Rushcliffe Care Limited

Aarons Specialist Unit

Inspection report

Epinal Way Care Centre
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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

We inspected the service on 19 July 2016. It was an unannounced inspection.

Aarons specialist unit provides accommodation, nursing and personal care for a maximum of 30 people with a brain injury or similar conditions. There were 23 people using the service on the day of our inspection.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from harm. People told us they felt safe and that there were enough staff available to meet their needs. There was a recruitment policy in place which the registered manager followed. We found that all the required pre-employment checks were being carried out before staff commenced work at the service.

Risks associated with people's care were assessed and managed to protect people from harm. Staff had received training to meet the needs of the people who used the service. People received their medicines as required and medicines were administered safely.

People's independence was promoted and staff treated people with dignity and respect. Some people were supported to follow their interests and engage in activities. We observed times of inactivity for some people. Records did not make clear if activities were consistently being offered to people.
People were supported to make decisions about the care they received. The provider had considered their responsibility to meet the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager was clear of their role in ensuring decisions were made in people's best interest.

The registered manager had assessed the care needs of people using the service. Staff had a clear understanding of their role and how to support people who used the service as individuals.

People enjoyed the meals provided and where they had dietary requirements, these were met.
Systems were in place to monitor the health and wellbeing of people who used the service. People's health needs were met and when necessary, outside health professionals were contacted for support.

Staff felt supported by the registered manager. The registered manager supervised staff and regularly checked their competency to carry out their role. People who used the service felt they could talk to the registered manager and were confident that they would address issues if required. Relatives found the registered manager to be approachable.

There were a range of audit systems in place to measure the quality and care delivered so that improvements could be made.

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

Staff understood how to keep people safe. Risks were assessed and managed to protect them from harm. People received their medicines as required and they were administered safely.

Is the service effective?

Good

The service was effective

Staff had received training and support to meet the needs of the people who used the service. People were supported to maintain their health and their nutritional and hydration needs were assessed and met.

People were supported in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring

People's independence was promoted and people were encouraged to make choices. People were supported to maintain their appearance. People's communication needs were identified and supported.

Is the service responsive?

Good

The service was responsive

Staff had a clear understanding of people's needs and supported people as individuals. People were involved in planning and reviewing their care. The manager had sought feedback from people using the service.

Is the service well-led?

Good

The service was well led

People knew who the manager was and would feel comfortable to address issues with them. Systems were in place to monitor

the quality of the service being provided. The staff team felt supported by their managers.

Aarons Specialist Unit

Detailed findings

Background to this inspection

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

This inspection took place on 19 July 2016 and was unannounced. The inspection team consisted of an inspector, a 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.

Before the inspection the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, to detail what the service does well and improvements they plan to make. Prior to the inspection we reviewed notifications that we had received from the provider. A notification is information about important events which the provider is required to send us by law. We contacted the local authority who had funding responsibility for some of the people who were using the service. We also contacted Healthwatch (the consumer champion for health and social care) to ask them for their feedback about the service.

We spoke with five people who used the service. We also spoke with five relatives of other people who used the service.

We observed care and support being provided in the communal areas of the service. This was so that we could understand people's experiences. By observing the care received, we could determine whether or not people were comfortable with the support they were provided with and it helped us to understand the experience of people who could not talk with us.

We spoke with the registered manager, senior manager, a nurse, a physiotherapist employed by the service and six care workers. We also spoke with a visiting social care professional. We looked at the care records of four people who used the service and other documentation about how the home was managed. This included policies and procedures, medication records, staff records, training records, staff rota and records

associated with quality assurance processes.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person said "When I was poorly I had a buzzer." They told us that this reassured them that staff would come if they needed them. One relative told us they thought that their relative was "perfectly safe." Another relative said, "I do think he feels safe."

Staff were aware of how to report and escalate any safeguarding concerns that they had within the organisation and, if necessary, with external bodies. They told us that they felt able to report any concerns. One staff member told us, "I would go to the manger but I could go to someone else. The number is in the book." The registered manager was aware of their duty to report and respond to safeguarding concerns. We saw that there was a policy in place that provided people using the service, relatives and staff with details of how to report concerns and who to. Clear records were kept to evidence what actions had been taken when a concern had been raised.

