Aden House Limited

Aden House Care Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 13 April 2015 and was unannounced.

When we last inspected Aden House Care Home in April 2014 we found the home was failing to meet the standards required in relation to cleanliness and infection control, staffing and assessing and monitoring the quality of service. We told the provider that improvements must be made. On this visit we checked to see if improvements had been made.

Aden House Care Home is registered to provide residential care for up to 60 older people. The home provides a unit dedicated for people living with dementia. This is known as the Butterfly Unit. Butterfly unit provides 20 ground floor bedrooms; lounge and dining areas and direct access to a safe garden. Bedrooms for the nursing and residential care unit are situated on both the ground and first floor with communal lounges and a dining room on the ground floor. There were 52 people living at the home at the time of our inspection.

A registered manager has been in post at Aden House since January 2015. This person was previously registered as manager in one of the providers' other care homes. 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.

Summary of findings

We found that sufficient action had been taken to meet with the compliance actions set as a result of our inspection in 2014.

People told us they felt safe and staff knew how to maintain people's safety, although some had not had the required training.

We found the home to be clean and odour free.

Staff training was in need of updating although this was being arranged. Systems for supporting staff were in place although some slippage had occurred which meant staff had not received formal supervision as frequently as the provider intended.

Staff treated people with kindness. People who lived at the home told us the staff were very caring and responsive to their needs.

People received a nutritious diet and found the food enjoyable. Closer monitoring of people's nutritional intake was needed although any weight loss was identified and responded to.

Care plans were in place but were in need of further development in relation to a more person centred approach.

People did not always have access to meaningful activities.

People felt able to tell staff if there was something they were not happy with and we saw that concerns and complaints were managed well.

There was little available to support the orientation of people living with dementia.

Processes were in place for auditing the quality of service provision.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was safe but some improvements were needed.

People told us they felt safe. The majority of staff had received the training they needed to maintain people's safety.

The home was clean.

Arrangements for staffing were good although this needed to be maintained at all times.

Procedures for managing medicines and staff recruitment were safe.

Is the service effective?

Requires improvement

The service was effective but some improvements were needed.

Systems for supporting staff were in place.

Improvements were needed to make sure all staff received the training they needed. This was particularly relevant with regard to understanding their responsibilities in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards.

People received a nutritious diet but improvements were needed in the monitoring of people's nutritional intake.

People were able to make choices about their care and their health care needs were met.

There was little available to support the orientation of people living with dementia.

Is the service caring?

Requires improvement

The service was caring but some improvements were needed.

People who lived at the home told us they were happy with the care they received.

Staff were mostly respectful of people's privacy and dignity needs but some improvements were needed.

People said they were able to exercise independence in making choices but this was not well reflected in care documentation.

Record keeping in relation to care delivery required improvement.

Is the service responsive?

Requires improvement

The service was responsive but some improvements were needed.

People's access to meaningful activities was limited.

Summary of findings

People felt able to tell staff if there was something they were not happy with.

Care planning and delivery needed to be developed with a more person centred approach.

Is the service well-led?

The service was well led but some improvements were needed

The manager had made a number of improvements since their appointment and had clear vision and plans for the development of the service.

Systems for auditing the quality of service provision were in place.

Requires improvement

Aden House 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 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 13 April 2015 and was unannounced.

The inspection was carried out by 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. The expert by experience on this occasion had experience in caring for elderly people, particularly those living with dementia.

As part of the inspection process we looked at all the information we hold about Aden House Care Home. This included the notifications of events such as accidents and incidents sent to us by the home and reports from local authority contracts visits including infection control. On this occasion we had not sent a provider information return (PIR) to the provider. 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.

Prior to our inspection the Care Quality Commission had received concerns that there were not enough staff available to meet the needs of the people who lived at the home.

During our first visit we spoke with 10 people who lived at the home, and seven members of staff including the manager and the area manager. We looked around the home, observed practice and looked at records. This included four people's care records, three staff recruitment records and records relating to the management of the service.

Requires improvement

Is the service safe?

Our findings

During our visit we spoke with people who lived at the home about what they thought made the home safe. We asked people if they felt safe, if they thought there were enough staff and if the home was clean.

When we asked people if they felt safe they said "I feel safe enough here, it's just the atmosphere; there is always someone about when you need them", "I'm safe – I spent some time in hospital and coming back here was as good as coming home. The staff are like my daughters. That's how safe I feel" and "I go to bed at night and just go to sleep because I know that everything is alright."

