had not had any outbreaks of infection in the last year however had taken the appropriate action if one person had shown symptoms of illness.
- ☐ Personal protective equipment such as disposable gloves and aprons, and cleaning materials were provided for staff use.

Learning lessons when things go wrong

- ☐ An account was recorded of any falls or incidents and also reported to the staff team and registered manager in handover reports (between shifts). The forms used did not allow for a record to be made of any immediate action taken or any follow up. One of the forms we looked at had been recorded on the wrong form – a person had fallen but the form used was in respect of an employee incident.
- ☐ Each month however, the senior carer reviewed all accident and incident reports and amended care plans where necessary.
- ☐ As part of the registered manager's monthly reports to the provider any incidents and events were shared. These reports also included other matters in respect of the running 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 Good. At this inspection this key inspection has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- ☐ Before people came to live at Aaron Court an assessment of their care and support needs was completed. This ensured the care team had the appropriate skills to meet their needs and any required equipment was available.
- ☐ The registered manager and/or deputy gathered information from other parties who were involved in the person's care. This could include hospital staff, other health and social care professionals and the people's family or friends.
- ☐ The way people were looked after took account of their individual preferences and what they had to say about the way they wanted to be looked after. Their care and support was reviewed each month, was person-centred and based upon their specific needs.
- ☐ Staff received a handover report at the start of each shift. This meant they were always informed of any changes in people's needs.

Staff support: induction, training, skills and experience

- ☐ People were looked after by staff who were well trained. New staff had an induction training programme to complete. There was a programme of regular refresher training for all other staff to complete.
- ☐ Training records were kept for each staff member and the registered manager now kept a spreadsheet showing when refresher training was due to be completed. We were advised that improvements had been made with staff compliance with training. All staff spoken with during the inspection confirmed they were up to date with their training.
- ☐ Staff were given the opportunity to undertake additional health and social care qualifications. The provider told us that 23 staff had achieved a Level 2 or above NVQ qualification.
- ☐ Staff had a regular supervision session with a senior member of staff. The format of these meetings were to discuss what was going well, where things could improve and any training needs.

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

- ☐ People's needs were identified in respect of what they wanted and needed to eat and drink. This ensured they received enough food and drink. Body weights were checked each month, more often if necessary. Preferences, dislikes and food allergies were taken account of.
- ☐ There was a four-week seasonal menu in place and overall, meals were homemade. At lunch time there was one main option plus alternatives were made available for people. On the day of inspection, a casserole and vegetables were served and enjoyed by those we spoke with. The tea-time meal consisted of a hot snack, soup and sandwiches.

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

- On admission people retained their own family GP if this was appropriate but were allocated a nearby GP if not. The staff requested GP visits as and when needed. Where possible, people were escorted to the local GP surgery for their consultation.
- One healthcare professional told us the staff team contacted them promptly if health care advice was required and followed any instructions they left.
- Staff worked with other health care services to ensure people's health care needs were met. For example, chiropodists, dentists and opticians, district nurses and hospital staff.

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

- Aaron Court is a large family home that had been adapted and extended to provide 21 bedrooms with ensuite facilities, communal lounges and dining rooms and sufficient assisted bathrooms and wet shower rooms. To the rear of the property is a private garden with outside seating areas.
- Bedrooms were fully furnished and fitted with a call bell system. People were provided with the type of bed they needed to meet their specific needs. This may be a normal divan bed or a hospital type bed.
- The home was well decorated and well maintained throughout.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had received basic training regarding the MCA and DoLS and understood the need for people to consent to care. We heard staff asking people to make choices and to agree to them assisting them. People were involved in making decisions about their daily life.
- The registered manager and deputy had received additional training, but this had been some time back and had good working knowledge of the MCA and DoLS. At the time of this inspection there were no DoLS authorisations in place, but four applications were pending with the local authority.

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 Good. At this inspection this key question has remained the same. 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 and relatives we spoke with were very complimentary about Aaron Court and the staff who looked after them. They said, "We have a really good time here, lots of fun and laughter", "I couldn't be in a better place", "I was always worried about going in to care but it is really nice here. I am very spoilt" and "They look after me very well – couldn't ask for more". One healthcare professional was complimentary about the friendliness and compassion of the staff team.
- ☐ Staff spoke nicely about the people they looked after and had good and kind working relationships with them. This was evident in the way they interacted with them throughout the day.
- ☐ Each person looked relaxed and content and very much 'at home'. We heard plenty of friendly banter between people and staff.
- ☐ The service had received many letters and cards from families in which the staff team were complimented about the care they provided. Comments included, "Thank you for all the support you have given the family over three years. You and the other residents will be missed" and "Thank you for all the love and care you gave to mum".
- ☐ We asked people, relatives and staff if they would recommend Aaron Court as a place to live or work and all confirmed they would.

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

- ☐ People were always asked to make decisions about their daily lives and the way they were looked after. Care plan reviews took account of their views because they were encouraged to say how they felt about their life at Aaron Court.
- ☐ People were provided with person-centred care. They were asked to make choices about the activities they liked to do, their meals and drinks and how they spent their time.
- ☐ Although a 'resident' meeting had not been held for a while, informally people were asked to share their views regarding activities and the food they were served with. People were encouraged to have a say about things they were unhappy with as well.
- ☐ The last relative's meeting had been held about four months ago – a cheese and wine evening, however had been poorly attended. Relatives we spoke with said they could ask to see the registered manager or the deputy at any time and knew they would be listened to.

Respecting and promoting people's privacy, dignity and independence

- ☐ People's dignity and privacy was maintained, and any personal care tasks were always carried out in the person's own bedroom or bathrooms. During our inspection we saw many positive interactions between

staff and people. Staff provided genuine loving care, and were always polite, compassionate and gentle.

