

Aden House Limited

Aden House Care Home

Inspection report

Long Lane
Clayton West
Huddersfield
West Yorkshire
HD8 9PR

Tel: 01484866486

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Aden House is a care home providing personal and nursing care to 35 people aged 65 and over at the time of the inspection. The service can support up to 60 people. There is accommodation and communal areas on both the ground and first floor. There is also a unit (Butterfly unit) with 20 beds which provides personal care for people living with dementia

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

People were safe and protected from avoidable harm. Individual risk assessments were in place. People and their relatives told us they felt people were kept safe. People's medicines were managed well. The home was clean and tidy throughout. There were enough staff to support people and they had been recruited in a way that helped to keep people safe. Staff received appropriate training, support and supervision.

Care plans were personalised and provided enough detail to inform staff how to support people. They included information about people's preferences and abilities. Staff supported people to participate in a range of person-centred activities. There was a system in place to manage complaints. People's practical end of life wishes were recorded, however, further work was required to ensure these were person centred.

Systems of governance were effective. Quality monitoring systems were in place. Relatives were generally happy with the care provided and staff felt supported by the registered manager. Regular meetings were held with staff and people who lived at the home.

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.

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 27 September 2019) and there were multiple breaches of regulation. 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 regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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 coronavirus 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aden House 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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Aden House 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

The inspection team consisted of three inspectors and an Expert by Experience on day one of the inspection and one inspector on day two and three. 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 House 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

The first day of inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

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 four people who used the service and six relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, deputy manager, unit manager, senior care assistant, care assistants, activity co-ordinators, the chef and domestic staff.

We reviewed a range of records. This included five people's care plans 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 were reviewed.

After the inspection

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

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.

Assessing risk, safety monitoring and management

At our last inspection we found the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a 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 this element of regulation 12.

- People were protected from avoidable risks. Assessments were undertaken by the management team for a range of risks, such as those associated with falls, diet and nutrition and skin integrity. Recognised risk assessment tools were used to help determine risks. A relative told us, "They [staff] care a lot, they have things they have in place to support [Person]. They report incidents."
- Hoist slings had undergone a thorough test to ensure they were safe to use. These were individually named and kept in the person's bedroom. We heard a member of staff provide reassurance in a calm and supportive manner to a person who was anxious about being hoisted.
- The environment was safe and equipment was well maintained. Emergency plans were in place to ensure people were supported in the event of a fire.

Using medicines safely

At our last inspection we found the provider had failed to ensure the management of medicine was safe. This was a 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 the using medicines safely element of regulation 12.

- Medicines were safely managed. People had individual medication administration records (MARs) to ensure they received their medication as prescribed. We looked at a selection of MARs and saw these were complete with no gaps.
- Where people were prescribed medicines to take 'as and when required' (PRN) information was available to guide staff on when to administer them.
- Staff had completed medicines training and had their competency assessed. However, two staff medicine competency assessments waiting to be filed had not been dated. We were unable to ascertain what date the competency assessments had been carried out. The deputy manager told us they would arrange for these two staff members to be reassessment immediately.

Preventing and controlling infection

At our last inspection we found the provider had failed to ensure the premises and equipment were hygienically clean. This placed people at risk of harm. This was a 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 the risk of infection element of regulation 12.

- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider's infection prevention and control policy was up to date.

Staffing and recruitment

- People were supported by staff who were familiar to them. Staff told us they covered extra shifts for colleagues if needed. A member of staff said, "There's no pressure to take extra shifts."
- People did not raise any concerns about staffing levels. Comments included, "I do not wait too long if I ring the buzzer" and "When I ring, staff attend." Feedback from relatives was mixed. Comments included, "There's a lot of change of staff, every time I go, I see someone different", "When I've been there's plenty of staff around" and "More staff would help, they all seem to be rushing."
- Staff were recruited safely. Pre employment checks were carried out to protect people from the employment of unsuitable staff. However, we found a gap in a staff member's employment record had not been discussed at interview. We fed back to the registered manager to take remedial action.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe. A person told us, "They look after me well." A relative said, "[Name] is well cared for."
- The provider had effective safeguarding systems in place. Staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. Staff had received appropriate and effective training in this area.

Learning lessons when things go wrong

- The manager was keen to develop and learn from events. We saw accidents and incidents were appropriately recorded and these were shared monthly with the provider's operational management. These were reviewed and monitored for any themes or patterns in order for the service to improve safety.
- Lessons learnt were shared with staff to ensure best practice was maintained.

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 requires improvement. At this inspection this key question has now improved to 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

At our last inspection we found the provider had failed to ensure accurate and complete records of people's care and support were maintained. This was a breach of regulation 17 (Good governance) 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 this element of regulation 17.