We asked people about whether other people living at the home exhibited challenging behaviours which upset or distressed them. No one said there were any issues. People said "I get on with everyone", "People get on with each other here" and "There are no arguments between people – definitely not."

When we asked people if they felt that there were enough staff at all times of the day they said: "There are always plenty of staff about", "There are always plenty of nurses about. I'm usually asleep all night but if I needed someone I'd be up and looking for someone", "There are always plenty of staff. I've never had a problem finding one" and "There are staff here at night – sometimes you have to look for them though."

We asked about call bells and whether people felt that the staff responded promptly when they used them. Some said they were not aware of having a call bell in their room but one person said "They come quickly as a rule." Another person who said that they spent most of their time in bed said "The come quickly for the call bell – at night too."

People told us that the home was always kept clean. They said "They keep it all nice – clean and tidy" and "It's a comfortable place – always clean, and they keep my room nice and clean too."

Staff we spoke with were able to tell us what they would do if they thought someone living at the home was at risk of abuse or neglect. One member of staff told us they would report any concerns to the senior person on duty but would not hesitate to take their concerns further if they thought it necessary. We saw from the training matrix that 91% of staff were up to date with safeguarding training. Whilst this is positive, the provider needs to ensure all staff receive this training.

We saw a very comprehensive safeguarding policy in place at the home which included a flow chart to inform staff of how to raise a concern. A whistleblowing policy was also in place to inform staff of their rights and responsibilities about speaking out if they believed there to be any wrong doing in the work place.

We saw that accidents within the home were recorded and follow up checks made of the person involved after 12, 24 and 36 hour periods. All of the accident forms were then signed off by the manager.

We saw that each person living at the home had a personal emergency evacuation plan in place.

Prior to this inspection the Care Quality Commission had received anonymous concerns that there were not enough staff available at all times to meet the needs of the people living at the home. We had also told the provider that improvements were needed to staffing levels during our inspection in April 2014. We saw from rotas that staffing was generally arranged at four care staff during the day on Butterfly unit and one nurse with seven carers during the morning and one nurse with five carers during the afternoon on the nursing/residential unit. A shift leader was part of the care staff team for both units at all times during the day. Night staffing arrangements were one nurse and six or seven care staff (including a shift leader). Two of these staff were allocated to Butterfly unit. We noticed however, that on five nights within the two weeks prior to our inspection, there had only been six staff on duty. None of the people who lived at the home or members of staff we spoke with raised concerns about staffing levels, however, it is important that staffing is arranged consistently in line with the dependency levels of people living at the home.

We looked at three staff files and saw that procedures had been followed to make sure staff employed at the home were suitable to work with vulnerable people. We saw staff members had completed an application form, references had been sought and they had been checked with the Disclosure and Barring Service (DBS) before they started work at the home. The DBS has replaced the Criminal

Requires improvement

Is the service safe?

Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups.

During our visit we looked at the systems that were in place for the receipt, storage and administration of medicines. We saw a monitored dosage system (MDS) was used for the majority of medicines with others supplied in boxes or bottles. We found medicines were stored safely and only administered by staff that had been appropriately trained. We observed some people being given their medication during our visit.

We looked at the medication administration records (MAR) file and saw that staff followed areas of good practice such as the inclusion of a medication profile for each person an instruction sheet for all medicines prescribed on an as required (PRN) basis. The instruction sheet included details of what the medicine was for, how it should be given, why it had been given and what side effects the person might experience.

We looked at one person's anti-biotics and saw they had not been given as prescribed on three consecutive days. However, we saw this issue had been identified by the team leader, the manager had been informed and the issue had been dealt with appropriately.

When we inspected the home in April 2014 we found that standards relating to hygiene and infection control were poor. We said improvements were needed.

On this occasion we found the home to be clean with no offensive odours.

Requires improvement

Is the service effective?

Our findings

During our visit we asked people who lived at the home if they thought the staff were trained sufficiently to do their jobs, if they felt restricted in their lifestyles and what they thought of the food.

People said "People here know how to look after me. All the staff are very nice", "The staff know what they are doing. They know I don't like a lot of fuss and they let me get on with it" and "The staff know what they are doing – they are always nice to us."

People did not feel restricted in their routines. They told us "I please myself what time I go to bed" and "I can get myself in and out of bed, I please myself."

About the food, people told us "The meals are alright, it's good food. I tell them if I don't like something and they'll get me something else", "The food is nice, I think there's a choice" and "It's my type of food." We asked if people living at the home had any involvement in menu planning. One person said "I don't think they ask us about what we'd like on the menu."