- ☐ Staff knocked on doors before entering bedrooms
- ☐ People were encouraged to be as independent as possible and have as much choice and control in their lives as possible.
- ☐ Each person looked well cared for, were clean and tidy, well-dressed and well-groomed. A hairdresser visits the service each week.

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 Good. At this inspection this key question has remained the same. 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

- ☐ Care plans were prepared for each person. These stated how the person's care needs were to be met. There was a person-centred approach to care and people's preferences and choices were taken account of. Those plans we looked at provided an accurate picture of the person's care and support needs.
- ☐ People were included in making decisions about the way they were looked after, in both the care planning and review process. People had signed their agreement to their plans.
- ☐ Staff were knowledgeable and knew people's individual preferences. This included their family and working life.

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.

- ☐ Information was shared with people in accordance with the Accessible Information Standard. Each person and their families were provided with the home's brochure. The brochure detailed the facilities in the home. The service would provide documentation in an alternative format if required.
- ☐ People's communication needs were identified as part of the care planning process, and taken account of in their care plan, providing staff with clear instructions.

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

- ☐ The service employed an activities organiser who provided a weekly plan of activities. On the day of inspection, seven people were making daffodil cards. The plan consisted of arts and crafts, bingo, skittles, knit 'n' natter and 'conversation box'.
- ☐ Using the community minibus service, a weekly trip out was arranged. The following day a group of people were going to a pub for lunch. Other examples included coastal drives and visits to garden centres.
- ☐ External entertainers provided people with the opportunity for drama therapy, flower arranging, animal therapy and armchair exercises.
- ☐ The activities organiser spent one-to-one time with people who did not wish to participate in group activities. Records were kept of all activity sessions, who was included and an assessment of satisfaction levels. This enabled the organiser to make any changes to improve people's experiences.

Improving care quality in response to complaints or concerns

- People we spoke with all stated there was nothing to complain about at Aaron Court but if there was, they felt able to do so and thought they would be listened to. Relatives commented the same and said, "The manager or deputy is always available and deals with anything promptly".
- The service had a complaints procedure. They had not received any formal complaints in the last year. Any minor issues that had been reported had been resolved. The deputy explained any issues were dealt with satisfactorily before becoming a formal complaint.
- The Care Quality Commission had been informed of one issue and this had been redirected to the service and handled appropriately.

End of life care and support

- People were asked what their wishes were regarding end of life care and decisions in respect of resuscitation after sudden collapse were recorded.
- The service is registered to provide personal not nursing care to people but would endeavour to care for people who developed palliative and end of life care needs.
- The service would achieve this by working in conjunction with the person's GP, district nurses and relatives.
- The service had received thank-you cards from relatives whose family member had passed away complimenting the staff team for the care and support provided. Comments included, "Excellent staff, compassionate and caring. Supportive end of life care. Could not recommend Aaron Court highly enough. This is what good care looks like" and "The team showed such compassion and care – wonderful 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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- ☐ It was evident from speaking with people, relatives and staff that the main aim of the service was to provide a big family home not a 'care home' as such.
- ☐ People were encouraged to have a say about life at Aaron Court. Their views and opinions were important and central to all decision making. Examples included the activities that were planned, the trips out and the meals served.
- ☐ Staff were also encouraged to make suggestions about how the service could be improved and how the lives of people could be enhanced.

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 and deputy manager were both very much involved in the day to day lives of people and were actively involved with the staff team. They were both approachable, open and honest.
- ☐ The provider visited the service each month and completed a report of their visit. The provider was kept fully informed of all aspects of the service.
- ☐ Relatives told us they were kept informed of any changes and things that had happened in the home.
- ☐ The service knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.

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

- ☐ The staff team is led by the registered manager who has been in post for 15 years. They are supported by a deputy manager. Feedback we received from people, relatives and the staff team were that they both provided good leadership for the staff team.
- ☐ The registered manager had achieved a level four qualification in leadership and management, plus other relevant qualifications and was currently doing a distance learning course. The deputy had achieved a level three health and social care qualification.
- ☐ There was a programme of audits and quality checks in place. These were completed by the registered manager or senior members of staff. Examples included medicine management and the premises.
- ☐ The registered manager or deputy manager completed monthly statistic reports, detailing information regarding 'resident' and staff issues, the number of falls, any safeguarding events and complaints for example.

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

- People and relatives had been asked to provide feedback regarding the service in October 2019 via a quality assurance survey. A number of comments were made on these forms. Following the inspection, the provider supplied the action plan that had been devised showing how they had addressed the issues raised.
- One person had raised an issue regarding low level planting and their passion for gardening. The service had created a higher-level flower bed with a plan for seed planting in the spring.
- Although resident meetings had fallen by the wayside it was evident there were daily discussions between people and the staff team. People were asked to comment about the meals, activities and the staff.
- Staff received a handover report at the start of their shift and were informed how people were doing and any requests they had made.

Working in partnership with others

- The service had good working relationships with health and social care professionals who were involved in people's care and support. This included for example, GPs, district nurses, occupational therapists and physio therapists and hospital-based staff.
- The provider of this service and another service with a separate entity had shared working directors, common to both services. They worked collaboratively with both registered managers to obtain the best possible outcomes for both services.
- The registered manager did not attend any care service forums or have the opportunity to meet with other registered managers from local care services. This meant they may be missing the opportunity to keep up to date with best practice.

We recommend that the provider and registered manager seek opportunities to work collaboratively with other relevant external agencies to support care provision, service development and joined-up care. This would ensure the service kept abreast of current best practice.