- Care plans were person-centred and identified people's abilities and preferences. Key information and needs were summarised at the start of each person's file. Plans were well organised enabling staff to access information easily. They were regularly reviewed to ensure they were accurate.
- Personal histories, people's likes and dislikes as well as their wishes and preferences were detailed within care plans. From our observations, we found staff knew people well and delivered care in a personalised way.
- Additional monitoring records, such as personal care charts, food and fluid intake and the use of topical creams and thickeners were completed; this information helped staff to identify people's changing needs or potential increased risks. However, we found one person's food supplement drink was not being recorded on their fluid chart. We fed back to the registered manager to take remedial action.

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

At our last inspection we found the provider had failed to ensure people were provided with meaningful activity which met their needs and preferences. This was a breach of regulation 9 (Person centred care) 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 9.

- People were able to regularly take part in different activities according to their personal preference. We saw a large selection of photographs depicting different activities people had taken part in throughout the year. People had recently made cartoon figures from flowerpots for the local village Flower Pot Festival competition and these figures were on display in reception.
- The provider employed two part time activity co-ordinators, who worked on the separate units within the

home. The registered manager told us staff would also support people with activities. The activity coordinators arranged a programme of activities to help people to remain occupied and entertained. A member of staff told us, "I'm always looking at the care plans, it's my bible. I then research what people are interested in to do one to one activity."

- The provider had established links with other organisations in the community, such as local religious groups who supported people with their faith. However, these were restricted due to the pandemic.

Improving care quality in response to complaints or concerns

At our last inspection we found the provider had failed to ensure the management of complaints was robust. This was a breach of regulation 16 (Complaints) 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 16.

- The provider had a complaint policy in place which was available for people and visitors. Details how to make a complaint, including information in easy read format, were displayed in the home's entrance area. We saw concerns and complaints were investigated and responded to appropriately. However, one relative told us they felt staff did not always answer telephone calls in a timely manner.
- Relatives told us they felt could raise concerns with the staff and the manager if they had anything they wanted to complain about. Three relatives told us they had not seen the complaints procedure however, they all said they would feel comfortable in making a complaint if required. One relative said, "I think they are approachable but I don't think they listen."

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.

- People's communication needs were recorded in their care plan. We observed staff communicated effectively in line with people's individual needs throughout this inspection.

End of life care and support

- People's practical end of life wishes were recorded in their care plans. However, we found care plans recorded limited person-centred information relating to end of life wishes. We discussed these findings with the registered manager and divisional director who were receptive to working towards respectfully gathering information to enable person centred care to be provided at the end of a person's life.

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 inadequate. 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

At our last inspection we found the provider had failed to robustly and effectively assess, monitor and improve the quality and safety of the service provided to people. This was a breach of regulation 17 (Good Governance) 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 17.

- At the last inspection, the home had not had a registered manager for a period of seventeen months. A fixed penalty notice was issued and subsequently paid during Spring 2020. At this inspection there was a registered manager in place. The registered manager was clear about their roles and responsibilities, they were supported by a deputy manager who was new to the role.
- Regular monthly audits took place. These included infection control, medicines and care plans. The outcome of these audits was fed into a monthly quality and governance planner which was reviewed by the regional manager as part of the provider's quality monitoring process.
- The registered manager undertook a daily walk-round of the home and areas identified as requiring attention were actioned. Daily flash meetings were held with senior staff to discuss day to day operational needs.
- It is a requirement that the provider displays the rating from the last CQC inspection. We saw the rating was displayed in the home and on the provider's website.

At our last inspection we found the provider had failed to ensure staff had received appropriate training, supervision and appraisal. This was a breach of regulation 18 (2) (Staffing) 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 18.

- Staff received induction, training, observations and ongoing supervision to help enable them to be effective in their role. Staff told us their training was up to date and records we looked at confirmed this.

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

outcomes for people

- The registered manager had an 'open door' management approach which meant they were easily available to people, relatives and staff. Feedback from relatives was mixed. One relative told us, "I've not been since March due to the pandemic. I feel if there was a problem they would ring me." However, a second relative said, "I can't believe I've seen anything to say it's a good place."
- Staff were positive about the registered manager and the provider. They said, "[Registered manager] is wonderful. They listen", "It's a good place to work" and "[Registered manager] is excellent."
- The registered manager and staff were open and transparent during this inspection. Staff said the service had improved since the last inspection. They told us the staff team had started to work together as a team and communication between staff had improved. A relative told us, "A period this time last year when things were not so good. Since then the care improved quite a lot, [Person] always seems happy."

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 understood the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong.
- The provider had consistently informed CQC of significant events at the service since the last inspection, as required by the regulations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Relatives we spoke with had been unable to attend or be involved in any meetings at the home due to the pandemic and restrictions on visiting.
- The provider produced a monthly newsletter and circulated these to relatives to keep them up-to-date about what was happening in the service and celebrated the activities people had been involved in throughout the lock down. The relative told us, "I've not been able to see [Person] since lock down, we've had emails. [Person] has been well."
- An annual survey had been carried out by the provider's head office, however this did not distinguish the feedback received by their individual care homes. The registered manager told us a local survey was in the process of being carried out.
- Staff meetings were held regularly. This was evidenced with minutes of all meetings being retained.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent and timely care. Records noted the involvement of family members, social workers, GPs and pharmacists.