People told us that they could not make their own drinks but could ask staff at any time if they wanted a drink or a snack. One person said "I just ask for snacks and drinks, there's plenty of them (staff) around." .

During our visit we looked at the staff training matrix. We saw that for mandatory training such as moving and handling, fire training and infection control, the majority of staff were up to date and future updates had been planned in. However, areas such as dignity and choice, mental capacity act (MCA), deprivation of liberty safeguards (DoLS), nutrition and hydration, end of life care and record keeping showed much lower results in terms of staff having completed the training.

The provider should make sure that staff receive all training they need to support them in their roles. We did note however that over 65% of care staff had achieved qualifications in care.

Staff told us that they found the manager approachable and supportive. We saw that formal supervision had not been offered to staff for over three months but the manager told us they were aware of this and were in the process of organising supervision sessions for all staff.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

When we spoke to staff about the MCA and DoLS, they were vague in their understanding of how they would use this legislation in their work and we had noted that not all staff had received training in this area. None of the people we spoke with felt they were restricted in their lifestyles although we were concerned to find that the door to access the garden from Butterfly Unit was locked. We were also concerned to see written in one person's daily records (Name) "became quite aggressive during interventions this morning. Nursed in bed due to this." We raised this with the manager who told us they would look into the issue immediately. The manager confirmed to us the day after our visit that they had spoken with the person who had written this and they said this was not an accurate reflection of what had happened. This demonstrated a need for more training for staff in this regard which the manager confirmed to us had been arranged.

We saw that people's weights were monitored on a monthly basis unless they experienced weight loss and they were to be weighed weekly. We looked at the care records for one person who had lost weight recently. We saw they had been referred to the dietician and a care plan had been put in place. The care plan stated for the person to be weighed weekly. However, their care notes indicated they had not been weighed for five weeks. We also saw that the care plan said for the person to have small amounts of food but often. We looked at intake charts for this person for three days and saw that no between meal snacks had been recorded as offered or taken despite the person having taken only small amounts of food at mealtimes. We noted however, that this person's weight was stabilising.

When we observed the lunchtime meal we saw that service was not rushed – there was music from the 1950s and 60s playing throughout and people were offered a choice of juices on arrival and a hot drink before the food service. Where people were offered juice it was explained to them

Requires improvement

Is the service effective?

which flavours were available. Some people were shown the jugs to facilitate their decision making, and staff also offered to let people try some juice so that they could choose a flavour.

We noted that meals were served ready plated, meaning that people's choices were restricted in how much of each component they might like although people had chosen which meal they would like earlier in the day. We saw that when one person said they didn't like the meal they had chosen a staff member immediately offered to provide them with an alternative.

Staff mostly offered sensitive and appropriate assistance to people as they needed, however we saw one member of staff who was supporting a person to eat their meal, did not speak to the person at all.

Although the menu for the day was written on a whiteboard in the dining room, we did not see any adaptations of this, for example a pictorial menu to assist people who may have visual impairment or people living with dementia.

We saw that drinks were available, within reach to people in their rooms. However when a person on Butterfly Unit asked a member of staff for a drink, the staff member said that the drinks trolley would be coming in approximately ten minutes. This meant that the person had to wait for their drink. Staff had told us that this person had been poorly recently with an infection and therefore the person should have been encouraged to drink plenty of fluids and not made to wait when they requested a drink.

The manager told us that Butterfly Unit was a dedicated unit for people living with dementia. However we did not see any environmental adaptations in this unit which would support people with orientation, or provide people with items of interest to engage with as they moved around the unit. The manager showed us an action plan for the development of Butterfly Unit which included dementia training, environmental changes and activities.

We saw from care records that people were supported to access healthcare support as the need arose. This included GPs, district nurses, mental health services, dieticians and physiotherapists.

Requires improvement

Is the service caring?

Our findings

During our visit we asked people who lived at the home for the views on how staff treated them, if staff maintained their dignity needs and if they were supported to retain their independence as much as possible. People said: "I have not been here very long but the staff helped me settle by being so nice to me", "I think I am listened to. They are always respectful and listen to what you have to say", "The staff pop their head round the door as they pass. They knock on the door and are always polite to me" and "They are all very nice with old people. They're respectful to me." One person told us about how staff took care of them when they had nightmares. They said "They come in and sit with me until I feel better."

When we asked people about whether they were assisted to maintain their independence they said "I think I am keeping my independence - they leave me to get on with what I want to do" and "They leave us to get on with being independent when we can."

All of the people we spoke with said they had family members who visited and took an interest in their welfare. No one could tell us about any advocacy services and we did not see any information displayed in the home relating to this.