There was a recruitment policy in place which the manager followed. This ensured that all relevant checks had been carried out on staff members prior to them starting work. We looked at three recruitment files. We found that all the required pre-employment checks had been carried out before staff commenced work. These records included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. This meant that safe recruitment practices were being followed.

Some people displayed behaviour that could have caused harm to themselves and others. Staff knew how to offer safe support should this have occurred. One staff member told us, "De-escalating things, I find it works." We saw that risk assessments and support plans were in place for most people to support them when they became anxious. Staff could describe these and told us about strategies that they used to help people to relax. One staff member said, "I reassured [person's name] that he was safe and that we were here to help." We saw that staff had received positive behaviour support training. Positive behaviour support aims to enhance the life of people who can show challenges and looks at ways of focusing on the good things that people achieve. In these ways staff understood and knew how to respond to people's behaviours. We identified that one person whose behaviour could put himself or others at risk did not have a positive behaviour support plan in place to guide staff. The registered manager told us that this person had only recently begun using the service. They completed a support plan and shared it with us after our inspection.

Risks associated with the environment and equipment used had been assessed to identify hazards and measures had been put in place to prevent harm. Where regular testing was required to prevent risk, such as electrical safety testing, these were recorded as having happened within the required timescales. We saw that where the environment could contribute to risks associated with people's behaviour these were assessed and appropriate measures put in place. For example, where people might use their environment to self-injure.

Fire safety checks were carried out and there were procedures in place for staff to follow. There was a business continuity plan in place to be used in the event of an emergency or an untoward event. Regular servicing on equipment used was undertaken. This was to ensure that it was safe. The needs of the people who used the service had been assessed for the help that they would need in case of fire. Staff were aware of these and practiced how they would response to emergencies.

We saw that accidents or incidents were recorded. Records included details about dates, times and circumstances that led to the accident or incident. Staff were clear about how to respond. We saw that changes were made where needed. For example when a breach of the building security had been identified we saw that additional checks had been implemented. The registered manager had systems in place that enabled them to look for trends in incidents or accidents and take appropriate action if they were identified.

On the day of our inspection the ambient temperature was very high. We asked the registered manager how they were ensuring that people stayed safe in the heat. They told us that there was a service weather plan. We reviewed it and found that it did not offer advice regarding high temperatures. This was reviewed while we were at the service and the registered manager told us that government guidance would be reflected in the policy. We received assurances after our inspection that the policy had been updated and was being followed.

People were protected from risks relating to their conditions. We found that risk assessments had been completed on areas such as moving and handling, nutrition and skin care. Completion of these assessments enabled risks to be identified and guidance for staff to be put in place to minimise the impact of these. Where people required specialist equipment to maintain their safety this was in place. One relative told us, "[Relative] has a crash mat at the side of his bed now." We found that some risk assessments were not always person centred. We discussed this with the registered manager who told us that they had identified this and were working through them to update them to be more reflective of people's individual risks.

People could be assured that they received their medicines as prescribed by their doctor. We saw that medication administration record (MAR) charts were used to inform staff which medicine was required and this was then used to check and dispense the medicines. We saw that a stock check of medicines was taken regularly. We saw that people's doctors were contacted when staff had a concern about people's medications. Staff had received appropriate training before they were able to administer medicines to people. Medicines were all stored securely. On the day of our inspection the ambient temperature was very high. We found that medicines were stored at a temperature that was higher than the manufactures recommended storage temperature. This meant that the medicines could have reduced effectiveness. We discussed this with the registered manager who contacted the pharmacist for advice. We looked at the medications policy and there was no information about how to manage medicines storage during hot weather. The senior manager told us that they would ensure that the policy was amended to ensure that appropriate guidance was in place.

Good

Is the service effective?

Our findings

Staff had the knowledge and skills to meet people's needs. One relative told us, "They look after my [relative] well." Another relative told us, "It is wonderful here. His two previous homes were not. They could not cope and sent him home. He has definitely felt the benefit being here and of course, if he if he is doing well, then I am too."

Staff told us that they received training when they started working at the service that enabled them to understand and meet people's needs. Training included manual handling and health and safety training. One staff member told us, "Staff are trained properly." Staff confirmed that they had completed manual handling training and shadowed more experienced staff members before they supported people on their own. We saw training records that confirmed this. The registered manager told us that they used the Care Certificate for new staff members. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role as a care worker.

