

Aden House Limited

Aden Mount Care Home

Inspection report

Perseverance Street
Primrose Hill
Huddersfield
West Yorkshire
HD4 6AP

Tel: 01484515019

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14 May 2019

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11 June 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Aden Mount is a purpose-built home situated in Primrose Hill, a residential area of Huddersfield. Aden Mount offers personal and nursing care and accommodation for up to 27 older people and care for up to 18 people aged between 18 and 65 years with a physical disability.

The inspection took place on 14 May 2019 and was unannounced which meant the people living at Aden Mount and the staff working there didn't know we were visiting.

The service was previously inspected in August 2018, when we identified four breaches of regulations. The registered provider did not ensure there were sufficient staff to meet people's needs, care plans did not contain sufficient information to ensure person-centred care, risks were not managed including medication and there was not an effective quality monitoring system in place and no provider oversight or governance. The provider had sent us an action plan to tell us how they would address the areas we raised on inspection. At this inspection we found the service had improved although new systems still required embedding into practice.

You can read the report from our last inspections, by selecting the 'all reports' link for 'Aden Mount' on our website at www.cqc.org.uk.

People's experience of using this service:

We completed a tour of the home with the registered manager, we found the décor and furnishing in some areas were worn and tired. The registered manager explained that there was a maintenance and renewal programme in progress and all the areas we had found were included in the programme.

Medication systems were in place, however, we found these were not always followed. Care plans had improved since our last inspection and were more person-centred and people were involved in developing their plans. The registered manager told us they were continuing to improve the plans of care. Risks associated with people's care, including moving and handling had been identified and were detailed in the plans of care. However, we found there could be more detail to guide staff to ensure people were moved safely.

The new registered manager and provider had introduced new quality monitoring and audit systems. These had identified most of the areas for improvement and most were very thorough and effective. However, we found continued issues with medication administration that staff were still not following procedures. The new systems still required embedding into practice.

People told us they generally felt safe. The provider had a system in place to safeguard people from the risk

of abuse. Staff told us they received training in safeguarding and confirmed that they would take appropriate action if they suspected abuse

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider was adhering to the principles of the Mental Capacity Act (MCA). People who lacked capacity had decisions made in their best interests.

Peoples nutritional needs were met. People who required support with their diet had their needs met by staff that understood their dietary requirements. We observed the lunch time meal the food served was well presented, appetising and special dietary needs were met. However, we found the experience for people on one unit where they stayed in their rooms could be improved.

Staff told us they had received the training and support they needed to carry out their roles well. They said they had been supported by the new registered manager. People had confidence in the staff and told us they were happy with the care they received from the care workers. All people we spoke with spoke highly of the care workers and the registered manager.

Staff were respectful of people's privacy and dignity. We observed staff interactions with people they supported were caring and kind. Staff we spoke with knew people well and understood their needs.

There was a complaints procedure available which enabled people to raise concerns or complaints. People we spoke with told us they were listened to and any concerns raised were dealt with promptly and resolved.

There was a varied and appropriate activity programme and people had regular access to the community.

The registered manager and the provider, had implemented a new audit system and quality monitoring system, which we looked at. This had identified many issues and had an action plan in place. However, the audits had not always been effective as we identified continued issues with medication administration. The new systems needed embedding into practice.

Rating at last inspection:

At the last inspection the service was rated requires improvement with the key question 'is the service safe' rated inadequate. (last report published 24 November 2018).

Why we inspected:

This was a scheduled inspection based on the previous ratings.

Follow up:

We will continue to monitor the service through the information we receive. We also requested some further information from the provider to reassure us people are safe, which we have received including the providers action plan.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led but new systems required embedding into practice.

Details are in our Well-Led findings below.

Requires Improvement ●

Aden Mount Care Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was carried out by two inspectors 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.

Notice of inspection:

This inspection was unannounced in line with our current guidance.

