

Aarondale Health Care Limited

Aarondale House

Inspection report

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Aarondale House is a residential care home that provides accommodation and personal care. It has single and shared accommodation for a maximum of 20 people with needs relating to old age. Most people lived there permanently, and some people spent short periods of respite there. At the time of this inspection 18 people were living at the service.

People's experience of using this service: Although people were protected from abuse we found the provider had failed to ensure safeguarding incidents had been reported to the appropriate authorities.

There had been a failure to ensure all legally required notifications had been submitted to the Care Quality Commission (CQC). People were exposed to unnecessary risk because the provider failed to operate effective governance systems that would identify shortfalls.

Safe recruitment processes were not always followed. We have made a recommendation about this. Staff received appropriate induction, training, and support.

People and their relatives told us they were happy with the service provided.

Staff understood the importance of providing person-centred care and had developed positive relationships with people. We observed staff to be friendly and polite. Staff took time to get to know people and had a clear understanding of, and how to support, people's individual needs.

Risk assessments had been completed and contained information to help guide staff about the support people needed to manage risks. These were reviewed regularly.

People told us they received their medicines as prescribed. Medicine records were clear and complete. Regular auditing of medicines meant any medication errors were prevented or immediate actions were taken in response.

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. Records confirmed people's involvement and where they were unable to consent the provider followed appropriate legislation to make sure any decisions made were in the persons best interest.

The dining experience for people was positive and people received sufficient food and drink.

Some people's records were more detailed and person centred than others. All people's plans of care were being evaluated and transferred to a new electronic system at the time of the inspection.

People and their relatives told us they were confident if they had any complaints the registered manager

would address them appropriately.

People knew the registered manager and provider and told us they had confidence in them. Staff said the registered manager was supportive and approachable.

We identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 around good governance. Details of the action we have asked the provider to take can be found at the end of this report.

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

Rating at last inspection: Requires Improvement (published 6 March 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Enforcement: We found the provider failed to notify us of incidents which had occurred at the service which the provider is legally required to inform us of. More information is in detailed findings below. We are dealing with this outside of the inspection process and will publish a supplementary report once we know the action we will be taking.

Follow up: This is the fourth consecutive time the service has been rated Requires Improvement. We will meet with the provider following this report being published to discuss how they will make changes to ensure the provider improves the rating of the service to at least Good. We will re-inspect Aarondale House within our published timescales to see what improvements have been made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Aarondale House

Detailed findings

Background to this inspection

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

Inspection team: Two inspectors conducted both days of the inspection.

Service and service type: Aarondale House is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: Before the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We assessed the Provider Information Return (PIR) that the provider completed. 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 sought feedback from the local authority safeguarding team and commissioners of services. We used all this information to plan our inspection.

During the inspection we spoke with seven people who used the service, two visitors and a healthcare professional who was visiting the home. We spoke with the registered manager, registered provider and three care staff.

We looked at a range of documents related to people's care and the management of the service. We viewed five people's care records, medication records, three staff recruitment, induction and training files and a selection of records used to monitor the quality and safety of the service.

We completed checks of the premises and observed how staff cared for and supported people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us. We observed two meal time experiences.

Is the service safe?

Our findings

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

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

At our last inspection we rated this key question as Requires Improvement. This was because some people's assessments of risk had not been completed and others were inaccurate and not reviewed. We made a recommendation about this. At this inspection we found improvements had been made to the management of risk. However, concerns in relation to the appropriate referral of potential abuse were identified and this domain continues to be rated as requires improvement.

Systems and processes to safeguard people from the risk of abuse.

- The provider had policies and procedures in place about safeguarding people from harm and abuse. Despite this, we found correct safeguarding procedures had not been followed. There were multiple potential safeguarding incidents that had occurred between people using the service. Actions had been taken to reduce future risk, however, none of these incidents had been reported to the local authority safeguarding team. The provider reported these concerns to the local authority after the inspection.
- Staff we spoke with demonstrated an understanding of safeguarding practices and procedures, and recognising types of abuse.
- People told us they felt safe living at the service. One person said, "They [staff] know what I like. I feel safe here." A relative told us, "It's very good [the service]. My [Name] is safe here."

Staffing and recruitment.

- Recruitment checks were not always fully completed in line with the provider's policy. Two staff records showed only one reference had been obtained. Both staff members had also started working at the service before a suitable disclosure and barring service (DBS) clearance had been received. One staff member had been risk assessed to provide safety assurances in advance of their DBS clearance by the registered manager, the other had not.

We recommend the provider develops a system to ensure relevant checks are made to ensure staff are of good character and suitable for their role prior to employment.

- People and their relatives told us there were enough staff available to meet their needs in a timely manner. Comments included, "It's better now than it's ever been before; the staff, they used to be rushed, now they make time and they do things properly" and "The staff here are very good."
- Staff told us there were enough staff to meet people's needs. Comments included, "[Name of registered manager] will come and assist [if required]. We have plenty of staff who want extra hours. We have a group inbox where we can talk to each other and that's how we communicate."
- Rotas showed staffing levels were being maintained as planned by the registered manager.

