

Aaroncare Limited

Aaron Grange Care Home

Inspection report

Blacklow Brow
Huyton with Roby
Liverpool
Merseyside
L36 5XG

Tel: 01514891127

Date of inspection visit:
15 January 2020

Date of publication:
02 March 2020

Ratings

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

Summary of findings

Overall summary

About the service

Aaron Grange Care Home accommodates up to 68 people over two units in one adapted building. There were 50 people using the service at the time of the inspection.

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

We have made a recommendation about the maintenance of some records. People had a care plan for their assessed needs and they were kept under review, however these records and some care monitoring records did not always accurately reflect people's needs and the care provided. Despite this people did receive effective care and support.

There were systems in place to protect people from the risk of abuse. Staff had a good awareness and understanding of abuse and knew what to do if they witnessed or suspected abuse. Risks to people were assessed and staff followed guidance to minimise the risk of harm to people and others. Safe recruitment processes were followed and there were enough suitably skilled and experienced staff to safely meet people's needs. Medicines were safely managed, and people received their medicines as prescribed. The service was clean and hygienic. Lessons were learnt following accidents and incidents and were communicated across the staff team.

Staff received the training and support they needed for their role. Staff applied their learning in practice which led to good outcomes for people. People were supported to maintain a balanced diet and they enjoyed a variety of food and drink. People received the support they needed to access healthcare professionals and services. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people well and respected their privacy, dignity and independence. Staff were friendly and polite, their interactions with people showed positive relationships had been developed. Staff took time to get to know people's preferences and used this knowledge to care for them in the way they liked. Staff showed compassion towards people when they were emotional.

People received personalised care which was responsive to their needs, choices and preferences. People and family members knew how to complain, and they were confident about complaining if they needed to. Complaints were used to improve the service.

Checks were carried out to monitor and improve the quality and safety of the service. Most checks were effective however those carried out some people's records needed to be strengthened.

There was an open and positive culture and good partnership working at the service. The manager and other senior staff were described as approachable and supportive.

Rating at last inspection

The last rating for this service was good (published 29 June 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 Grange 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, a dementia care specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Aaron Grange is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. There was a manager in post who had applied to the CQC to become the registered manager.

Notice of inspection

The 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, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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

improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and six family members about their experiences of the care provided. We also spoke with the manager, area manager and ten members of staff including care workers and ancillary staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

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.

Using medicines

- Medicines were safely managed in line with national guidance.
- Staff with responsibilities for the management of medication had completed training in this area and underwent regular checks of their competence.
- Medication administration records (MARs) detailed people's prescribed medicines and instructions for use. MARs were signed to show people received their medicines at the right time.

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

- Risk assessments were completed, and control measures were put in place to minimise risk to people. The assessment of risk was ongoing.
- The service had contingency plans in place to manage unforeseen emergencies and each person had an up to date personal emergency evacuation plan (PEEP).
- Regular safety checks were carried out on the environment, equipment and utilities.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from abuse.
- Staff were provided with training and information about protecting people from the risk of abuse. They knew the different types and indicators of abuse and how to report any concerns.
- People told us they felt safe and trusted the staff. Their comments included; "Yes I feel very safe" and "No worries, I'm safe." A family member commented, "It is the first time in over a year that I can go home and sleep because I know my relative is safe."

Staffing and recruitment

- There were enough suitably skilled and experienced staff to meet people's needs and keep them safe.
- Staffing levels and skill mix were regularly reviewed to make sure they were suitable to meet people's needs and keep them safe.
- People told us they felt there were enough staff to keep them safe. Their comments included, "I feel safe here because there are always staff about" and "There's always plenty of staff about and I am dealt with as soon as I call anyone."
- Safe recruitment processes were followed. Before being offered a job, applicants were subject to a range of pre-employment checks.

Preventing and controlling infection

- Staff were provided with training and guidance in relation to infection prevention and control to help

support their practice.

- Staff followed good practice to minimise the risk of the spread of infection.
- Cleaning schedules were in place and being followed and the environment was clean and hygienic. One person told us, "The home is spotlessly clean" and a family member told us, "The home is always clean and odour free."

Learning lessons when things go wrong

- There was a process in place for reporting accidents and incidents which occurred at the service.
- Accidents and incidents were monitored and reviewed, and action was taken to reduce further occurrences.
- When something went wrong learning was shared across the team. Family members told us communication was good and they were notified straight away if there were any incidents or accidents.

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 question 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

- People's needs, and choices were assessed, and care plans were developed based on the outcomes of those assessments.
- Regular reviews of people's care had taken place however we found examples where care plans had not been updated to reflect changes in people's needs.
- Some people required aspects of their care to be monitored through regular daily checks. However, we found examples where charts in use to monitor people's food and fluid intake and air flow mattress settings had not been completed to show the intended outcome and to reflect the care and support provided. Despite the lack of record keeping we found no impact on people and that they were receiving effective care and support.

We recommend that the provider follows good practice for maintaining accurate records about people's care and support needs.

Staff support: induction, training, skills and experience

- Staff were provided with the support and training they needed for their job role.
- Staff were given the opportunity to review their practice and discuss any training and development needs through supervisions and appraisals. Staff told us they felt well supported
- New staff completed an induction programme under the supervision of more experienced staff and were provided with ongoing training in topics relevant to their job role and people's needs.
- Staff applied their learning in practice. People and family members told us they thought the staff were well trained and skilled. One person told us, "The staff have been encouraging me to undertake my exercises and this is helping in my recovery."

