

Devaglade Limited

Aaron View Care Home

Inspection report

285 Lane End
Chapelton
Sheffield
South Yorkshire
S35 3UH

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12 July 2018

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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

Aaron View Care Home is registered to provide accommodation and care for up to 30 older people. Bedrooms are located on both the ground floor and first floor level with stair and lift access. On the day of our inspection there were 21 people living at Aaron View.

This comprehensive, inspection was unannounced, which meant the provider did not know we were coming. It took place on 12 July 2018.

At the last inspection in March 2016 the service was rated overall as requires improvement. You can read the report from our last inspections, by selecting the 'all reports' link for 'Aaron View Care Home' on our website at www.cqc.org.uk.

At this inspection we found the service had improved to Good.

There was a registered manager at the time of our inspection. 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.

Management of medicines had improved and records showed people received their medicines as prescribed. Improvements had been made to control and prevent the spread of infection. The standards of cleanliness and maintenance in the home had improved since the last inspection. One downstairs bathroom had been converted into a wet room, providing new bathing facilities to better meet people's needs. Further steps had been taken to make areas of the home more dementia friendly. The registered provider continued to make sure people were protected from the risk of abuse. Staff we spoke with knew the importance of reporting any incidents. Assessments identified risks to people and management plans were in place to reduce the risks. We received positive feedback from people who used the service and their relatives. People we spoke with told us they felt safe. There was sufficient staff to meet people's needs.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People received a nutritious and balanced diet. Snacks and drinks were offered throughout the day. People told us they enjoyed the food provided at the home.

We observed staff interacting with people who used the service and found they were kind, caring and respectful. People's plans of care and other written records reflected people's current needs and their choices and preference.

The home employed an activity co-ordinator who was responsible for arranging activities and social events. The provider had a complaints procedure in place. People felt they could speak with staff if they had a

concern, although everyone told us they were happy with the service provided.

Relatives were very happy with how the service was run. There were systems in place to monitor and improve the quality of the service provided. Action plans were implemented for any improvements required and these were followed by staff. The registered manager was keen to continue to improve the service. They placed emphasis on listening to and involving people and on continued learning.

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 has improved to good.

The service had a policy in place to safeguard people from abuse and staff knew how to recognise, record and report abuse.

The registered provider had improved the systems in place to manage medicines to ensure people received their medicines safely and as prescribed. .

The registered provider had improved infection, prevention and control systems to ensure the service was maintained to a good standard of cleanliness.

Is the service effective?

Good ●

The service has improved to good.

Staff received training to ensure that they could fulfil their role.

The service was meeting the requirements of the Mental Capacity Act 2005 and this was reflected in people's plans of care.

People praised the food very highly. People received sufficient amounts of food and drink to ensure a healthy balanced diet was provided.

The registered provider had improved the bathing facilities to better meet people's needs.

Is the service caring?

Good ●

The service remains good.

People we spoke with and their relatives said the staff were caring and we saw staff being gentle and kind.

We saw lots of positive interaction between people living at the home and the staff.

People's privacy and dignity, choice and involvement were promoted. People told us staff were very respectful.

Is the service responsive?

Good ●

The service has improved to good.

People had care plans and staff understood people's needs. The registered provider had improved the frequency with which these were reviewed.

We saw social stimulation took place and people told us they enjoyed the activities. The registered manager promoted good links with the local community.

The provider had an effective complaints procedure in place and people told us they had no concerns.

Is the service well-led?

Good ●

The service has improved to good.

The registered manager had built a good team.

Quality assurance audits had been improved, were taking place regularly and were effective. The registered manager was committed to the continuous improvement of the service.

People felt they had a voice and could contribute their ideas and suggestions.

Aaron View Care Home

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 checked 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 the on 12 July 2018 and was unannounced. The inspection team consisted of one adult social care inspector 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.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. We spoke with the local authority and Healthwatch to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make.

We spoke with 12 people who used the service and six of their relatives, and spent time observing staff supporting people. We spoke with five members of staff, including two care workers, the chef, an activity coordinator, the deputy manager and the registered manager. We also spoke with one district nurse who visited the service on a regular basis.

