Aronel Cottage Care Home Ltd

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 26 April 2018 and was unannounced.

Aronel Cottage Care Home Limited is a nursing home. People in nursing homes receive accommodation for nursing and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Aronel Cottage Care Home Limited is registered to accommodate up to 38 people in one adapted building. On the day of our inspection there were 35 people using the service with a range of support needs including older people and older people living with dementia.

At the last inspection on 24 March 2016, the service was rated as good in the areas of Effective, Caring, Responsive and Well-led. The service was rated as requires improvement in the area of Safe but the overall rating for the service was Good. At this inspection we found the evidence continued to support the overall rating of Good and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People told us that they felt safe. Staff remained to have a good understanding of their roles and responsibilities for identifying and reporting allegations of abuse and knew how to access policies and procedures regarding protecting people from abuse. Risks to people were assessed and monitored during their stay and communicated with other healthcare professionals involved in their care.

Staffing levels were assessed and amended based on the needs of the people using the service and there were arrangements in place for covering if staff were unable to come to work at short notice. The building was well maintained and there were systems in place for ensuring that regular checks of the environment and equipment were carried out. Medicines were managed safely and people were supported to take their medicines.

Staff considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. 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 meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People remained to make choices about their support and were able to maintain their independence and provided with information and guidance to access other services which were relevant to them for on going support.

Staff supported people to eat and drink and they were given time to eat at their own pace. People's

nutritional needs were met and people reported that they had a good choice of food and drink.

Staff were trained in subjects relevant to the needs of the people who used the service and received regular supervision which enabled them to develop in their roles. Staff said they felt supported.

Staff spoke to people respectfully and treated them with dignity and respect. People felt that their privacy was respected and staff kept information confidential. People were involved in planning their support.

People's individuality was respected and people's preferences were taken into account when planning their care such as religion. There was an accessible complaints process in place which people knew how to use if they needed to however people told us that they hadn't needed to make a complaint.

People said that the registered manager was approachable and listened to them. Staff felt that the registered manager was open and they were able to raise any concerns and put forward suggestions for improvement. The vision and values of the organisation were visible within the service and staff were proud to work at the service. The provider worked with other healthcare professionals to ensure that people received care that met their needs

Quality assurance audits completed by the registered manager were embedded to ensure a good level of quality was maintained. We saw audit activity for areas such as infection control, care planning and training.

Further information is in the detailed findings below

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 has improved to Good.	Good
Is the service effective? The service remains Good.	Good
Is the service caring? The service remains Good.	Good
Is the service responsive? The service remains Good.	Good
Is the service well-led? The service remains Good.	Good

Aronel Cottage Care Home Limited

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 26 April 2018 and was unannounced. The inspection team consisted of 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. The expert-by-experience for this inspection was an expert in care for older people.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We looked at this and other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted stakeholders, including health and social care professionals involved in the service for their feedback. Two health and social care professionals gave feedback regarding the service.

During the inspection we observed the support that people received in the communal areas. We were also invited in to people's individual rooms. We spoke with six people, six relatives, two visitors, four care staff, a housekeeper, a domestic, the chef, two nurse's, the registered manager and the provider. We spent time observing how people were cared for and their interactions with staff and visitors in order to understand their experience. We also took time to observe how people and staff interacted at lunch time.

We reviewed five staff files, medication records, staff rotas, policies and procedures, health and safety files, compliments and complaints recording, incident and accident records, meeting minutes, training records and surveys undertaken by the service. We also looked at the menus and activity plans. We looked at five

people's individual records, these included care plans, risk assessments and daily notes. We pathway tracked some of these individual records. This is when we looked at people's care documentation in depth; obtained their views on their experience of living at the home and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

The service was last inspected on 24 March 2016 and was awarded a rating of Good. At this inspection the service remains Good.

Good

Is the service safe?

Our findings

At the last inspection on 5 July 2016 we found not all aspects of the service were safe. The provider had not ensured that Fit and Proper Persons were employed as recruitment practices were not operated effectively and we identified this as an area that requires improvement. At this inspection we saw the provider had taken action to improve recruitment practices following our last inspection.

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or adults. The provider had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form. Documentation confirmed that nurses employed had up to date registration with the nursing midwifery council (NMC). This meant the provider could be sure that staff employed were suitable to work with people and of good character and not put people at risk of harm.

People remained protected from abuse and harm and staff knew how to recognise the signs of potential abuse. Staff knew what action to take if they suspected people were being abused. Staff had received training in safeguarding and knew they could contact the local safeguarding team or CQC if they had any concerns. Staff were able to name different types of abuse that might occur such as physical or mental abuse. A visiting health professional told us "I've been coming here for years and I've never had any doubt that people are safe here and well looked after".