Staff told us that they had attended training courses such as, dignity in care, safeguarding and practical sessions where they used people's safety equipment to practice their moving and handling skills. The staff training records showed that staff received regular refresher training and ongoing learning. One staff member told us, "Its on-going professional development." We saw that staff's understanding of the training materials used had been assessed. For example, staff were required to complete a fire safety training book with questions about their knowledge. Staff were required to complete understanding based evaluations after they completed training sessions to demonstrate their knowledge.

Staff received support and supervision. One staff member said, "We have supervision regularly but we can go and have more supervision at any time we need." During supervision staff's progress, competency in their role, training and support needs were discussed; this enabled the registered manager to evaluate what further support staff required. Supervisions took the form of formal meetings as well as observations and competency checks. We saw that one staff member had requested that their working conditions be changed to enable them to manage their personal circumstances. Their request had been granted.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Act. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and we found that it was.

The registered manager was aware of the legislation and had considered these requirements during care planning. Staff had received training about the MCA and understood how if affected their role and the

people they were supporting. Mental capacity assessments were completed and the appropriate records were in place. We saw that there was reference to people's ability to make decisions in their care plans. Where people did not have the capacity to make decisions an assessment had been completed. The relevant people had been consulted and best interest decisions had been made on behalf of people in line with the requirements of the MCA. We were told that when a person had experienced a sudden decline in their ability to make decisions appropriate assessments and safeguards were put in place. These were based on the least restrictive intervention and reviewed so that when the person regained capacity to make decisions they were empowered to do so.

Staff understood the need to support and encourage people and knew to ask people's consent before they supported them. People confirmed that staff obtained their consent.

The provider employees trained professionals to support people's health, communication and mobility needs for example physiotherapists. These professionals supported staff to understand people's specific needs and take the appropriate actions to ensure their needs were met. The professional that we spoke with described their input with staff as being "Like a mentor." They told us that some people required their therapy in an 'opportunistic way' and that planned sessions did not work for each person. As a result they had trained staff to identify when the best times to offer the therapy would be and to deliver it at these points. We were told that as result of this people's mobility had increased. They told us, "[person] is now walking and weight bearing. This is due to a consistent approach from staff and confidence building. We saw that one person had been assessed for specialised equipment to help with their mobility as a result of having developed their skills.

We saw that people were being supported to maintain good health. People had access to health care professionals. One relative told us, "I turned up one day and they had got the doctor out." Another relative said, "They get straight in touch with doctor if needed." The records that the service kept with regard to health professional input were clear and in depth. We saw that the guidelines that had been provided to ensure people's health needs were met were being followed. All of the staff that we spoke with stated they monitored people daily for any changes in their behaviour that may indicate deterioration in their physical health.

People were provided with nutritious meals. One person told us the food was, "Alright." One relative told us, "I've been at lunch time. They seem to have a variety of good meals." They told us that if their relative chose not to eat then staff would prepare something for them later when they requested it. Staff had received appropriate food hygiene training. We observed staff following good practice when supporting some people to take their meals but this was not consistent. We saw that there were times when staff seemed to rush people and the meal time experience did not feel relaxed. We saw that the service had identified through its own quality assurance process similar observations. The registered manger told us that they would take action to ensure staff were monitored and appropriate training and supervision was provided.

Where people had specialised nutritional needs these were catered for. Meal choices were offered verbally. We observed a staff member asking people during the lunch time meal what they would like to eat the following day. We discussed this with the registered manager who told us that they would review how meal choices are offered to people to help them understand what was on offer and when.

Good

Is the service caring?

Our findings

People told us that staff treated them with dignity and respect. One person said, "They are always nice." Relatives that we spoke with agreed. One told us, "They are all little hero's. They are full of patience." Another relative told us, "Staff are very pleasant." A visiting social work professional told us that staff were, "Genuinely caring."

People's preferred methods of communication were identified and staff were given guidance about how best to communicate with people to maximise their understanding. For example we saw that one person's care plan advised staff to encourage the person to look at their communication board in their bedroom which helped explain to them where they were as the person struggled to remember at times. Staff were mindful of not overloading people with complex language and allowing them time to process what has been said. We saw that a sign had been written in a person's first language to help them understand as their understanding of written English was deteriorating due to their condition.