Service and service type:

Aden Mount is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides accommodation for up to 45 people, including people living with dementia and physically disabled in one purpose build building. At the time of our visit there were 39 people using the service

What we did:

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the CQC by the registered provider.

We used a range of different methods to help us understand people's experiences. We spoke with ten people

who lived at the home about the support they received. We observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit. We completed a Short Observational Framework for Inspection (SOFI) to gain an understanding of this interaction. We also spoke with five visitors to gain their feedback on the quality of care received.

We spoke with eleven staff, the registered manager, the regional manager, five care staff, a team leader, a domestic, the cook and the activity co-ordinator. We reviewed care plans for four people to check they were accurate and up to date.

We discussed medication procedures with the nurse and senior care worker and checked medication records. Checked recruitment records and training and supervision records. Looked at accidents and incidents analysis, complaints management. We also looked at quality assurance checks to determine if they were identifying areas of improvement and acting to address them.

Following our inspection, the registered manager sent us some information. This was to address some issues we identified at inspection to ensure peoples safety.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

At our inspection of August 2018 this key question was rated inadequate. This was because sufficient numbers of staff were not always deployed to provide safe and effective care and support. Staff had not received up-to date training. Risks to people were not consistently assessed and appropriate measures were not always in place to reduce risks. Medicines were not always administered safely. At this inspection we found the provider had made improvements sufficient numbers of staff were effectively deployed and trained and most risks were appropriately assessed and managed. However, there were still issues identified with medicines this had not been fully addressed to meet the improvements required. The rating for this key question had improved to requires improvement.

Using medicines safely

- Most people's medicines were managed in a safe way. However, we identified staff did not always follow procedures. For example, carried over amounts of medicines were not recorded, as required medicines were not always recorded correctly, protocols lacked detail to guide staff when to administer medication and the temperature of rooms where medication was stored was not monitored. The registered manager had also identified this during audits, but the issues were not addressed as the errors were still occurring, so the audits and action plans were not effective.
- Following our inspection, the registered manager sent us confirmation this was being addressed with staff to ensure the systems were embedded into practice.
- Systems were in place for ordering, administering and disposing of medicines safely.
- Staff were trained to handle medicines safely and had completed competency assessments to ensure their knowledge remained up to date. However, these were not always effective as staff did not always follow correct procedures. This was being addressed by the registered manager.

The above is a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. Medicine procedures were not always followed to ensure safe management of medicines.

Preventing and controlling infection

- We found the home was kept clean. However, areas of the home were tired, damaged and not well maintained to be able to be effectively cleaned. For example, damaged furniture that exposed untreated wood, stained carpets and chairs with engrained dirt.
- The registered manager had identified this in the quality monitoring and an action plan was in place to ensure maintenance and renewal of all areas that required attention. We saw the action plan, and this covered all areas we had identified. We also saw some areas had been re-decorated.
- Staff followed infection, prevention and control procedures to ensure people were protected from spread

of infections.

Assessing risk, safety monitoring and management

- At our inspection of August 2018, we found risks to people were not consistently assessed and appropriate measures were not always in place to reduce risks. This was a breach of regulations. At this inspection we found risks had been assessed and were managed by staff who were knowledgeable and understood people's needs to ensure people's safety. However, we identified that where people were supported using hoists the risk assessment lacked detail. The registered manager addressed this immediately and sent us confirmation in writing following the inspection.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had procedures in place to protect people from the risk of abuse.
- Staff we spoke with confirmed they had completed training in this subject and knew what actions to take to keep people safe.
- The registered manager kept a log of safeguarding incidents which showed that appropriate action had been taken when required.

Staffing and recruitment

- There were enough staff on duty to support the needs of people and keep them safe. All staff we spoke with told us they felt there were enough staff to meet people's needs.
- We observed staff attend promptly to people if they heard them calling out or observed them in need of attention and call bells were answered promptly. This evidenced sufficient staff were on duty to meet people's needs. People we spoke to told us they never had to wait long for assistance. One person said, "I ring the bell, I never wait long."
- Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people.

