Rushcliffe Care Limited

Aarons Specialist Unit

Inspection report

Epinal Way Care Centre
Epinal Way
Loughborough
Leicestershire
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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service:
- The service is in a residential area of Loughborough.
- The service provides accommodation and personal care for people with a brain injury or with a dementia type illness or similar conditions. The care home can accommodate 22 people in one building. At the time of our inspection there were 11 people using the service.

People's experience of using this service:
• The service was not comprehensively safe. Staffing levels did not always keep people and staff safe. There were insufficient numbers of staff deployed to meet people's care and support in a safe or timely way and to comprehensively protect the safety of staff.
• There were audits in place to see whether the service provided high quality, safe care. However they had not comprehensively ensured quality care, as not all issues of concern or areas requiring improvement had been identified.
• People were not always protected against abuse, neglect and discrimination. Although staff were aware of ensuring people's individual safety risks and acting to prevent harm coming to them, three incidents had not been reported to us so we were not able to evaluate whether an earlier inspection was needed.
• Complaints made had not always supplied a comprehensive response to concerns made.
• There was a homely atmosphere and the home was kept warm.
• Questionnaires had been supplied to people's representatives for their views of the service. These were generally positive about people's satisfaction with the service.
• People were treated with a friendly and caring manner by staff.
• Staff members knew people well and people appeared to enjoy the attention from staff.
• People were assisted to have choice and control of their lives.
• Peoples representatives had a say in how the service was operated and managed.
• People's care was personalised to meet their individual needs.
• A registered manager was in place to ensure governance of the service.
• The service met the characteristics for a rating of "good" in caring and effective but not in safe, responsive and well led where the rating was Requires Improvement.
• More information is in the full report.

Rating at last inspection:
• At our last inspection, the service was rated "Good". Our last report was published on 19 July 2016.

Why we inspected:
• This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:
• We will follow up the breach in regulation and require the provider to outline necessary improvements in

an action plan and continue to monitor the service to ensure that people received safe, high quality care. Further inspections will be planned for future dates.

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 not always safe

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led

Details are in our Well Led findings below.

Aarons Specialist Unit

Detailed findings

Background to this inspection

The inspection:
We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team:
Our inspection was completed by one 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. Our expert-by-experience was familiar with the care of people with mental health issues, learning disabilities and autism.

Service and service type:
• Aarons Specialist Unit is a 'care home'. The majority of people accommodated in Aarons Specialist Unit have joint care packages with two separate contracts; Health and Local Authorities.
• CQC regulates both the premises and the care provided, and both were looked at during this inspection.
• The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection, a manager was registered with us.

Notice of inspection:
• Our inspection was unannounced on day one and announced on day two. The inspection site visit occurred on 5 and 6 February 2019.

What we did:
• Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We checked records held by Companies House and the Food Standards Agency.

• We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
• We spoke with two people living in the service, six relatives, the registered manager, the compliance officer, the deputy manager, the domestic supervisor and three staff members. Due to communication difficulties, we were not able to speak with other people living in the service. Instead, we observed relationships between people and staff. We saw how staff members supported people throughout the inspection to help us understand peoples' experiences of living in the home.
• We reviewed two people's care records, two staff personnel files, six medicines administration records and other records relating to the management of the service.
• We asked the provider to send us further information after our inspection. This was received and used as evidence for our ratings.

Requires Improvement

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Requires Improvement: Some aspects of the service were not always safe meant an increased risk that people could be harmed.

Staffing and recruitment
- Three relatives said there should be more staff on duty both during the day and especially at night. There was only one staff member on each wing of the home at night, plus one nurse covering all wings; this meant a wing would be left unattended for a time when staff had to go to another wing to deal with behaviour that challenged people or staff. Staff also said there wasn't enough staff on duty to keep people and staff safe. A staff member said, "Staff have mentioned to the manager that the levels of staffing leave us a bit vulnerable, especially at night, but we have been told that there is a maximum of [staff] ...and nothing can be done about that." Staff gave examples of where staff and people living in the service had been assaulted. One staff member said it was lucky that they could free themselves from the grip of a person, as they feared being seriously injured or worse. The fire risk assessment also contained information that more staff were needed to be on duty to assist people to evacuate in the event of fire.
- Staff said that when they took their breaks, they were not replaced by other staff. This meant times throughout the day when one staff member had to deal with the needs and supervision of all other people in that wing. Staff and people were at risk of physical abuse. A staffing calculator was in place to determine adequate staffing levels. However, there was no evidence that these specific issues had been included and considered. The compliance officer said that staffing issues would be reviewed to follow up these issues.