We looked at a range of documentation relating to people who used the service, staff and the management of the service. We looked at four people's care records including their plans of care and risk assessments. We saw the system used to manage people's medication, including the storage and records kept. We reviewed staff recruitment and training records, minutes of residents', relatives' and staff meetings and policies and procedures. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

We asked people if they felt safe in the home. They told us they did. One person said, "I don't know what I would have done, if it was not for the staff here." Another person confirmed they felt safe and said the staff were nice, while another person added, "The girls[staff] help you." People's relatives confirmed people were kept safe. For instance, one relative said, "It is very safe here. I have been coming here for eight years. Staff know what they are doing, no ifs or buts. Lovely people here." Another relative said they thought the home was a, "very safe and happy place." From people's comments it was clear that people felt they were protected from abuse and harm. People could make choices and still take risks as part of an independent lifestyle.

At the last inspection we found a breach of regulation because the registered provider did not have effective infection, prevention and control systems in place. After the last inspection the registered manager took specialist advice and completed an action plan to address all the shortfalls identified. At this inspection we found improvement had been made. The management team completed improved infection control audits to cover all areas of the home and the equipment used. We found the cleaning had improved throughout the home, although, there was one small area of a lounge that smelled of urine and the floor of one store room on the lower ground needed cleaning. The registered manager responded regarding this at the time of the inspection. We asked people if they felt the home was kept clean enough and they confirmed that it was. For instance, one person said, "I definitely feel safe here, and yes, it is clean. If it was not I would tell them [the staff]." Another person told us, "I can't grumble here and it is clean."

At the last inspection we also found a breach of regulation because of shortfalls in the management of medicines. At this inspection we found improvement had been made, so that records showed people received their medicines as prescribed. Medicines were administered by staff who had received appropriate training. Medicines were stored safely. Medication administration records (MARs) and other medication records had been completed consistently. People had photographs on their medication record and information about any allergies they had. This helped to keep people safe, should staff who were unfamiliar with the person be called upon to meet their needs. Where people had been prescribed medicines on an 'as required' basis, such as pain relief, plans were in place for their use, which suited people's individual communication needs. Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are controlled drugs (CDs). These were stored appropriately. We randomly checked the controlled drugs against the CD record and no errors were found. We observed that staff who administered people's medicines explained to people what the medicine was for and offered drinks appropriately. People we spoke with were happy with the support they received with their medication. For instance, one person said, "I would sort things out if there was a problem. I get my medication on time."

However, some medicines had been delivered and were being kept in an office on the lower ground floor, while awaiting booking in. This was not an area where people who used the service had access. Although, the registered manager told us the office would normally be kept locked while any medication was kept there, we noted there was a short period when the office was not locked and no staff were in attendance.

The registered manager continued to make sure the risks associated with people's care were identified in their care records. We found risks had been identified, assessments in place and measures had been implemented to manage areas of risk such as, falls, pressure area care and nutrition. The hazards were highlighted as well as the likelihood of harm occurring. During the inspection we saw one person lifted using a hoist. The staff were very careful and caring during this process. We looked at records in relation to accidents and incidents and found the registered manager continued to improve this area of practice.

There were sufficient numbers of suitable staff to support people safely and to meet their needs. This took into consideration the numbers and needs of people living in the home. Most staff we spoke with also felt there were enough staff to meet people's needs. Although, one staff member told us they felt extra staff were needed in the mornings. We discussed this with the registered manager who was clear there were enough staffing hours to make sure people's needs were met. The registered manager told us new ways of deploying staff had recently been introduced, which meant staff's break times had been changed, making more staff available to support people at mealtimes.

Most relatives we spoke with were happy with the staffing in the home, although one relative felt there ought to be more staff around. Our observations were that people received care in a timely way. People who used the service spoke highly of the staff and said they were always there when they needed them. For instance, one person said, "When I ring my buzzer they [staff] are not long coming" and another person commented, "Staff take less than five minutes to come."

One relative said there had been a period of staff changes, which had been unsettling. The members of the management team and other staff we spoke with told us staff morale was good and all commented on what a good team was developing out of the changes.

The registered provider continued to make sure the procedure for recruitment of staff was safe. We saw checks were carried out prior to applicants being employed. These included Disclosure and Barring Services (DBS) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, by disclosing information about any previous convictions an applicant may have.

People were protected from the risk of harm because staff understood their responsibility to safeguard people from abuse. Safeguarding policies and procedures in place to guide practice and staff we spoke with could tell us how to recognise and respond to abuse appropriately. They were aware there was a policy on whistleblowing and they knew this meant reporting any concerns they had about poor practice or wrong doing at work.