Learning lessons when things go wrong

- The provider had systems in place to ensure lessons were learned when things went wrong. The registered manager updated the regional manager on a weekly basis, of all incidents and the action taken. This included accidents and incidents, pressure damage, infections and weight loss.
- We saw a log was kept of accidents and incidents which had occurred. This included any actions taken to minimise the incident reoccurring.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

At our inspection of August 2018 this key question was rated requires improvement. This was because the service did not ensure staff received appropriate support, training, supervision and appraisal. People did not receive effective care that met their needs and the principles of the Mental Capacity Act 2005 were not always followed. At this inspection, the rating for this for this key question had improved to good.

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

- People's needs were assessed before any service was provided, this was to ensure their needs could be met by the home.

Staff support: induction, training, skills and experience

- Staff received appropriate training to be able to fulfil their roles and responsibilities. Staff told us the training was good.
- Staff had completed an induction when they started working at the home. They said they had shadowed an experienced care worker when they commenced in post. The registered manager told us new, inexperienced staff were undertaking the Care Certificate, which included essential training.
- Staff were supported and supervised. This ensured they had the skills and knowledge to support people.
- Staff told us additional training was provided so they could meet the needs of people using the service.

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

- People were supported to receive a balanced, nutritious diet.
- We observed lunch in the dining room and on the top unit. Staff said meal times were protected time so no family or visitors unless it was a specific reason. People were escorted into the room and asked where they would like to sit, staff asked, "Is here alright or over there?"
- People had already chosen their meals. However, care staff checked if it was still their choice.
- The tables were laid with clean cloths and napkins, condiments, a water jug, cutlery, cups saucers and glasses. All people were offered a choice of drinks, staff offered people clothes protectors. Staff asked, "Do you want a pinny?"
- We observed staff chat with people, allowing people the time they needed to eat We observed a care worker indistinctly and sensitively prompt a person to start eating, the person then ate independently needing another prompt later.
- The meal service on the top unit was a new system, the registered manager had introduced a hot trolley as feedback from people was the food was often cold. The staff were rushing the service and food was taken to rooms without a tray and uncovered. Staff said if they didn't do the service quickly they got behind. We discussed this with the registered manager who explained they needed to do a meal time observation and ensure effective deployment of staff and the new system was embedded into practice. They also told us they

intended to install a small kitchenette area on the top floor to make the process easier.

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

- People told us staff supported them to access healthcare professionals such as their GP when necessary. Information we found in care files showed health care professionals were accessed and their advice followed.

- Staff were aware of procedures to follow if they identified a person was unwell or had deteriorated. We found if someone needed to go to hospital a system was in place to ensure all the relevant information would be sent with them.

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

- The design of the service met the needs of people. There were communal areas and wide corridors and accessible outside space. However, the decoration was tired, and areas worn and damaged. The new provider had an environment improvement plan in place, which was being followed we saw that some improvements had already been made. For example, the dining room had been redecorated and new floor coverings were due to be fitted. The registered manager had many ideas to further improve the environment to meet the needs of people. For example, to install a new kitchenette on the top floor to improve access to drinks and food and improve the meal time experience.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the service was meeting all the requirements of the legislation.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

At our inspection of August 2018 this key question was rated requires improvement. This was because we did not always observe caring interactions between staff and people who lived at the home. At this inspection, the rating for this for this key question had improved to good.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind and spoke to people in friendly, caring and respectful manner. It was clear that staff knew people well. Staff took time to explain things to people in a calm and patient way. People spoke highly of staff one person said, "The staff are lovely." Another said, "The staff are very kind and accommodating, they are the greatest." Relatives also praised staff one relative said, "They are absolutely fantastic, I can't fault the care."
- Staff spoke to people in a way they understood and knew how to speak to people and how to position themselves to meet people's communication needs.
- People were relaxed and confident in the company of staff. People we spoke with all told us the staff were approachable, supportive and compassionate.
- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- Staff supported people to make decisions about their care. We saw staff asking for consent from people before supporting them, they clearly explained to people what they wanted to do and why. People told us they were always involved in decision making. One person said, "They [the staff] ask for consent and knock on my door. I make all my own choices and staff respect this."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of maintaining people's privacy and dignity. We observed staff knock on doors before entering, closing doors when they were providing personal care and people confirmed their privacy and dignity was maintained.
- People's independence was promoted. We observed staff supported people to be as independent as possible. One person said, "Staff respect my independence I walk to town every day, they [the staff] respect my choices."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