There were not enough staff deployed to meet people's needs and comprehensively protect them from physical abuse. This constituted a breach of Regulation 18, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

- People were supported by staff who were suitable to work in the home. Prospective staff members suitability was checked before they started work. The Disclosure and Barring Service (DBS) allows providers to check the criminal history of anyone applying for a job in a care setting.

Preventing and controlling infection
- The service was clean in most areas but not in all. A bathroom had ingrained staining under the toilet seat. A dirty toilet had not been attended to for an hour after it had been observed as dirty. The registered manager said this would be followed up with staff.
- There were colour-coded mops so that only mops for specific tasks were used to prevent the spread of infection.
- Staff had equipment that helped to prevent the spread of infection.
- People and relatives said they thought the premises were kept clean. A person said: "It's nice and clean here. I like it a lot."
We witnessed staff using appropriate equipment to prevent infection. When this switched from helping a

person eat, to assisting a person with personal care, equipment was changed and replaced.

Systems and processes:
- People and relatives told us they felt safe with staff. One person said, "You know the staff will sort it all out if anything kicks off." A relative told us: "They (staff) watch ... and step in quickly and avoid any issues."
- Staff members knew how to recognise signs of abuse and to act, including referring any incidents to a relevant outside agency.
- Staff had safeguarding training. The training was completed by new staff during induction.

Assessing risk, safety monitoring and management
- information was in place of what action should be taken to reduce to risks to people. This meant staff had been provided with information of how to support people.
- Staff knew how to de-escalate a risk when people were anxious or displaying behaviours that were putting themselves or others at risk.
- We saw that people were supported in line with the information in their risk assessments and support plans.
- There were systems in place to keep people safe. For example, wardrobes in people's bedrooms were safely fastened to the wall to avoid injury when people exhibited behaviour that put them at risk.

Using medicines safely
- People and relatives told us people received the medicines they needed.
- A staff member giving medicines to people wore a tabard indicating they were administering medicine, to avoid being disturbed.
- When staff gave people their medicines, staff watched the person take it and supplied a drink to assist them to swallow it. A person said; "They give me my pot [of pills] when I need them."
- Medicines systems were organised and people were receiving their medicines when they should. The provider was following procedures for the receipt, storage, administration and disposal of medicines. Medicines were securely kept. Records showed that medicines had been supplied as prescribed.
- Medication was witnessed by two staff members to ensure it was properly supplied to people.
- Medicine was audited to ensure medicine had been supplied to people as prescribed.

Learning lessons when things go wrong
- When incidents occurred, staff could tell us how they learnt from the situation. For example, the deputy manager said that the pharmacy had been changed to ensure fully comprehensive safe systems were in place.

Good

Is the service effective?

Our findings

Effective – this means 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 good, and feedback from people and relatives confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff providing consistent care within and across organisations
- People's needs had been assessed to ensure they received the right support.
- Care and support plans were personalised and had been reviewed and updated regularly to ensure staff provided consistent care.

Staff skills, knowledge and experience
- People and relatives told us that staff knew how to provide the right support to people.
- People were supported by staff who had ongoing training. New staff had induction programmes, which ensured they received training in areas relevant to their roles such as the management of behaviour that challenged people using the service and staff.
- Staff said they were given opportunities to have more training if they needed and review their individual work and development needs in supervision sessions. A staff member said, "Training is paid for and encouraged."

Supporting people to eat and drink enough with choice in a balanced diet
- People told us they like the food and got enough to eat. A relative said, "They [staff] noticed that [person's name] was starting to have swallowing problems, so now all [their]his liquids are thickened." Another relative told us; "The food is quite good. [Family member] is eating better now and putting on weight again."
- Drinks were readily available to people using the service, and were regularly offered.
- There was a relaxed atmosphere during lunch. Staff chatted to people.
- Staff knew people's dietary requirements and encouraged people to eat.
- People were supplied with food from their cultural backgrounds.
- People's food preferences were respected, and if they did not like the food on the menu, they could request an alternative.
- Staff asked people what they wanted to have for lunch and supplied food that people had chosen.