Learning lessons when things go wrong.

- Processes were in place to record any accidents or incidents but there was no analysis carried out to identify patterns or trends.
- We reviewed the incident and accident reports and found steps had been taken to reduce the risks of re-occurrence.

Assessing risk, safety monitoring and management.

- Risk's to people's health and wellbeing were assessed, monitored and recorded in their plans of care. People's care records included risk assessments for areas such as personal care, continence and eating and drinking. We saw this information was updated when people's needs changed.
- Staff were knowledgeable about people's risks and knew what actions to take to keep people safe.
- Equipment was regularly checked to ensure it remained safe to use.
- People had an emergency evacuation plan. This meant people could be evacuated safely in the event of a fire.

Using medicines safely.

- Medicines were managed safely and people told us they received their medicines as prescribed. One person told us, "I get my medicines on time."
- Protocols were in place to guide staff on the use of medicines prescribed 'as required.'
- Arrangements in place for ordering, receiving, storage and disposing of medicines were safe.
- Staff responsible for administering medicines had completed training and their competencies had been checked.

Preventing and controlling infection.

- The home was clean and smelled fresh.
- People's comments about the cleanliness of the premises were positive. One person said, "It's clean [the home]." A relative told us, "It's very clean."
- People were protected by the systems in place for prevention and control of infection.
- We saw care staff followed best practice guidance by wearing personal protective equipment appropriately.

Is the service effective?

Our findings

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

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

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

- Information about people's needs and choices had been obtained through pre-admission profiles. This was to ensure the service knew they could meet the persons needs before they moved into the home.
- People's protected characteristics under the Equalities Act 2010, such as age and religion were identified as part of their assessment.
- The service had recently introduced a new electronic system for care records. These were in the process of being updated to include additional information and make people's records more person- centred.

Staff support: induction, training, skills and experience.

- Staff told us they felt listened to and supported by the registered manager. One told us, "[Name of registered manager] will keep in touch with you if you're off and will thank you [for your work]."
- Staff had received supervision and an appraisal of their overall performance.
- Staff received both online and face-to-face training opportunities. Staff told us, and records confirmed, they completed a variety of training which enabled them to undertake their role.
- Staff completed an induction, and the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.

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

- People told us the quality of meals provided was good. Comments included, "The food is better than it has ever been before."
- People had access to food and drink throughout the day and the overall dining experiences for people we observed were positive.
- We saw the food looked and smelled appetising and assistance was provided to people where needed. Staff were aware of people's individual needs such as food preferences.
- Where people were at risk of poor nutrition and hydration, their needs were assessed and appropriate healthcare professionals were approached for support and advice.

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

- Where people needed support from other healthcare providers such as GPs and dieticians, referrals were made and advice was incorporated into how people were supported.
- Staff told us they worked together as a team and this was confirmed by our observations. One member of staff said, "We have all come together now and worked at it. Staff have changed and more have come in and we get along so much better. Some new staff have a created new approaches."

- As staff came on duty there was a handover from the previous shift where any changing needs of people were discussed. Information was also readily available in people's electronic records for staff to access. One member of staff told us, "[We have] both written and verbal [handover]."

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

- Improvements had been made to some areas of the home since the last inspection and we saw some of the flooring had been replaced.
- The environment was accessible and suitable to people's individual needs, including orientation around the home, and mobility.
- Some people had walking aids and wheelchairs to assist them.
- Some people had chosen to personalise their own rooms.

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- Staff asked for people's consent before providing care and support.
- Staff had received training and were able to explain to us about the MCA and how they ensured people were able to make choices.
- Where people were deprived of their liberty, applications had been made to the Local Authority for DoLS assessments to be considered for approval and authorisation.
- When people lacked capacity to make decisions, best interest decision making processes were followed.

Is the service caring?

Our findings

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

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

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

- People spoke positively about the care and support they received from staff. They told us, "There is one thing with the crew here now; whenever you want to talk or have a chat they sit and they talk with you and there is no rush" and "The staff are nice."
- Relatives confirmed staff were caring and said, "The staff are nice and friendly" and "The staff are very kind and caring and the ethos is brilliant."
- Staff knew people very well. For example, one member of staff told us how one person liked a specific type of cheese and a bun at a certain time each day.
- Staff understood people's different communication needs including how people communicated with them, and others. One member of staff told us, "With [Name of person] we use flashcards and thumbs up."

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

- People told us they were able to make choices in their daily lives. One said, "I can go to the shops. I can sit outside. The staff here are very good and knew what I liked when I came through the door."
- Staff communicated well with people to make day-to-day choices and decisions. One member of staff said, "The person is in the centre and you build the care around them, [for example] people can get up when they want and eat when they want."
- The provider held informal meetings and discussions with people and their relatives to gain their views on the home.

Respecting and promoting people's privacy, dignity and independence.

