

Aden House Limited

# Aden House Care Home

## Inspection report

Long Lane  
Clayton West  
Huddersfield  
West Yorkshire  
HD8 9PR

Tel: 01484866486

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Aden House is a care home providing personal and nursing care for up to 60 people aged 65 and over. At the time of inspection there were 42 people living at the service. There are communal areas and accommodation on both the ground and first floor. There is a unit called Butterfly which supports people living with dementia.

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

Medicines were not always managed safely. Medicines were not stored appropriately and records relating to medicines were not always accurately completed.

Risks to people were not always safely managed. Assessment and monitoring of care needs was not always in place and staff did not always receive necessary training. This placed people at increased risk of harm.

Safe infection prevention and control (IPC) practices were not consistently in place and improvements were required.

Systems in place to monitor the service had not been effective in identifying and addressing areas requiring improvement. The service had not obtained feedback from people to inform improvements in quality and safety. Records were not always up to date and accurately completed.

People were safeguarded from the risk of abuse. The service worked with the relevant authorities to keep people safe.

Staff had a positive approach towards people. People were happy living at the service.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Why we inspected

The inspection was prompted in part due to concerns received. A decision was made for us to undertake a focussed inspection to review the key questions of safe and well-led only. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key

questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aden House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, staffing and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Aden House 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 Care Act 2014.

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

Two inspectors and a Specialist Advisor (SpA) carried out this inspection.

#### Service and service type

Aden House is a 'care home'. People in care homes receive accommodation and nursing or 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.

The service did not have a manager registered with CQC. Being registered 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 the information we had received about the service since the last inspection. We sought feedback from the local authority, commissioners and Healthwatch Kirklees. 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 all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with two members of staff on site and six staff members via telephone. This included the divisional director, a nurse and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at one staff member's file in relation to recruitment and induction.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed a range of records relating to the management of the service, including policies, procedures, training data and quality assurance records. We spoke with eight relatives.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant 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.

### Using medicines safely

- Medicines were not always stored securely. Medication had been left in an unlocked office and the medication trolley was unlocked and unattended in a corridor. This increased the risk of people accessing and ingesting medication not prescribed.
- Management of controlled drugs (CD's) was not always safe. One cupboard was found to be unlocked and in an open position. There were two CD cupboards in operation but only one CD recording book, this increased the chances of recording and administration errors.
- People's creams were not safely managed. Directions for applying creams for one person were not clear. This increased the risk of incorrect application.
- Records relating to medicines were not always in place or accurately completed. This increased the risk of administration errors. Two people did not have Medication Administration Records (MARs) completed for the application of their cream.

The provider had not ensured the proper and safe management of medicines. This increased the risk of harm to people and potential medicine errors. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Protocols for "as required" medications were in place. These were detailed and gave specific instructions for the use of the medication.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health were not safely assessed, monitored and managed for example, percutaneous endoscopic gastronomy (PEG) feeding, a feeding tube for food drinks and medicine, catheter care and hydration.
- Risk of dehydration was not always managed safely or in a timely way. One person had not received any fluids via their PEG tube for a considerable amount of time and their mouth appeared dry and dirty. This increased their risk of dehydration and had to be brought to the attention of staff to ensure fluids were given.
- People's fluid input and output were not monitored and assessed effectively. This meant that staff could not identify when people required support or intervention.
- Risks associated with catheters were not safely managed, for example, one person's catheter had been expelling. Bowels monitoring was not in place which could have helped identify why and how this was happening.

- Assessments for people's physical health were not always accurately completed.
- Analysis of accidents and incidents were not consistently completed. Therefore, opportunities for learning lessons, making improvements and mitigating risks were reduced.

The provider had not ensured safe assessment, monitoring and management of risks to people's health which increased the risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff did not always receive the necessary training to perform their duties.
- Training records showed poor compliance within key practice areas, for example, catheter care and continence 0% compliance, nutrition hydration and malnutrition universal screening tool (MUST) 5.71% compliance, and moving and handling 48.78% compliance. Concerns were identified in these practice areas during inspection.

Failure to ensure staff complete appropriate training that is necessary to enable them to carry out the duties they are employed to perform was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Preventing and controlling infection

- There were areas that required improvement relating to infection prevention and control (IPC). Some equipment was found to be dirty and could not be cleaned, for example, a PEG giving set and trolley was dirty and a falls mat had exposed foam.
- Best practice was not always followed in relation to IPC. Two staff members were observed to have their masks under their nose and two staff members were not bare below the elbow.
- Risk assessments for staff deemed clinically vulnerable to contracting COVID-19 were not regularly reviewed. The reviews were not completed within the provider's timeframes.
- PPE was not always appropriately stored, for example, gloves were left open to airborne particles.

Risks in relation to IPC were not always effectively managed. This placed people at increased risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff had knowledge of safeguarding procedures and were aware of how to protect people from abuse. One staff member told us, "I would report it to my manager and to the local authority."
- People felt safe. One person told us, "Staff are always there you for you. It's really safe."
- The service had policies and procedures in place to safeguard people from abuse and protect them from harm. Safeguarding incidents were being reported to the relevant authorities.

#### Staffing and recruitment

- Processes and procedures were in place for safe staff recruitment.
- There were enough staff to meet people's needs. The provider used a dependency tool to monitor this.



# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Governance processes at the service were not effectively used to identify shortfalls and drive improvements.
- The systems in place had failed to identify the concerns found during inspection in relation to staff training, medication, catheter care, bowel management, PEG feeding and infection prevention and control.
- There was a lack of oversight regarding quality processes and accident and incident analysis. Audits were not always completed, and quality meetings were not always scheduled in accordance with policy.
- Records were not always accurately completed. This had been identified by the service but improvements had not been made.
- People and relatives did not have the opportunity to provide feedback to the service. There were no engagement meetings being held for people. Six relatives told us they had not been approached to give feedback.

Systems in place did not effectively monitor and improve quality and safety of the service. The provider had failed to keep up to date and accurate records. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service did not have a manager registered with CQC; however, the regional manager was providing cover and a new home manager had been appointed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Working in partnership with others

- Staff had supervision and staff meetings. They felt supported by current managers. One staff member told us, "If I have concerns, the manager's door is always open, they have been really supportive. I am happy going to work."
- Staff knew people well. We observed staff approaching people in a kind and caring manner that was person-centred, for example, one staff member held a person's hand to comfort her when she was worried, another staff member bent down to ensure face to face interaction.

- The service was open and honest with people and relatives when things went wrong. Information was appropriately shared with the local authority safeguarding team and CQC.
- The service worked in partnership with other agencies to ensure people received appropriate care and support.

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
Treatment of disease, disorder or injury	Systems in place did not effectively monitor and improve the quality and safety of the service. The provider had failed to keep up to date and accurate records.  Regulation 17 (2) (a) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider had failed to ensure staff complete appropriate training that is necessary to enable them to carry out the duties they are employed to perform.  Regulation 18 (2) (a)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider had not ensured safe assessment, monitoring and management of risks to people's health.</p> <p>The provider had not ensured the proper and safe management of medicines.</p> <p>Risks in relation to IPC were not always effectively managed.</p> <p>Regulation 12 (2) (a) (g) (h)</p>

### **The enforcement action we took:**

Issue warning notice.