Adapting service, design, decoration to meet people's needs
- People said the home and their bedrooms were nice and big.
- The home was kept at a warm temperature.
- Some bedrooms were personalised so some people had belongings that reflected their interests. Other bedrooms did not have many possessions on display. This was because people had behaviour that challenged which had damaged their possessions. This was supported by information in people's care plans and what staff told us.
- People could move from one area to another when they wanted to, within the separate wings of the home.

Supporting people to live healthier lives, access healthcare services and support
- People and relatives said that healthcare services were usually referred to when needed, though two relatives said they had raised concerns in the past where their relative needed medical attention. This had been arranged by nursing staff but not until it had been pointed out by relatives. The registered manager stated action would be taken to reduce risk of this happening again.
- A person said when they were sick, a nurse had called the GP and then they had medicines to make them better.
- Records showed people's health and wellbeing was supported. They showed that people attended healthcare appointments with consultants, dieticians and GPs.

Ensuring consent to care and treatment in line with law and guidance:
- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. Conditions on such authorisations had been met.
- Staff had received training in MCA and DoLS, though they were not fully aware of the conditions of DoLS. The registered manager said this this information was available to staff. Staff would be reminded to read this so that they were aware of their responsibilities.
- Staff members understood the need to gain people's consent for any care that was provided.
- Mental capacity assessments were completed to determine people's capacity to independently make important decisions.
- Where people could not make their own decisions, Best interest meetings were held and appropriate documentation completed.

Good

Is the service caring?

Our findings

Caring – this means 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.

Ensuring people are well treated and supported
- People said they were happy with the friendliness and caring attitudes of staff members. A person said: "They [staff] sit with me sometimes if I don't feel like I want to be on my own." Another person told us: "They [staff] are always asking me if I am ok or if I need anything."
- We saw staff were kind and caring in their approach to people. They ensured that if they were walking up from behind someone to approach them, they used the person's name so that the person knew staff were there and was not startled.
- Relatives agreed staff were friendly. A relative told us; "They [staff] are very patient with [people] and they don't try and hurry... It creates just the right atmosphere."
- Staff used appropriate body language, preferred names, different questions if their initial question did not elicit a response and showed clearly that they knew about the person. This included people's likes and dislikes.

Supporting people to express their views and be involved in making decisions about their care
- People had the opportunity to be involved in planning for their care depending on their capacity. Relatives said they were usually consulted about decisions about their family members' care. The registered manager said they would seek email addresses from relatives as another form of contact.
- People were helped to choose food and what they wanted to do. For example, choosing their meals and being supported by staff to do activities.
- Relatives meetings had been held to find out their's and people's views of the service.

Respecting and promoting people's privacy, dignity and independence
- Staff described how they promoted people's independence.
- People were involved in choosing what activities they wanted to do such as going to out for a walk.
- Relatives told us they could visit when they wanted and they were always welcomed by staff. They said they could be involved with the care of their family member.
- Relatives told us that their family members' privacy and dignity was respected.
- There was information in care plans about whether people had any specific cultural and religious needs. The registered manager said that people could attend their place of worship if they wanted. A relative confirmed that they had taken their family member to church in the past.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

Requires Improvement: People's needs were not always met.

The provision of accessible information:
- The service identified people's information and communication needs by assessing them.
- Care plans recorded that the service identified and recorded how people wanted to communicate.
- We saw staff members knew how people preferred to communicate.
- Some documents were available to people such as pictures in a complaints procedure, which used easy read symbols. Large print is available for all information upon request.

