Aarondale Health Care Limited

Aarondale House

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Aarondale House is a residential care home that provides accommodation and personal care to people aged 65 and over. At the time of this inspection 15 people were living at the service.

People's experience of using this service and what we found
The service has failed to receive a good rating for the last five consecutive inspection. Systems in place had failed to improve the quality and safety of the service. The provider had failed to learn from previous inspection findings, advice given from visiting professionals and feedback from people living at the service.

There was insufficient staff to meet people's needs and to ensure a safe clean environment. This meant people had to wait for personal continence care and support with their meals and staff were not available to respond to risks to people. There were no planned activities and a lack of stimulation for people.

Infection control procedures were not effective to reduce the risk of spread of infection during the COVID-19 pandemic. Medicines were not managed safely. Appropriate health and safety checks had not been carried out and risk management was not effective, placing people at risk of harm.

Safe recruitment practices were not followed. Staff did not receive adequate induction, training, or supervision to ensure they had the appropriate skills and knowledge to support people.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. We have made a recommendation about the application of the Mental Capacity Act 2005.

People were supported to see health professionals and relatives felt they were kept up to date with appointments.

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 10 May 2019) and there were 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 enough improvement had not been made and the provider was still in breach of regulations. This service has been rated requires improvement for the last four consecutive inspections. This inspection has been rated inadequate.

Why we inspected
We completed our direct monitoring activity in which we identified concerns in relation to staffing, risk

management, good governance. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. 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.

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 COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to inadequate. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aarondale House on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to medicines, assessing risk, infection control, health and safety staffing, recruitment and governance.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures
The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 not safe. Details are in our safe findings below.	**Inadequate**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service well-led? The service was not well-led. Details are in our well-led findings below.	**Inadequate**

Aarondale House

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
Three inspectors carried out this inspection.

Service and service type
Aarondale 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
This 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, health watch and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. Prior to the inspection we spoke with two relatives. This information helps support our inspections. We used all of

this information to plan our inspection.

During the inspection
We spoke with three people who used the service about their experience of the care provided. We spoke with seven members of staff including the nominated individual, registered manager, senior care workers and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four 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 training data and quality assurance records. We spoke with two relatives.

Inadequate

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 deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

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

- Health and safety checks had not been carried out which put people at risk of harm should there be an emergency. There had been no regular fire drills or fire extinguisher checks and legionella checks.
- Recommendations from the fire brigade had not been implemented to reduce the risk to people. Some staff had not received training in fire safety procedures. Staff confirmed they were not sure what action to take in the event of a fire.
- Care plans and risk assessments were not always in place or had not been updated to guide staff how to deliver safe care and reduce risks. One person had no care plan in place to guide staff in how to support this person effectively and due to this concerns had been raised regarding their practice.
- Accident and incidents were reviewed by the registered manager. However, they had not always identified concerns or ensured action was taken. For example, one person had numerous falls, but their care plan and risk assessment had not been updated. There was no analysis of themes and trends to identify themes across the service.

The failure to assess and monitor risk was a breach of regulation 12, (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection we requested immediate reassurances from the provider. They sent evidence internal checks had commenced and that a care plan had been implemented.

Using medicines safely

- People's medicines were not managed safely. One person did not have the correct amount of stock of medication and staff could not account for the missing tablets.
- Staff did not receive regular competency assessments to ensure they were administering medicines in line with best practice.
- Staff did not always stay with people to ensure they had taken their medication. We observed one person had not taken their medication due to this.
- Hand hygiene procedures were not always followed when handling people's medicines.
- When people did not want their medications in line with the prescriber's instructions this had not been discussed with an appropriate professional such as a pharmacist or GP.

The was a breach of regulation 12, (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

● Staff were not always wearing Personal Protective Equipment (PPE) appropriately. For example, they were observed to be not wearing masks in communal areas or wearing masks under their chins. Recent feedback from professionals was staff were not wearing the appropriate PPE.

● The service was not always clean and tidy. For example, a room were visits where been held was dirty, the carpet was dirty and there were cobwebs around the room.

● Practice did not always prevent risk of the spread of infection. For example, staff were wearing jewellery and used lateral flow tests had not been disposed of safely.

● Equipment such as wheelchairs and hoists were dirty. They were also stored in bathrooms that were in use.

● Advice from the local authority infection control team had not been acted upon to reduce the risk of spread of infection.

The provider had failed to ensure effective infection and prevention control measures were in place. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment.

● At the last inspection we recommend the provider develops a system to ensure relevant checks are made to ensure staff are of good character and suitable for their role prior to employment. At this inspection we found improvement had not been made.

● One person had a risk assessment due to not receiving references however this was not fully complete and contained incorrect information.

● Disclosure and Barring Service (DBS) checks had not been carried out when people had left the company and returned after a significant time.

● The provider did not do any annual declarations or renew DBS to ensure people remained of suitable character.

The provider had failed to ensure recruitment procedures were operated effectively. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● There was insufficient staff to meet people's needs. The registered manager told us they had three staff on shift, there was insufficient staff to respond when people required support and assistance from staff.

● There was six people who required two staff to support them at times, rotas showed at times there was only two staff available which meant other people were left at risk when staff were supporting one of the six people.

● The provider did not use any tool to assess the staffing levels and ensure there was enough staff to meet people's needs. One staff member told us, "The residents are not getting much care, it feels like we are there to do personal care, toileting and feeding only. The residents don't have a good quality of life and carers only have time to go through the motions."