During our inspection we observed some interactions between staff and people who used the service that were very caring and demonstrated that staff valued people. For example, when discussing people's preferred topics of conversation with them. We did observe some interactions which were less caring where staff seemed to rush people and did not explain to them what they were doing. We discussed this with the registered manager who told us that they would address the concerns raised with the individual staff members. After the inspection the registered manager provided us with evidence that they had taken appropriate action with the staff members including additional supervision and training.

People were supported to maintain links with family members and other people who were important to them. One relative told us, "It was our Golden Wedding anniversary and they did us a nice lunch and a cake." Relatives told us that there were no restrictions on when they could visit. People's bedrooms were respected as their own and kept private. Bedrooms were decorated to people's taste. One relative told us, "It's nice he has a sitting room next to his bed, less of a hospital more a home." Staff were observed to check with residents whether they wanted their bedroom doors opened or closed after being assisted with personal activities.

People were supported to maintain their independence. One person told us, "I cooked [snack] last night. All you have to do is put boiling water and stir. I thought I couldn't do it but I did. It tasted good." A staff member said, "[Person's name] was very quiet and confined when she first came. There is a massive difference to her now, more confident." We observed another person assisting with making a cup of tea. The service had a 'practice' kitchen and laundry which enabled those who wanted to the opportunity to practice their skills.

People were supported to maintain their appearance to the standard that they wanted. One person said, "I wear comfy clothes. Staff take me to buy them. They've all helped me choose new clothes." One relative told us, "[Relative's name] is always clean and shaved and in clean clothes." We observed staff offering a person reassurance throughout the day when they asked for it about their appearance. Where a person

required support to maintain their dignity with regard to their clothing we found that staff offered this.

Good

Is the service responsive?

Our findings

Peoples' needs were met. One person said, "Staff look after me." A relative told us, "Everything is seen to here. You only have to ask." A social care professional told us, "They are good at building a rapport and minimising challenging behaviour." People's care plans included information that guided staff on the activities and level of support people required for each task in their daily routine. We saw that the level of detail in care plans was person centred so that staff had all the information they needed to provide care as people wished. We saw that people's needs had been assessed and care plans had been put in place for staff to follow to ensure that their needs were met. Care plans contained information about people's preferences and usual routines. This included information about what was important to each person, their health and details of their life history.

People's care and support needs were assessed prior to anyone moving into the service. This was to make sure that the staff team could meet people's needs appropriately. Relatives we spoke with and records we checked confirmed this. Professionals employed by the service continued to assess people for a period of six weeks from when they moved in to gain a fuller picture of their needs. From the original assessment and ongoing assessments a plan of care had then been developed.

People's plans of care had been reviewed every month or sooner if changes to their health and welfare had been identified. People using the service and/or their relatives had been involved in the reviewing of the plans of care we looked at. One relative told us, "I went to a review." Records confirmed that everyone involved in a persons' care had the opportunity to meet and review progress.

The registered manager told us that the home was decorated in a way that did not cause anxiety to people who may become over stimulated. Where people were more able to tolerate stimulating environments we saw that walls in their bedrooms were decorated to their tastes. We saw one area displayed musical memorabilia on the walls. This is of particular interest to a person and helped them to orientate themselves to find their bedroom, as well as prompting them to interact with their environment and staff.

We received mixed views and observations regarding how the service supports people to follow their interests. One person told us that they accessed activities that interested them away from the home. One visiting professional told us that, "Activities aren't the best. It's a low stimulus environment and it's hard to come up with activities. I'm not sure how often they try." We saw that people's care plans offered limited information about the types of activities that they might enjoy engaging with. Staff told us that they tried to engage people with activities and take them out into the community. One staff member said, "We do like to get them out as much as we can." Relatives confirmed this, one said, "I like that they take him out in a wheelchair. My friends tell me they have seen him out and looking good. They've seen him at [supermarket], at the park, having a cup of tea. He likes to get out." A person who used the service told us, "I like to go to the park sometimes."