- People were encouraged to maintain relationships with those close to them. Relatives confirmed there were no restrictions when they visited and they were always made to feel welcome. One said, "I can visit anytime."
- People's privacy and dignity was respected. People were supported with their personal hygiene in private, and staff were discreet when asking people if they needed support to have their comfort needs met.
- People's independence was encouraged. One member of staff told us, "I took [Name of person] out on Thursday shopping and they really enjoyed it."

Is the service responsive?

Our findings

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

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

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

- People received personalised care that was responsive to their needs. Care plans provided staff with detailed information about people, their likes, dislikes, histories and preferences.
- The service had recently introduced a new electronic system for care records and this was being embedded in the home. The registered manager told us, "The [electronic] system has helped with highlighting changes and updates required to managing risk."
- Throughout the inspection our observations showed staff had a very good knowledge of people and knew how to support them with their individual care needs.
- People said they were happy and staff knew them well. Comments included, "They [staff] all know what I like" and "It's a good place this, I have been in a few, and hospital, and none have been as good as this."
- Providers of NHS care and publicly funded adult social care must follow the Accessible Information Standard (AIS). The standard aims to make sure people are given information in a way they can understand to enable them to communicate effectively. Some information was available in alternative formats, such as easy read.
- Activities were provided and we observed staff encouraging people to join in with activities.

Improving care quality in response to complaints or concerns.

- The provider had a system in place to ensure all complaints were documented, investigated and responded to. The complaints procedure was displayed in the home for people.
- People and their relatives felt comfortable and able to raise any concerns if they needed to, one person told us, "I would go into the office if I needed to [to talk to someone]" and a relative said, "I would talk to [Name of registered manager] who would act appropriately if I had any concerns."

End of life care and support.

- Staff told us they had completed training on how to provide sensitive and compassionate end of life care.
- The service supported people and their families in relation to end of life care. People's choices around this part of their care were detailed in care records if they wished.
- At the time of the inspection, no-one was receiving end of life care.

Is the service well-led?

Our findings

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

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

At our last inspection we rated this key question as requires improvement. This was because further oversight of some areas of the service was needed to monitor and ensure improvements continued. At this inspection we found concerns in relation to the appropriate referral of potential abuse, and a failure to ensure notifications were submitted to the CQC. The provider's governance systems had not highlighted these concerns. This domain continues to be rated as requires improvement.

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

- The registered manager and provider were carrying out regular checks and audits regarding the quality and safety of the service. Although information in relation to accidents, incidents and safeguarding concerns were recorded, there were no robust and effective systems in place to identify any issues or actions that were needed to improve the service. The provider's systems had not highlighted where safeguarding incidents had not been reported or identified that notifications had not been sent to us as required.

The shortfalls in governance and failure to implement improvements was a breach of Regulation 17(1) Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Services that provide health and social care to people are required to inform CQC of important events that happen in the form of a notification. Important events include allegations of abuse and authorisations to deprive a person of their liberty. The provider had not always notified us of events they were required to do so by law.

This failure to notify was a breach of Regulation 18 Notification of other incidents, of the Care Quality Commission (Registration) Regulations 2009. We are dealing with this outside of the inspection process and will publish a supplementary report once we know the action we will be taking.

- A manager was in post and they were registered with the Care Quality Commission.
- The registered manager and provider were responsive to any concerns we raised during the inspection; and openly and honestly discussed plans where further improvements were required.
- There was a clear staff structure in place. The registered manager had responsibility of the running of the service each day. They told us they were well supported by the provider. Staff were supported in their roles through meetings, supervisions and general conversations on a daily basis.

Planning and promoting person-centred, high-quality care and support with openness; and how the

provider understands and acts on their duty of candour responsibility.

- The management team were honest and open throughout our inspection. One person told us, "[Name of registered manager and provider] are both very good. They are dedicated and if someone rings in sick they will stay behind work the shift, nothing is below them." A staff member commented, "[Name of registered manager] is lovely and fair. They are approachable and has made improvements. [Name] will drop everything for you. They have been a carer and understand."
- There was a clear vision in place to deliver good quality care and support to people. One member of staff told us, "Our value is that we care."

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

- Arrangements were in place for gathering people's views. Impromptu discussions and meetings were held and recorded and overall people were satisfied with the service.
- Feedback surveys had been distributed to people. These had not yet been returned for the results to be analysed.
- Staff meetings were held to enable the manager and staff the opportunity to express their views and opinions on the everyday running of the service. Where issues were raised, actions were taken to address them.

Working in partnership with others.

- People benefited from a management and staff team that worked with other professionals to ensure people received effective, joined up care. A health professional we spoke with was positive about the approach of the staff and told us, "Staff are good, really approachable and listen to our instructions."
- People's records showed the involvement of GPs, physiotherapists and falls teams.
- There were good links between the home and the Local Authority's contracts and commissioning team.

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 17 HSCA RA Regulations 2014 Good governance Systems and processes had not always been established to ensure ongoing quality assurance.