

Devaglade Limited

Aaron View Care Home

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Aaron View Care Home is a residential care home providing accommodation and personal care to older people, including people living with dementia. The service can support up to 29 people. At the time of inspection there were 18 people living at Aaron View Care Home.

People's experience of using this service and what we found

People felt safe living at the home and told us staff cared for them well. Staff were knowledgeable about safeguarding people from the risk of abuse and knew what actions to take if required.

People received their medicines as prescribed, by staff trained to administer medicines. We identified some minor concerns in regard to maintaining appropriate records which were actioned immediately.

Risks associated with people's care were managed safely.

People had access to healthcare professionals when required.

People were supported by staff who knew them well and understood their needs. Staff were kind and considerate in their interactions with people. People received enough food and drink to maintain a healthy diet.

There were enough staff available to respond to people in a timely way. However, some relatives and people raised concerns regarding agency staff usage and the availability of in-house activities.

The provider had a recruitment policy in place to ensure staff were recruited safely and pre-employment checks were carried out. However, it was noted that some areas were being reviewed at the time of inspection. We discussed this with the registered manager who agreed to review best practice guidelines were being met. Supporting information was received following our inspection.

Staff felt supported by the management team and received appropriate training to carry out their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had a complaints procedure and people felt comfortable to raise concerns and were confident appropriate actions would be taken.

Audits were in place to ensure the service operated to the standards expected by the provider. Where issues had been identified, action plans were devised, and items actioned in a timely way.

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

Rating at last inspection

The last rating for this service was good (published 30 August 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aaron View Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Aaron View Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 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.

Service and service type

Aaron View is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Aaron View is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 7 December 2023 and ended on 18 December 2023. We visited the service on 7 December 2023.

What we did before the inspection

We reviewed information we had received about the service since it registered with CQC. We contacted social care commissioners who help arrange and monitor the care of people living at Aaron View Care Home. We sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who lived at Aaron View Care Home and 11 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, deputy manager, chefs, team leader and care staff.

We spoke with 1 agency staff and 1 person on work experience from college.

We also spoke with 2 visiting professionals and emailed other professionals involved in the service for feedback.

We looked around the building to assess environmental safety and cleanliness. We looked at written records which included 4 peoples care records and 4 staff files. A variety of records relating to the management of the service were also reviewed.

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Staff were trained to understand about the safe handling of medicines and undertook training to understand about safe medicines practices. However, the recording of competency checks was not always completed. The registered manager agreed to review the current system to ensure all checks were recorded.
- The Medication Administration Record (MAR) was signed appropriately for 1 person but there were some gaps on the recording of their body map for their daily patch. The body map assists with ensuring patches are applied or rotated in line with manufacturers guidance, to reduce the risk of side effects. This was actioned immediately by the registered manager.
- People received their medicines safely and as prescribed. Medicines were stored, administered and recorded appropriately. PRN protocols were in place, but additional detail would have been beneficial. The registered manager showed us that this had already been identified and was being actioned.
- There were regular audits and checks to make sure medicines were being managed safely and evidence that action had been taken for issues identified.

Staffing and recruitment

- Staff were recruited safely and there was evidence pre-employment checks had been carried out. These included pre-employment checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. At the time of inspection, the registered manager was revising the recording system in place to provide a better overview of employment history and was to review the frequency of DBS renewals completed for staff to ensure they met best practice guidelines.
- Staff told us they received support and supervision sessions from the management team which gave them opportunity to talk about their role.
- We observed staff interacting with people and found there were sufficient staff available to respond to people in a timely way. However, staff, people and their relatives did raise some concerns regarding the use of agency staffing particularly of a nighttime. One relative said, "There are too many agency staff, especially at nights and weekends, though it's not about them being unhelpful, it's their lack of knowledge of the people here." The registered manager confirmed that recruitment to vacant posts was underway and wherever possible regular agency staff were used. This was noted on inspection with the agency staff member present, having a good knowledge of people and their support needs.
- People, staff and relatives also commented that the range and frequency of in-house activities could be improved. This was discussed with the registered manager who agreed to review hours available which could be utilised to provide additional activities for people.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed, monitored and managed. Staff completed assessments and plans which included how to support people.
- Risk assessments and plans were regularly reviewed and updated.
- People lived in a safe environment. Staff carried out checks on safety and any concerns with the environment were identified and rectified. Issues noted on inspection were actioned immediately by the registered manager.