People and relatives felt there was enough staff to meet their needs. Staff rotas showed staffing levels were consistent over time and that consistency was being maintained by long standing permanent staff. The registered manager told us "I have a good team of loyal staff who have been here for many years. We have low staff turnover and if any shifts need to be covered they are all supportive. We have no need to use agency staff". Throughout the inspection call bells were answered in a timely manner and staff available to meet the needs of the people. One person told us "There's plenty of staff no problems for me. I never use my bell, I'm very lucky."

People and relatives told us they felt safe using the service. One person told us "I love it actually and feel very safe. I really find it difficult to answer what makes me feel safe as I've never given it a second thought". A relative said "I believe my mother is very safe here. It's very good. The staff are nice and very pleasant. I'd certainly speak out if there was anything that was concerning either my mother or me."

Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. The registered manager analysed this information for any trends.

People were protected by the prevention of infection control. Staff had good knowledge in this area and

attended regular training in this area. PPE (personal protective equipment) was used when required including aprons and gloves. The provider had detailed policies and procedures in infection control and staff received copies of these in their staff handbooks on induction. The environment remained clean, tidy and free from malodours.

Each person had and individual care plan. The care plans were supported by risk assessments, these showed the extent of the risk, when the risk might occur, and how to minimise the risk. For example a Water low risk assessment was carried out for all people. This is a tool to assist and assess the risk of a person developing a pressure ulcer. This assessment takes into account the risk factors such as nutrition, age, mobility, illness and loss of sensation. These allowed staff to assess the risks and then plan how to alleviate the risk for example ensuring that the correct mattress is made available to support pressure area care. People who had additional needs and spent some of their day in bed were monitored by staff that carried out checks throughout the day at regular intervals. Some people required checks every few hours or changing of position to prevent rashes and pressure ulcers.

People continued to receive their medicines safely by nurses. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. We observed a nurse administering medicines sensitively and appropriately at lunchtime. We saw that they administered medicines to people in a respectful way and if needed, reminded the person what the medicine was for. The Nurse stayed with people until they had taken them safely. Nobody we spoke with expressed any concerns around their medicines. Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Good

Is the service effective?

Our findings

People and their relatives felt staff were skilled to meet their needs and continued to provide effective care. Comments from relatives included "I'm sure the staff are well trained and experienced. I have no complaints at all" and "I think the staff are very professional. I've got a good rapport with the staff. They always help my relative to interact and don't leave her out, they always address them by their name".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the provider was still working within the principles of the MCA. People still experienced the ability to make decisions and where necessary decisions were made in people's best interests to protect their rights. Staff continued to have a good understanding of the MCA and the importance of enabling people to make decisions. We observed staff gaining consent from people before assisting and supporting them. Staff had knowledge and understanding of the Mental Capacity Act (MCA) and had received training in this area.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty and required to be authorised by the local authority to protect the person from harm. Applications had been sent to the local authority when required. We found the registered manager understood when an application should be made and the process of submitting one.

People received care responsive to their needs. Initial assessments were undertaken prior to a person moving into the home then a care plan was produced around the needs of the person. The records were clear and gave descriptions of people's needs and the support staff should give to meet these. Staff completed daily records of the care and support that had been given to people. All those we looked at detailed task based activities such as assistance with personal care and moving and handling. We found records of care delivered were in line with people's assessed needs.

We spoke with the chef who knew people's nutritional requirements well. From examining food records and menus we saw that in line with people's needs and preferences, a variety of nutritious food and drink continued to be provided and people could have snacks at any time. We observed lunch and saw people enjoying their meals. People could remain in their rooms or eat in the dining room or lounge. Staff were attentive to people's needs. We observed one member of staff supporting a person with their meal and ensured they were comfortable and checking the food was not too hot for the person to eat. There was conversation and laughter while the staff member supported the person. One person told us "The food is good, I like it all. I'm not a fussy eater but I do like good food. I don't have any dietary needs".

People at risk of malnutrition or dehydration continued to be monitored. People's weights were recorded

regularly and a 'MUST' malnutrition screening tool was used. MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. It includes management guidelines which can be used to develop a care plan. People received support from specialised healthcare professionals when required. Nursing staff confirmed that staff liaised with health professionals such as GP's, dieticians and speech and language therapists to support people to maintain good health.