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

- People received the support they needed to safely eat and drink and to maintain a healthy and balanced diet.
- Meals and drinks were prepared in line with people's needs and staff provided people with the personal support they needed.
- People were offered a choice of food and drink and mealtimes were a positive experience. Their comments included; "There is an amazing choice of food and plenty of it. I have plenty of drinks of tea and juice," "The food is good and if I don't like anything, they always give me something else" and "I never feel rushed at mealtimes."

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

- The environment was equipped with aids and adaptations to assist people with their personal care and mobility.
 - There was signage around the service to help people identify find their way around independently.
- However, colour schemes and the use of items to promote stimulation and interaction required consideration to better meet the needs of people living with dementia.

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

- Staff provided people with the support they needed to access healthcare services.
- Staff understood people's healthcare needs and responded quickly to any changes to their health and wellbeing.
- Staff made prompt referrals to other professionals and services where this was needed for people and followed their guidance and advice.
- Records were maintained of all contact people had with other professionals and services and outcomes.

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, 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had completed training around the MCA and they understood the principles of the act and associated DoLS.
- Staff knew which people had a DoLS in place and what it meant for the person. DoLS authorisations for people were being effectively monitored.
- Staff obtained people's consent before providing any care and support and people confirmed this.

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; equality and diversity.

- People were treated well, and staff understood and supported their lifestyle choices.
- People spoke positively about the way staff treated them. Their comments included, "The girls [staff] are brilliant and they do anything you ask. They [staff] walk the extra mile" and "The staff are very patient, and you can have a laugh with them."
- Staff were knowledgeable about people's interests, background and life history and they used this knowledge to involve people in meaningful conversations and activities.
- People told us they enjoyed the laughter and banter with staff. One person said, "[Staff] always have time for a laugh and joke."
- Staff recognised when people were emotional and supported them in a sensitive way. We saw examples where staff sat next to people, held their hand and reassured them. People responded positively to this.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their independence and privacy was respected.
- Staff were respectful when speaking with and about people. They referred to people by their preferred name and spoke about people with warmth and affection.
- Staff described how they respected people's dignity when assisting them with personal care.
- Staff knew the things people like to do for themselves and they encouraged people's independence. Some people enjoyed keeping busy around the environment and staff supported them to maintain this level of independence.
- Personal information about people was securely stored and only shared with relevant others on a need to know basis.

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

- Support was provided to people and those acting on their behalf to enable them to express their views and make decisions about the care provided.
- People and relevant others were invited to express their views through regular care reviews, 'residents and relatives' meetings and the completion of surveys.
- Where it was needed people were provided with information and support to access services for independent support and advice.

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 good. This meant people's needs were met through good organisation and delivery.

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

- Care was planned around people's individual needs and choices. Care plans identified outcomes for people and how they were to be met were.
- People and relevant others such as family members were involved in the development and reviewing of care plans.
- People told us they had choice and control and received the right care and support in a way they preferred. Their comments included; "I please myself what I do with my day and I get up and go to bed when I want to" and "They [staff] do everything they need to and just the way I like it."

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

- People received the support they needed to maintain relationships and meet their social and cultural needs.
- Staff organised events and celebrations for people and their family and friends and people told us they enjoyed these.
- Some people told us they were not really interested in activities, and others told us they take part in everything. One person said, "I love going out on trips, I have been to Southport and Blackpool and sometimes I go shopping to the local shops."

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, understood and met.
- Staff adapted their communication around people's needs to provide them with responsive care and support.
- Where needed, people were provided with Information in formats which they could easily access and understand.

Improving care quality in response to complaints or concerns

- Improvements were made in response to complaints and concerns about the service.

- People and family members told us they knew how to complain and were confident in doing so if they needed. Their comments included; "I would speak to staff if I wasn't happy" and "They would know if I wasn't happy, I would tell the person myself."
- A record of complaints was maintained and showed they were listened and responded to.

End of life care and support

- People were given the opportunity to discuss and plan their end of life wishes and others such as family members were involved where this was appropriate.
- The appropriate documentation was in place for people where they had expressed a wish to not be resuscitated.
- Staff worked closely with health professionals to ensure that people experienced a comfortable, dignified and pain free death.

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 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 are clear about their roles, and understand quality performance, risks and regulatory requirements; Continuous learning and improving care

- The current manager is not yet registered with CQC; however, they had applied to CQC to become the registered manager.
- There was a clear management structure operated at the service and managers and staff understood the responsibilities of their role.
- Regulatory requirements were met for displaying the ratings from the last inspection and for notifying CQC of incidents which occurred at the service in line with regulatory requirements.
- There was a system in place for checking on the quality and safety of the service. However, they were not always effective in identifying a lack of record keeping. The manager assured us these records would be reviewed and updated.
- Managers and staff kept up-to-date with their learning. Staff were confident they would be supported when things went wrong, and that learning would take place.
- Learning took place from accidents and incidents and concerns and complaints were listened to and acted upon to improve the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Managers promoted a culture of person-centred care. There was an open-door policy at the service whereby the manager and other senior staff encouraged feedback from people, family members and staff.
- People and family members were invited to express their views and opinions about the service and make suggestions for improvements.
- Notice boards located around the service displayed details of up and coming 'resident and relatives' meetings, minutes following previous meetings and updates and information about the service.
- Staff understood the service's vision and felt valued and well supported. One staff member told us, "This is a good place to work, we pull together here for our residents, we all have the same goal, we want the best for them."

Working in partnership with others; 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 manager and staff worked in partnership with other agencies to achieve good outcomes for people. This included working with commissioners, safeguarding teams and other health and social care

professionals.

- Managers and staff worked with other health and social care professionals to develop their skills around meeting people's needs.
- Managers and staff understood their responsibility to be open and honest with people and others when things went wrong and when changes to the service were made.
- The manager shared appropriate information with the CQC and the local authority safeguarding teams in a timely way.