Is the service effective?

Our findings

At the last inspection we found people were not provided with an environment that met their needs in relation to bathing facilities. This was a breach of regulation. At this inspection we found that the registered provider had addressed this issue by having new, accessible shower facilities installed.

The service provided care for people living with dementia and some areas of the environment had been improved to meet their needs. Although, this was a work in progress further improvements could still be made. There were reminiscence pictures or materials and items of interest that people could engage with independently. The signage was clear and some people had pictures on their doors, while others had opted not to. People were unable to have access to the lawn area of the garden, due to the design of the building. Therefore, a lot of work had been put into making the patio area nice, so people had access to a pleasant outside space, where they could get some fresh air and sit and chat.

People who used the service were happy with the way the home was maintained. For instance, one person said it was, "A nice environment." We saw improvements were being made to the décor. Most areas of the home were light, bright and looked well maintained. However, there were some carpets in the shared areas that were becoming a little tired. These were also highly patterned, which is not recommended for environments for people living with dementia. We discussed this with the registered manager, who said the maintenance plan would be updated to take this into account.

People told us staff received training and had the skills and knowledge to meet their needs. For instance, one person said, "The staff are well trained" and another person commented, "The staff know how to look after me."

The registered manager had a clear structure in place for supporting staff which ensured they had appropriate training and supervision. The management team used a training matrix to monitor staff training including when it required updating. We saw staff training was on-going and the registered manager had booked several training sessions for staff to ensure their knowledge was up to date to be able to meet people's needs. Staff told us the members of the management team were very approachable. For instance, one staff member said, "The door is always open and if I have any problems I can always talk to [registered manager]."

The supervision and appraisal matrices showed staff received regular supervision and an annual appraisal. Staff we spoke with said they received good support from colleagues and the management team, and had opportunities to discuss their work and personal development. New staff undertook the Care Certificate as part of their induction, if they did not have a background in care. The Care Certificate is a nationally recognised programme of training for care workers, which covers 15 standards and includes areas such as working in a person-centred way, privacy and dignity, communication, health and safety, equality and diversity, and duty of care.

People told us the quality of the food in the home was particularly good. For instance, one person told us,

"The food is excellent." Another person commented, "Really lovely food." One person also said the food was, "Good and hot."

There were cold drinks laid out throughout the day and tea and coffee served with biscuits mid-morning and mid-afternoon. We observed lunch in both dining areas. It was a relaxed and enjoyable experience and the food was nutritious and appetising. Some people chose to eat their food in their rooms. It was evident when talking with the chef that they took a great deal of pride in their work and we saw the kitchen was spotless. Some people required a soft diet and food moulds were used to help keep the presentation of their meals attractive.

People's care plans included their dietary needs related to their culture and health and their personal preferences. People's allergies were clearly recorded. Screening and monitoring records helped prevent and manage the risk of malnutrition. Snacks, including fresh fruit, were available throughout the day, as were a selection of drinks.

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was meeting the requirements of the Act.

People we spoke with told us staff asked for their consent to any care and treatment offered, and respected their choices. People's feedback indicated their needs were assessed and they were happy with the way their care was delivered. For instance, one person said, "The staff are nice and helpful", another person commented, "I am alright and settled and there is always somebody around." Another person said, "Staff are brilliant." People had care plans and told us they and those important to them were involved in decisions made about their care. One person confirmed that their daughter was involved in their care plan and another person said, "My family get to see the care plan."

People told us staff made sure they had access to health care services. For instance, one person said, "There is a visiting dentist and optician." One person told us the district nurse came to see them regularly. Another person said, "Staff know what they are doing and [if I were ill] I would imagine they would call for a doctor." People's records confirmed this.

Is the service caring?

Our findings

People we spoke with said the staff were kind and caring. For instance, one person said, "[Staff are] kind." Another person said, "They [staff] show me respect and they definitely do what I ask and are very kind."

People's privacy, dignity and independence respected and promoted. People commented on the high level of respect showed to them by the staff. For instance, one person commented, "[Staff] treat me with respect" and another person said, "I am treated with dignity." We saw that staff knocking on doors and calling out before they entered their bedroom or toilet areas. They were discreet when they approached people to offer help or care and personal care was undertaken behind closed doors to preserve people's dignity. The people we spoke with had appropriate clothing on and were well presented. People's relatives confirmed that the staff were caring and respectful. For instance, one relative said, "They [staff] are lovely here."