Staff records remained to show staff received essential training in topics such as moving and handling, safeguarding and infection control. The training plan documented when training had been completed and when it would expire. The registered manager told us how they ensured staff were skilled in their role which also included the registered manager working alongside staff to ensure understanding and best practice. Staff were encouraged to participate in training for career development. For example two senior staff were working towards level 5 diploma in management.
On the staff notice board was a display of additional and update training for staff to attend. One member of staff told us "We get a good amount of training, there is a list of upcoming training on the board".

Staff remained to have supervisions throughout the year. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. Staff told us they met regularly with the senior team to receive support and guidance about their work and to discuss training and development needs. Staff we spoke with consistently said how they felt supported.

The premises remained safe and well maintained. The environment was spacious which allowed people to move around freely without risk of harm. The grounds were well maintained with clear pathways for those who used mobility aids and wheelchairs.

Good

Is the service caring?

Our findings

People and relatives felt staff were kind and caring. Comments from people included "I think they're fantastic" and "All the staff are diamonds, so lovely and help me when I need it". A relative told us "The staff have been amazing. Our relative has been as happy as Larry since he came in here. I had huge reservations he would not settle, he will always let you know the truth, whether you want to hear it or not, and I'm shocked how he's settled. They just make him so welcome and are so caring".

A relaxed and homely feel had been maintained. Everyone we spoke with spoke highly of the caring and respectful attitude of a consistent staff team which was observed throughout the inspection. Throughout the inspection, people were observed freely moving or being assisted, around the service and spending time in the communal areas or in their rooms.

Peoples' differences remained to be respected and staff adapted their approach to meet peoples' needs and preferences. People were able to maintain their identity; they wore clothes of their choice and could choose how they spent their time. Diversity was respected with regard to peoples' religion and both care plans and activity records, for people staying at the home, showed that people were able to maintain their religion if they wanted to. We were able to look at all areas of the home, including being invited into people's own bedrooms. We saw rooms held items of furniture and possessions that the person had before they entered the home and there were personal items and photos on display. People were supported to live their life in the way they wanted.

Staff showed affection and warmth in their approach, when checking on people's comfort and well-being. Staff reassured and spoke to people in a kind, calm manner using eye contact and ensuring that they were at the same height as people when communicating with them. One person we observed became slightly agitated and we observed staff reassuring them and asking what they would like to do. The person became calm and engaged in a conversation with the member of staff.

Peoples' privacy was respected and consistently maintained. Information held about people was kept confidential, records were stored in locked cupboards and offices. People confirmed that they felt that staff respected their privacy and dignity. Observations of staff within the home showed that staff assisted people in a sensitive and discreet way. Staff were observed knocking on peoples' doors before entering, to maintain peoples' privacy and dignity. One person told us "They do everything well here. They don't force me to get up or go to bed. It's my life and they let me lead it here. I've no complaints. They knock before the come into my room, which I think is very polite."

People were encouraged to be independent. Staff had a good understanding of the importance of promoting independence. People told us that they were able to go for walks with staff when they wanted or into the garden. People told us that staff were there if they needed assistance but that they were encouraged and able to continue to do things for themselves, records and observations confirmed this. A person told us "I'm supported to be independent and I dress myself. I'm not sure of anything special they do, they just do everything really well here". A relative said "The staff are good at trying to encourage my

relative to walk".

Relatives and people told us they could express their views and were involved in making decisions about their care and treatment for their relative receiving care and support from the service. They confirmed they had been involved in designing their care plans and felt involved in decisions about their care and support. A relative told us "We have been involved in the care plan and have had very good, productive meetings regarding updating and continuing care".

Information continued to be kept confidentially and there were policies and procedures to protect people's personal information. Records were stored in locked cupboards and offices. There was a confidentiality policy which was accessible to all care staff.

Good

Is the service responsive?

Our findings

People and their relatives told us that staff remained responsive to their needs. A relative told us "Always seems to be plenty of staff around. What I do know is that my relative is getting the care they need and that's what's important to me". Another relative said "My relative was only admitted this week but already making progress. The staff are very attentive and had them out in the sitting room yesterday. They chose not to go today and I can see that they are respecting their choice. From what I've witnessed, they try by encouragement, not force and if it's something they don't want to do they respect that". A visiting health professional told us "Yes it's a good home, they are very well organised and very responsive to people's needs, I wish every home was like them".

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. Staff ensured people's communication needs had been identified and met. Staff told us this was looked at as part of the comprehensive initial assessment completed. People's care plans contained details of the best way to communicate with them.