● There was no cleaner employed to undertake cleaning duties.

● There were no activities coordinators at the time of inspection. Staff did not have enough time to provide people with stimulation. One person told us, "They don't really do activities, they just don't have time as people need a lot of support."

Failure to have sufficient numbers of staff is a breach of regulation 18, (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Following the inspection we requested immediate reassurances from the provider. They confirmed they were doing a full review of staffing levels and would increase the staffing levels.

Systems and processes to safeguard people from the risk of abuse

● We were concerned about the support given to one person during the inspection. We informed the local authority safeguarding team of our concerns.

● Staff were aware of the types of abuse and told us they felt confident to report any signs of abuse.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- There was no competency assessment carried out to ensure staff followed correct procedures in relation to Infection Prevention and Control and administering medication. We identified concerns which showed staff required further training to ensure they had the appropriate knowledge and skills.
- The providers training matrix showed training was out of date or had not been completed.
- Staff did not receive regular supervision and appraisals.
- Staff told us they received shadowing when they first started. However, there were no records of this or a comprehensive induction.

The failure to ensure staff received sufficient support, supervision and training is a breach of regulation 18, (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider did not always follow the principles of the MCA when making decisions in people's best interests because they did not always consult or involve the appropriate people.
- Some people had restrictions on their liberty which had been authorised under the DoLS.

We recommended the provider review their procedures on the MCA.

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

● People did not always receive care in line with standards. People did not always receive person centred care due to the lack of staffing.

● Assessments were carried out prior to people been admitted to the service, however these lacked details. Assessments were not always used promptly to develop appropriate care plans.

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

● The building was not fully accessible to people. For example, the back garden was not suitable for people in a wheelchair or with mobility issues. There was a front garden area available. One staff told us, "The back garden is awful, the residents ask to go outside. Residents are not allowed to go out there, staff have suggested a lift or a ramp."

● Storage facilities were not sufficient. Bathrooms were used as storage rooms for equipment. People's rooms also had a significant amount of equipment stored in them. For example, one bedroom had four wheelchairs in.

● People had been able to personalise their rooms, for example putting pictures up.

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

● People were offered a choice of meals, however there was no menus on display for people to see what was available that day.

● Monitoring charts were not always in place for example when people were at risk due to regular urine infections due to lack of fluids.

● People were happy with the food available. One person told us, " I love the food here, it has been good throughout I really liked it."

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

● Staff supported people to access health care professionals.

● One relative told us, "During the COVID-19 pandemic, they took [name] to their hospital appointments because I couldn't anymore, and they always made the staff available and were really good at communicating."

Inadequate

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 requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection we identified the provider failed to assess, monitor and improve the quality and safety of the services provided which was a breach of regulation 17. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider had failed to ensure the service made the necessary improvements. This is the fifth consecutive inspection the service has not been rated as good.
● There were shortfalls in the way the service was being led, which resulted in continued and new breaches of regulations.
●The provider had failed to learn and improve the service when advice was given from visiting professionals such as the Local Authority Infection Control Team.
● Audits in place had failed to identify and act on the areas of concern we identified at this inspection.
● Records were not always stored securely. We observed care plans stored in the dining room with the door open and unlocked. We raised this with the registered manager who closed the door, but it remained unlocked.
● Records were not always easily accessible. For example, we asked for the providers policies and procedures, but these were not at the service due to getting updated meaning they were not accessible to staff.
● There was a failure to manage risks posed to the health, welfare and safety of people. This included safe staffing levels, medicines, infection and prevention control and risk management.
● Staff could not keep accurate and contemporaneous records. People's care records were not completed in real time and did not reflect the care and support they should receive.

Failure to assess, monitor and improve the quality and safety of the service was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Staff did not wear name badges. This had been previously been recommended and during this inspection we observed one person asking a staff member their name and saying it would be helpful if they had their

name on.
● The provider had failed to act on feedback to improve the service. Surveys carried out by people living there commented on the lack of activities and staffing levels both in 2020 and 2021. We also identified these issues at this inspection.
● No staff satisfaction surveys had been carried out.

Failure to seek and act on feedback to drive improvements in the quality and safety of the service was additional evidence of the breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People did not always receive person centred care due to the poor staffing levels.
● We identified practices indicating a poor culture in the service such as posters up in two people's rooms with times to turn televisions off and set mornings when lounges couldn't be entered due to cleaning.
● Daily notes were not person centred and were not written in real time.

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 management team were honest and open throughout our inspection. The registered manager acknowledged improvements were required.
● The provider had notified the appropriate people when things went wrong.

Working in partnership with others
● The provider had been attending meetings and working with local health watch team with regard to improving the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure recruitment procedures were operated effectively to ensure safe recruitments practices. 19(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider has failed to deploy sufficient numbers of staff. They had failed to ensure staff received induction, training and supervision to ensure they were competent in their role. 18(1)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure risks to people were mitigated. Medicines were not managed safely. The risk of spread of infection was not mitigated. Appropriate health and safety checks were not carried out to ensure a safe environment. 12(2)(a)(b)(d)(f)(h)

The enforcement action we took:

We have issued a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess, monitor and improve the quality and safety of the service, They provider had failed to assess monitor and mitigate risks relating to the health and safety of others. The provider had failed to maintain accurate, complete and contemporaneous records. People were not fully engaged in the running of the service and their feedback was not used to improve the service 17 2 (a)(b)(c)(e)

The enforcement action we took:

We have issued a warning notice.