It was also evident that staff helped people to maintain their independence. For instance, one person said, "I try to get dressed and they [staff] help me when I need it." The service supported people to express their views and be involved in making decisions about their care and support as far as possible. People said that staff were good at listening to their wishes and opinions and meeting their needs. For instance, one person said, "Oh yes staff listen to me." They told us they felt they were encouraged to make everyday choices and their families were kept informed. The staff we spoke with were familiar with people's needs and how to support people, whilst maintaining their independence and respecting their choices.

Interactions between people and staff were very friendly and caring. The atmosphere was caring and people said it was homely. The rapport was good between staff and people who used the service and people felt safe and comfortable with the staff. People and staff looked comfortable together and there was a lot of laughter between them. We used the Short Observational Framework for Inspection (SOFI) to observe care and saw that staff regularly approached people asking after their welfare, and engaging them in conversation and activities.

People moved freely around within the various areas of the home. It was a warm day and we saw lots of drinks were given throughout the day. Staff made people comfortable and asked if they needed windows opening. Electric fans were also in use.

Staff were open and welcoming. They greeted visitors in a caring and friendly manner. Relatives told us they were made welcome and felt at home when visiting their family members. There was a very happy, homely feel. We saw people had 'life stories' in their care records which gave detail about people's history, family background, beliefs, hobbies and interests, and likes and dislikes. People's rooms were personalised and homely.

A lot of the written information on display was in an accessible format and had pictures to assist with people's engagement and understanding. One person told us they liked to do the job of changing a big, bright calendar each day, for the date, time and weather.

Is the service responsive?

Our findings

People we spoke with and their relatives told us staff were very responsive to their needs. From speaking with people and staff it was evident people's needs were met. For instance, one person said, "I am alright and settled and there is always somebody around" and another person said, "The staff are very good and friendly. They are always around to help."

The management team and staff had worked hard to improve the quality of people's care plans since the last inspection. People's plans clearly identified people's needs and gave sufficient detail on how to meet their needs. We also found care plans had been reviewed more regularly. The staff we spoke with had a good understanding of people's needs and knew how to meet them. One person told us, "All the staff know me well. I feel secure here. It is a lovely place to be in."

Most people said they took part in, and enjoyed, a wide range of activities and outings. People played dominoes, bingo, memory games and decorated buns and cakes. Sometimes singers came in, which they all said they loved. One person said, "Singers come here every other Wednesday and we do exercises." Another person said, "Whatever trip there is, I go on." Another person liked to be involved in the housework and enjoyed dusting and cleaning the carpet with a carpet sweeper. The activities person spent time with people on a one to one basis chatting and reminiscing and doing the ladies' nails.

There were colourful flowers in pots, which the people who used the service enjoyed looking after on the patio. There were tables and chairs and brightly painted benches and the registered manager said they were hoping to have artificial turf fitted to improve it further. One person's hobby was gardening and they were, very successfully, growing a range of vegetables, including tomatoes onions, leeks, peas and runner beans.

The home invited everyone's families to celebrate the royal wedding and the registered manager was proud of the relationships the home had developed with the local community, including, a local nursery, a school, and a particular pub. However, there were one or two people who said they would like more activities.

People were supported to keep in touch with those who were important to them, such as their friends and families. One person said, "Staff would phone for me, if I wanted to speak to my family. They come here to visit." Another person told us, "I have good contact with my family" and another person commented, "My daughter takes me out. I go for a walk." People were aware of the care planning process and confirmed that they and those close to them were involved in their care plans. People's relatives told us they had seen their family member's care plans.

People's religious and cultural needs were taken into account and planned for as part of everyday practice. Staff recognised and respected people's religions, beliefs and customs. A range of pastoral visitors and church leaders visited the home. The registered manager told us they were keen to make sure people's right to vote was maintained and had arranged for postal votes for people who wanted them for a recent local election and had written to the various candidates to ask if they wanted to visit and speak to people.

The service had a complaints procedure in place and it was displayed in the main area of the home. People knew how to complain and most told us they would inform the registered manager if they were unhappy with their care.