Some relatives told us that they thought the service could do more to engage people. We observed people not engaging in activities for extended periods of the day. We were aware that for some people this was their

choice or that their condition meant that they struggled to maintain their focus on activities for long. We saw that the service had identified through its own quality assurance process that there were times when staff had not interacted with people in a meaningful way and that opportunities to promote people's engagement in activities had been missed. The service kept records of what activities people were involved in and what they had refused. These were not consistently completed. We discussed this with the registered manager who told us that they would review the records and take action to ensure they were completed appropriately.

People told us that they would feel comfortable making a complaint. Most relatives told us that they had no complaints but if they did they would address them with either the provider or the registered manager. One relative told us, "We had an issue but they sorted it out quite quickly." We saw that the complaints procedure was available to all people who used the service and visitors. This was in a pictorial form to maximise people's understanding. We saw that when a complaint had been received appropriate action had been taken in line with the service complaints procedure and action taken to address the concern. Where necessary the provider had issued a written apology and provided assurances that action had been taken.

People and their relatives had opportunities to give feedback to the provider about the care offered. People were encouraged to complete a questionnaire about their preferred food choices and what they felt about the meals. We saw that in the last 12 months they had been provided with a questionnaire about the home and care they received. We read many positive comments that people and their relatives had fed back to the provider such as their satisfaction with the food and environment. We saw that where comments had suggested improvements, these had been displayed within the home. We saw a 'You said, we did' board. This meant that the provider listened and took action following feedback received.

Good

Is the service well-led?

Our findings

Staff felt supported by the registered manager. One staff member told us, "She seems fair, easy to talk to and gets stuff done." Another staff member said, "They (managers) are very supportive." They told us that they felt comfortable to raise concerns with the registered manager and that they would be addressed. One staff member told us that they had been concerned about a person's bed not being suitable for the person's needs. They told us that by that afternoon the bed had been changed to one that was more suited. A visiting social work professional told us, "They take things on board and amend things."

We saw that people and their relatives were invited to meetings with the registered manager. There was a poster displayed in key parts of the home informing people and their relatives of this. In these ways the registered manager had made themselves available to gain feedback on the service.

Staff had access to policies and procedures and understood how to follow them. The registered manager ensured staff meetings took place regularly. During these meetings, the staff team were informed of any changes, training or updated on policies and procedures. Staff felt able to raise concerns during these meetings and that these would be addressed. We were told that a representative from the home had the opportunity to meet with the director regularly to provide feedback about how the service was running and any concerns that they had.

There was a range of audit systems in place to measure the quality and care delivered and so that improvements could be made. We saw that the registered manager had implemented systems to ensure the smooth running of the service. All of the necessary health and safety checks were seen to be carried out in a periodic and timely manner. The registered manager completed monthly audits of systems within the home such as medication systems. Regular checks took place to ensure that systems were in place and were working appropriately. The senior manager for the service conducted 'spot checks' in order to monitor the quality of the service. We saw that they had conducted these at times that staff would not expect them to be present. We saw that a spot check had identified a concern regarding a staff members practice. Action had been taken in line with the service's disciplinary procedure. We saw that the service had identified through its own quality assurance process some concerns with regard to staff practice while supporting people to take their meals or access activities. During our inspection we saw that some of these concerns had been addressed but not all. The registered manager told us that they were working towards an action plan to address the concerns through training and supervision.

The provider demonstrated that they monitor the service and looked for ways of improving the quality of care for people. We saw that the service had received a visit from a quality auditor within the organisation. They had undertaken a thorough check of the home and had given the registered manager an action plan to follow. We saw that the issues highlighted had been or were being implemented. The registered manager was required to complete a monthly report. Within this they provided information about events that had happened and actions taken. The registered manager told us that this was so that "The directors know what is happening in the homes."

We saw that the provider had organised a meeting for all managers within the organisation to meet to discuss their services and share practice to aid learning and development. Registered managers identified that they were experiencing some difficulties with a contractor that they used. The contractor was invited to meet with them all so that the difficulties could be addressed and resolved.

The service had been awarded 'Headway' accreditation. Headway is the UK-wide charity that works to improve life after brain injury. In order to achieve the accreditation Aarons Unit was required to meet the criteria as set out by the awarding body.

The registered manager was aware of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents that had happened. From the information provided we were able to see that appropriate actions had been taken.