All of the people we spoke with said they felt that the staff looked after them well, and we observed warm and genuine interactions which indicated a level of understanding about peoples' circumstances and needs. An example of this was after lunch when a member of staff approached a person in the dining room and asked "Are you alright (name)? You just don't seem yourself. Is there something wrong?" The person responded quietly and the member of staff said "As soon as lunch is over I'll get you a Paracetamol. I thought you weren't your normal self."

Staff were polite and friendly when assisting people and remained focused on them. For example we observed one person being assisted to transfer to a wheelchair by two staff using a stand aid. The staff spoke to the person about what they were doing and offered verbal and physical reassurance during the process. They explained each stage and made sure the person was comfortable at the end of the process, laughing with them and reassuring them that it was all over. The person did not use many words to express them self but appeared relaxed throughout the process.

We also observed discreet interaction in quiet tones about use of toilets – staff proactively asked people, went close to them and used their hands to mask what they were saying for anyone who may have been watching. Staff spoke quietly when doing this.

We saw that care files included some reference to people's choices but this was minimal. Where people had made choices it was not clear from daily records that their choices had been respected. For example one person's care plan said that the person should be offered a shower every other day. However, care notes indicated that the person had had seven showers in March and only one in the two weeks of the current month.

Another person's care notes indicated that they had only had two showers in the previous two and a half months. This was of particular concern because care notes showed that the person was doubly incontinent. When we spoke with the manager about this they said they believed it was an issue with recording as opposed to people not being appropriately supported with their personal hygiene needs.

We noticed that all the chairs in the lounge of Butterfly Unit had covers on them to protect the chair when people were incontinent. Use of such items can indicate that the people who would use these chairs are likely to be incontinent. This does not serve to protect people's dignity and further might indicate that staff are not able to manage people's continence needs well. We discussed this with the manager who understood our concerns and asked staff to remove all of the covers immediately.

We saw a member of staff in the lounge on the general care unit. They were wearing a tabard with the words 'Lounge Monitor' written across it in large letters. Use of such terms would indicate that the person was performing a task rather than supporting people to engage in activities and does not promote the dignity of people living at the home.

We discussed this with the manager and the area manager. They told us this role had been developed to make sure there was a member of staff in the lounge at all times but understood our concerns. The manager told us later in the day that use of the tabards had been stopped.

Requires improvement

Is the service caring?

Whilst we observed some very caring interactions between staff and people who lived at the home, we observed other issues which indicated that staff might not always consider people's dignity and would benefit from further training in this area particularly in relation to supporting people living with dementia. For example we heard a person living with dementia tell a member of staff that they were worried about the time because they needed to make the tea. The member of staff did not respond in way which would support the person with their worry or orientation but replied with "What are you making?" We also saw an entry in the activities care plan for a person living with dementia which read 'He also suffers with dementia so doesn't understand activities.' We discussed this issue with the manager who confirmed to us that they had arranged further training for staff in supporting people living with dementia.

We saw that end of life care was included on the training matrix but noted that only just over half of the staff had received this training. This training is important to make sure that staff have the skills to provide people with the care and support they need in the last weeks of life.

Requires improvement

Is the service responsive?

Our findings

During our visit we spoke with people who lived at the home about how they spent their time, if there were activities to engage in and what they would do if they were not happy about something.

On the whole people were not enthusiastic when we asked about what there was to do in the home. People said "I used to like to crochet or knit and have a good chat, but there's nothing like that here" and "I'm not sure what there is going on here. I should think I could join in if I fancied whatever there was. I like to watch people and chat when I can, and there's always the TV." We saw that two people had a copy of the activities programme in their rooms, but could not tell us about much that they had participated in. One of these people told us "I like dominoes and games like that," but they could not tell us the last time that they had played.

We asked who people would turn to if they had any worries or concerns. All of the people we spoke with said that they would be very happy to speak to any member of staff in such circumstances. People said "I'd definitely be able to talk to the staff here if there was anything bothering me", "The first thing that I would do if I was worried is tell one of the staff. You can speak to them" and "If I had a concern everyone would know because I'd tell them all."

We saw that the advertised activity for the day of our visit was "hairdressing" and several people were making use of the salon in the home. Other than this we observed little proactive activity being generated. When we went in to the general care lounge on the morning of the visit the activities co-ordinator told us they were making name plates for peoples' rooms. We did not see any of the people who lived at the home being involved in this. On another occasion we saw the activities co-ordinator watching television whilst the person sitting alongside them at the table in their wheelchair appeared to be asleep.