The service had received 12 complaints since the last inspection and these has been on two general themes. People receiving the wrong clothing back from the laundry and lack of detail in the care people received, for instance, people not wearing their glasses. The registered manager told us staff had been reminded to pay attention to detail when providing care to people and of the importance of making sure people received their own clothes, as this was respectful and upheld people's dignity. We found these areas of practice had improved at the time of our inspection. The registered manager told us she had been speaking to people daily to make sure they were happy. The people we spoke with were very happy, told us they had no complaints and it felt there was a really nice atmosphere in the home. One person said, "I would go to the manager if I wanted to complain. Another person said, "I would complain to staff if needed. There has been no need to complain" and one person said, "Never had to [complain]. If I had a problem I would contact my [relative]. I have a mobile phone."

People's relatives told us they spoke regularly with the members of the management team and would not hesitate to talk to them if they had any concerns or complaints. For instance, one relative said, "I have good contact. I would go to [registered manager] or [deputy manager] if I had a problem."

Is the service well-led?

Our findings

There was a registered manager who was registered with CQC since December 2016. 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. A deputy manager supported the registered manager in the day to day running of the service.

We found the registered manager to be very welcoming, enthusiastic and committed to the continuous improvement of the service. This attitude was mirrored by the staff team. The range of quality assurance audits had been expanded and improved and this was effective in monitoring and improving the quality of the service. Action plans were implemented for any improvements required and these were followed by staff. These systems ensured lessons were learned and the registered manager was keen to ensure any learning was shared effectively within the staff team.

In the entrance area there was a picture board that displayed the staff's photos, so the people could identify who everyone was. There was also a suggestion box. When we asked for an example of good things about the home one person replied, "Everything." One person said, "I enjoy going out on to the patio. I cannot think of anything to improve it here." Another person said, "I'm sure it's well run. I can't get better. They do their best and always make you feel at home. They look after us and I like the new curtains."

People told us they felt as though they were listened to. People knew who the registered manager was and had every confidence in her. The registered manager was visible around the home during our inspection and clearly knew all the people who lived at Aaron View well. People and their relatives praised the registered manager for the way they engaged with people and maintained contact with people's relatives. They all felt the members of the management team were approachable. For instance, one person told us, "The manager is approachable." One person's relative said, "[The registered manager] is very approachable and lovely" and another relative said, "[The deputy manager] is brilliant. I come once or twice a week and they always come and talk to me."

It was also evident that the team worked well in partnership with other professionals, to provide a person-centred service that met people's needs. The healthcare professional we spoke with gave very positive feedback about the management of the service. They told us that communication between themselves and the service was good, adding that the staff were lovely and the standard of care was good. They were impressed by the work the managers and staff had put into improving the service since the last inspection.

People were encouraged to share their views at meetings and fill in surveys. Questionnaires were regularly sent to people who used the service, their families and professionals who visited the home. People's relatives confirmed they were asked to fill in surveys, and the managers and staff listened to their opinions and comments.

Some people who used the service had said they did not wish to attend meetings. Therefore, the manager

talked to them in small groups or individually. One person who used the service had volunteered to become the 'resident's ambassador to represent people's views on their behalf, if, for whatever reason, they were unable or reluctant to do so themselves. They met with the registered manager to discuss people's views on a regular basis. There was a large photograph of the person displayed, explaining their role and asking people to meet with them. One person told us, "I sometimes have a little talk at the meetings. I have seen the notice about the spokesman, but not been yet." Few people we spoke with said they wanted to speak with the ambassador. People told us they did not feel the need, as they were very happy with the way things were managed.

A regular newsletter was published and given to people along with the questionnaires throughout the year. This was informative and explained what was planned and any changes being made. The results of the surveys we saw indicated that people and their relatives were happy with the service. It was clear from the newsletters we saw that people's suggestions were listened to and acted upon. For instance, the newsletters for April and May 2018 included lists of new items purchased because of people's feedback. This included gardening equipment for the patio and some new cushions.

Staff meetings took place regularly and provided staff with a forum to discuss and be involved in the development of the service. Care staff few spoke with said the members of the management team were supportive and had made a positive difference to the service and staff morale since they had been in post. They said staff worked together well, they were clear about their roles and responsibilities, and had access to policies and procedures to inform and guide them.