Personalised care
- Relatives said that personal care had usually been provided. One relative said there had been a delay in carrying out nail and hair cutting. The registered manager stated this would be followed up with staff.
- In addition to staff providing care and supervision to people, they also had the task of providing activities to them. A staff member said that they tried to organise trips out for people but with the current level of staffing, this was not usually possible. We saw some activities provided such as colouring books and walks outside. Staff said they did not always have time to carry out activities and further support was needed to provide meaningful activities for people. The employment of a specialist activities organiser was discussed with the compliance officer, so that regular activities could always be provided. Activities will then be held and not be postponed due to staff being busy providing care. The registered manager stated that the provision of meaningful activities would be followed up.
- Staff members knew people's likes and dislikes and how important routines were to them. This tallied with information in people's care plans.
- We saw staff responding when people needed support. For example, staff provided reassurance when a person was upset.
- A staff member suggested that it would be beneficial for organising trips out if a minibus was made available by the provider. This could be shared with other registered homes on the same site as this one. The compliance manager said this issue would be raised with the provider.
- More activities were suggested by staff such as having more craft sessions and having more different plants in the garden. This was followed up by management and no additional craft and gardening activities were found to be needed.

Improving care quality in response to complaints or concerns
- We saw how complaints had been dealt with. One complaint was still outstanding from a relative about why there had been a delay in seeking attention for their family member. The registered manager followed up this issue after the inspection visit and said it had been responded to. However, there was no written evidence proving this had been done.
- There was a complaints procedure in place. The procedure did not include all relevant information such as how to contact the complaints authority and the local government ombudsman. The compliance officer

they would look into having the procedure amended.
- People said that they had no complaints about the service.
- Relatives told us they knew how to complain and would feel comfortable doing so if they needed to. One relative said, "I did have an issue with the chips one time. They obviously took it on board because everything has been fine since." Another relative told us, "I have no problem complaining if I need to. I did come in one day at 12.15pm to find my husband was not dressed or washed. I got an apology that same day and it has never happened again."

End of life care and support
- People's care plans had a system to record their wishes and preferences for how they wished to be cared for at this time. Staff said they had been provided with training on end-of-life care, so they were in a position to provide effective care and support to people at this time.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Requires Improvement: Service management and leadership was inconsistent.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements;
- There were inconsistencies in the submission of three notifications to us. We saw information about a number of issues of potential abuse. The registered manager thought as the person had not been harmed or the threshold of reporting from the safeguarding authority was not met, this was the reason for not reporting these instances to CQC. They said in the future such situations would be reported as potential abuse situations. This would then comply with legal responsibilities. The provider stated this issue would be followed up.
- People told us they felt able to speak to management and staff openly.
- Relatives told us that the service was well-run and well-managed. Relatives said they felt the registered manager and staff promoted a positive atmosphere that met the needs of their family member. They would recommend the service to anyone in a similar situation. A relative of a person who had lived in the home stated; "The care we received was outstanding. All staff are so kind and patient."

Continuous learning and improving care; engaging and involving people using the service, the public and staff
- Service management was inconsistent. Although the provider carried out audits, the audit we reviewed did not identify issues of concern in respect of whether staffing levels were sufficient to meet people's needs.
- Regular staff meetings were held. Staff said they felt comfortable about raising any issues and felt they had usually been listened to by management staff. However, no action had been taken with staff requests to increase staffing levels or provide equipment to alert colleagues in unsafe situations.
- There were relative's meetings where relatives could put forward their views, Feedback was also obtained from relatives through questionnaires. This feedback showed that relatives were largely satisfied with the quality of care provided to their family members.
- Staff thought the service was well managed in general. This was because there was an effective staff team who always put people's needs first, and a registered manager who promoted the needs of people living in the service. A staff member said, "It's well-run and well-managed. If they could get the staffing sorted out it would be really good."

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong
- The provider promoted person centred care and support. They understood the duty of candour responsibility to be honest with people and their representatives if things went wrong. A policy was in place for staff to follow if any such incidents occurred.

Working in partnership with others
- Staff told us that the service worked well in partnership with the local GP, pharmacy and community services, including the local healthcare practice. Records showed that these agencies were involved in people's care for the benefit of people's wellbeing, such as mental health professionals. There was an in-house psychologist available to analyse behaviours that challenged and how to manage these situations, and an occupational therapist to identify what people needed to provide relevant stimulation for them.

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 18 HSCA RA Regulations 2014 Staffing There were insufficient numbers of staff on duty to support people's safety and meet their needs.