In both Butterfly and the general care units we saw films playing on the televisions. We could not establish who had chosen the films and few people appeared to be watching them. When we asked staff about the films they told us that some of the people really enjoyed the films. However we noticed at lunchtime that people in the general care unit were supported from the lounge to the dining room without being asked if they wished to continue watching the film that was still playing. This meant that even those who might have been enjoying the film were only able to see part of it.

When we looked at people's care records we saw minimal information about any meaningful activities they might have engaged in. During the afternoon we saw one person sitting in the hallway shouting out. When we asked the person what was matter they said they wanted to go out for a walk but needed help with that. We saw different staff tell the person they could go out soon but the person continued to shout. This shouting could be heard from the lounge. A member of staff then told the person they would take them out in fifteen minutes. The person did not have view of a clock and we saw their wrist watch was set to the wrong time. This meant the person would have difficulty in knowing how long they still had to wait. The person continued to shout out until staff came to take them for a walk out. We also noted that, despite it being a warm sunny day, the door from the Butterfly Unit leading to the enclosed garden was locked. This meant that people did not have the ability to access outside safely and independently. We fed this back to the manager who then immediately opened the door and gave instruction to staff that it was to remain open.

The manager told us and we saw from their action plan, that provision of meaningful activities for the people living on Butterfly Unit was being looked at in line with their personal preferences.

Although people told us they would always approach staff if they needed to make a complaint, we did not see any up to date information available for people about how to raise a more formal complaint. However, we saw that where complaints had been made, these had been managed well and responded to appropriately.

Other than good interactions from staff, we saw little evidence of a person centred care approach at the home. We saw that life history work had been done with some people but this had not been used in the development of care plans. Care plans for people living with dementia gave staff little information about how the person's dementia affected them or how to support them to live well within their dementia. We saw that this had been identified within the managers' action plan and work was due to start on the review of care plans.

Requires improvement

Is the service responsive?

We asked staff about a person who was being cared for in bed at the time of our visit. There was nothing in this person's care plan about spending time in bed but a care assistant told us the person got up every other day. When we looked at the person's positioning records we saw they had last been out of bed four days prior to our visit and this was only for two hours.

Some of the care plans we saw included people's individual preferences but we did not see any evidence that people had been involved in developing their care plans. We saw that the development of a person centred approach had been included in the manager's action plan and work had started in the development of care plans. The manager contacted us a few days after our visit to evidence that person centred care planning had been started.

Requires improvement

Is the service well-led?

Our findings

During our visit we asked people who lived at the home if asked if they knew the manager. Several people told us that they thought they knew who it was but were not sure. One person could name the manager and told us "She is lovely. She took me to the hospital last time I went."

People were positive when we asked if they thought that the home was well run, though no one could tell us an example of what informed this belief.

We asked people if there was a way in which they could tell managers what they thought about the service they received. People said "Sometimes there are meetings, sometimes they just come and have a chat. I have been to three or four meetings - there's plenty of chat" and "Sometimes people come and have a chat and ask how you're getting on."

We saw that satisfaction questionnaires were sent out annually to people who used the service and their relatives. We looked at the completed questionnaires from June/July 2014 and saw that people had been mostly positive in their responses. We did not however, see any action plan available for people to see how management proposed to address any issues raised within the survey.

The manager told us about their plans for developing the service, particularly with regard to the Butterfly Unit where they acknowledged changes were needed to make the environment more dementia friendly. The manager also acknowledged a lack of person centred approach within the home and told us of their plans to take this forward. They also told us of their plans to develop 'champion' roles for staff in areas such as dignity, infection control and nutrition.

When we inspected this service in April 2014 we said that improvements were needed to make sure that quality monitoring of the service was robust and effective.

On this occasion we found that systems for monitoring had improved and that actions had been taken as a result of this. For example, monthly auditing of accidents within the home had highlighted that more accidents had occurred within a certain time period. The provider had responded to this by increasing staffing levels at that time.

We saw that monthly auditing of quality and safety was completed in areas such as risk assessments, medications, weight monitoring, nutrition and staff training. Environmental safety audits were completed by the home's maintenance man on weekly and monthly basis. We saw records in relation to these checks were up to date and in good order. This included records of tests and procedures in relation to fire safety at the home.

The manager and the area manager were clear about their visions for improvement and development of the service and were open and responsive with us in our discussions about areas where some improvements were needed and agreed with our findings. Positively, the majority of issues discussed had already been identified by the management team as a result of auditing and plans were in place for development.

Staff told us they could go to the manager or the area manager to discuss any issues they had.