At our inspection of August 2018 this key question was rated requires improvement. This was because care plans did not always reflect people's needs, preferences, choices and personal histories and staff were not always aware of people's care and support needs. Relatives and staff did not feel their concerns were always listened and responded to. At this inspection, the rating for this for this key question had improved to good.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- people received personalised care that met their needs. Care plans had been improved since our last inspection. The registered manager told us they were continually being improved and reviewed to ensure and changing needs were captured. The care plans we looked at detailed people's needs and gave detailed guidance to staff.

- Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.

- People receive appropriate social stimulation. The service employed a dedicated activities co-ordinator. There was also an activities room where specific crafts could be carried out. There was a planner displayed, which listed activities available. These included, chair exercises, bingo, one to one session for people who were cared for in their rooms, relaxation and pamper sessions, arts and crafts. There was a varied choice of activities to cater for all people's preferences.

- The coordinator also followed events, such as national doughnut week, national vegetable week and Alzheimer's events. They were also working on a sensory garden outside. They told us they also do indoor gardening once a fortnight. People had planted sunflower seeds in memory of someone who had died.

- External entertainers were also regularly arranged. For example, singers and a ukulele band. The activity coordinator told us they were currently arranging an event for the 75th anniversary of D-day in June.

Improving care quality in response to complaints or concerns

- The provider had a complaints system in place and concerns raised were taken seriously and lessons were learned to ensure the same problem was not repeated.

- The registered manager kept a log of concerns raised which evidenced the providers policy was followed.

End of life care and support

- People were supported to make decisions about their preferences for end of life care if they wished. Care records we saw showed discussions had taken place with the people and their relatives. Their wishes had been recorded. The registered manager told us they wanted to improve the end of life care plans and this was something they were developing.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At our last inspection of August 2018, this key question was rated as requires improvement. This was due to a lack of oversight and accurate and complete records were not always kept in relation to the care and support provided. The provider sent us an action plan to let us know how they would address these issues. At this inspection we found that improvements had been made, however, systems and processes required embedding in to practice.

Continuous learning and improving care

- The service had a range of audits which were used to ensure the service maintained standards expected by the provider.
- Some audits had not identified some of the issues we raised as part of our inspection. For example, risk assessments lacked detail and there were issues in relation to medicine management.
- The registered manager had implemented additional audits to check whether the service was safe, effective, caring, responsive and well led. These audits had identified areas for future development intended to improve the service.
- The registered manager told us about initiatives which they had introduced in to the home. These required embedding in to practice.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The management team planned and promoted person-centred care. Care records we saw evidenced that people's choices and preferences were taken in to consideration when planning their care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the time of our inspection there was a registered manager in post. A registered manager is a registered person. 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.
- The registered provider was supported by a management team consisting of a deputy manager, team leader, senior care workers and nurses.
- Staff we spoke with were clear about their roles and responsibilities and worked well as a team.
- Staff told us the home had greatly improved with the new registered manager, they said they were approachable, passionate and caring.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People who used the service, their relatives and staff were given opportunities to feedback their opinions about the service. For example, questionnaires were periodically sent to people requesting their view about the home. Residents and relatives' meetings also took place.

Working in partnership with others

- The home had the support of a customer relations manager whose role was to look at the service from a customer's perspective.
- The customer relations manager engaged with the community to ensure the home was involved in local events.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medication procedures were not always followed to ensure safe management of medicines.