People and relatives we spoke with were aware how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people on display boards in the home and complaints made were recorded and addressed in line with the policy. Most people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally and with a good response. One person told us "I know there is note about complaints on the board where you come in. I've never had to make one but if I did I'm quite sure if I wasn't happy I'd sing out to the manager or nurse. I know they'd listen to me and take me seriously because they know how happy I am here".

Care plans remained personalised and reflected the individualised care and support staff provided to people. Personal profiles and life histories were used effectively to assist staff to provide personalised care. Moving and handling assessments, included information around specific equipment to be used, and how staff should encourage the person to aid their mobility. For example, one person required to be hoisted and the care plan detailed how two staff must carry out the manoeuvre and reassure them throughout the procedure.

Care plans also contained a life history which was completed for all people and included lifestyle preferences of likes and dislikes and daily routines. For example one care plan detailed a person could become agitated in a room with lots of noise and preferred to eat in a quieter setting. At lunchtime we observed this person was assisted in to a quieter lounge area rather than the dining room to meet their needs.

A plan of activities remained to be produced weekly and displayed on a board for people to see. This included group activities from external entertainers. Activities included quizzes, garden club, reminisce,

musical entertainment, voice therapy and karaoke. One person told us "Sometimes I get involved, sometimes not I am never bored. I have friends who come in and visit. I'm very happy here". A relative told us "There's generally something on every day. My relative loves it when they do singing and she sings along, even though she normally doesn't speak. When they have the garden club on, a chap brings in plants and flowers. He tells people how to get the best of growing them and then will bring them around and will give to my relative so that the plant can be held, the leaves can be touched, smell flowers, or admire the pretty colours of nature in your hand. I know from their expressions that they enjoy that."

No one at the time of the inspection required end of life care. The registered manager told us peoples' end of life care would be discussed and planned and their wishes respected. Staff would work with people at a time to suit them to document their end of life wishes. When needed the service had provided end of life care for people. Staff had worked closely with the relevant health professionals and had links with a local hospice to ensure people were as comfortable and pain free as possible. The registered manager told us how the staff were there to support people and their relatives to ensure that the person's last wishes were respected. A Nurse told us "We would contact all the professionals we needed to and make sure we do all we can. We support people's families and offer if they would like to stay in the home with their loved one near the end".

Good

Is the service well-led?

Our findings

The service had 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. There was a clear management structure with identified leadership roles.

People, their relatives and staff told us they thought the service was well led. One person told us "The manager is very good and always speaks to me when he's walking around". Another person said "For sure, it's a lovely atmosphere here. We're all one big happy family. I love living here because of the staff and they're here because they want to be here. If not, they'd be off somewhere else". Comments from relative included "I see management on a daily basis and I think the home is well run. To me, the care is always there. I've never known anything bad" and "Yes, it is well run. The lead nurse emails and keeps us informed and that's makes me very relaxed".

Records demonstrated that the management team was open and transparent with staff within staff meetings and staff told us there was good communication between staff and management. Staff we spoke with all praised the registered manager and lead nurse's. Comments included "I like it here, you know where you stand, the residents become like your family and the owners want to create a close knit community", "It's the best care home I have worked in, it's so organised, everyone knows their job and staff all get along", and "I like the way we move round the home so we get a chance to key work with all the residents, there is enough staff so you never feel stressed or rushed".

Staff had maintained systems to monitor the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. The recruitment process and regular supervision ensured that the care staff understood the values and expectations of the provider. Staff meetings were held and used to keep care staff up-to-date with developments in the service. Recent improvements included a new digital telephone system that had been installed. The registered manager told us "If both lines are being used and engaged it will go to the answerphone and we also receive an email with the voice recording, this has improved communication and less likely to miss any calls. It is also easier for people to call relatives abroad if needed". The home was also currently running a pilot with a local hospital's diabetic clinic with an aim to reduce admissions to hospitals. This included closely monitoring a person's diabetic levels and documenting this on an electronic devise which was then monitored at the local hospital and having discussions around the person's medicines and well-being to ensure it is being maintained. Future improvements included introducing computerised care plans.

People's and relatives feedback was remained sought and used to improve people's care. Feedback came from regular meetings with people and their relatives and annual surveys for people and relatives. Comments were positive from a recent survey and any suggestions made were taken on board by the

registered manger and acted on.

The registered manager was committed to keeping up to date with best practice and updates in health and social care. They attending local training courses, local forums and provider meetings and also kept up to date with online resources and journals. They were also aware of our revised Key Lines of Enquiries that were introduced from the 1st November 2017. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The care manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.