Systems and processes to safeguard people from the risk of abuse

- There were systems and procedures in place to ensure people were protected from the risk of abuse.
- Staff had received appropriate training and understood the procedures for reporting and acting on suspected abuse.
- The relatives of people using the service felt people were safely cared for. A relative told us, "The staff are kind and reassuring and look out for [person]. [Person] is secure and happy here." Another said, "[Person] always seems content – no complaints come from [person], so that gives me confidence [person] is safe here."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to maintain contact with their family and visitors were welcomed at the home.

Learning lessons when things go wrong

- The provider had a system in place to ensure lessons were learned when things went wrong.
- The management team analysed incidents and used them as learning opportunities to minimise future occurrences. This was evident on inspection with a pharmacist on site providing training to staff, initiated in response to a lesson learned regarding a hospital discharge.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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

- The provider ensured people's needs were assessed before support commenced.
- Managers maintained an overview of people's changing needs to make sure assessments and support plans were up to date.
- People's health and support needs were clearly recorded within their support files.
- We observed staff interacting with people and found they knew people very well and were able to respond to their needs appropriately.

Staff support: induction, training, skills and experience

- Staff were supported to carry out their role.
- Staff received a range of training to help ensure their knowledge was up to date. Staff were happy with the training they received but some said they would benefit from further training around Dementia and Parkinsons. This was discussed with the registered manager who agreed to add this to the training plan.
- New staff completed an induction to ensure they understood what was expected of them. The induction process included shadowing more experienced staff.
- Staff felt supported in their roles. Staff had supervision with their manager and received feedback about their performance.

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

- People were supported to maintain a balanced diet and had enough to eat and drink. A person commented, "Food is lovely. You can have what you want. There are 2 choices of dinner and sweet, breakfast is anything you want," and one relative commented, "[person] loves the food and is putting on some weight. She was losing weight before [person] came here."
- Care plans and risk assessments contained appropriate information regarding nutritional needs where required.
- The dining rooms were laid out nicely with tablecloths, table decorations and serviettes. People were asked for their mealtime preference and written menus were also available. However, the use of plated meals and/or pictorial menus to help people with dementia decide what they would prefer was not available. This was discussed with the registered manager and agreed would be implemented.
- During lunchtime staff were observed supporting people according to their care plans. We observed positive interactions between staff and people who use the service and there was a relaxed atmosphere.

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

- The building met peoples' support needs and was clean and tidy although some areas were noted to be tired and needing redecoration and refurbishment.
- People's bedrooms were personalised, and people were included in decisions about decorations and furnishings.
- The building overall met peoples support needs. However more work was required in meeting people's cultural needs with minimal signage and accessible information to navigate around the home for those people with dementia. The registered manager confirmed that these were in progress.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other agencies to achieve positive outcomes for people and people were supported to access healthcare services and support appropriately.
- People's health needs were recorded in their support plans.
- Information from visiting professionals and healthcare appointments was recorded within care plans.
- Feedback from professionals involved in the home was positive. One commented, "The team are really good and friendly. It's a really nice home and really like coming here."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff understood the principles of the MCA and were able to describe scenarios where best interest decisions had been made. Staff also described how they supported people to make decisions.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were supported to meet their needs in a person-centred way. Staff at all levels knew people well and were aware of their preferences.
- In conversations with people and through observations we saw staff being person centred in their interactions with people. One person commented when asked what they like about Aaron View, "being known and staff knowing what my requirements are."
- Systems were in place to receive and act on feedback. However, some relatives did comment that communication could be better and although questionnaires were in place, they did not receive an update on overall findings and action to be taken. We discussed this with the registered manager who agreed to review the system for feedback, for people, relatives, and staff.

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

- Staff were clear about their roles and responsibilities. Staff told us they enjoyed working at the service and made positive comments about the management of the service. One staff commented, "I would feel comfortable approaching management with concerns, even if it was about another member of staff, they are approachable."
- The registered manager and senior staff monitored the quality of the service and acted when issues were identified. This ensured the home was safe and well managed.
- The registered manager was aware of their responsibility to inform CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008 and this was evidenced by notifications submitted.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager fully understood their responsibilities around duty of candour and had transparent processes for investigating concerns.
- Relatives felt comfortable raising concerns with managers and said they felt confident they would be listened to. However, some relatives did raise that contact was not always as timely as they felt it could be. This was discussed with the registered manager who agreed to review.
- A series of audits were in place to monitor, support, and highlight areas for improvement. Any

improvements were actioned promptly to improve outcomes for people receiving support.

Working in partnership with others

- Staff worked closely with other healthcare professionals. People's support records showed involvement and guidance from a variety of other agencies.
- The registered manager had ensured positive relationships had been made with other healthcare agencies involved with people's care.
- Professionals spoke positively of partnership working. One commented, "The communication between the care home and myself was safe and appropriate and they always escalated their concerns about residents quickly and via the appropriate route."