

Four Seasons (Bamford) Limited

# Aarondale Care Home

## Inspection report

Sunny Brow  
Off Chapel Lane, Coppull  
Chorley  
Lancashire  
PR7 4PF

Date of inspection visit:  
16 July 2019  
17 July 2019

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13 August 2019

### Ratings

Overall rating for this service	Good ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

About the service:

Aarondale Care Home is a residential care home that was providing personal care to 30 people at the time of the inspection. The service can support up to 48 people. The home accommodates people across three floors, each having separate adapted facilities, a lift and a stair lift. Some of the people living in the home had a diagnosis of dementia. The home is situated in Chorley, Lancashire.

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

Generally medicines were managed safely but further improvement was required to ensure people always received their medicines as prescribed by healthcare professionals. We have made a recommendation about this that can be seen in the 'safe' section of this report.

People were happy with the care and support they received in the home. They told us staff were kind, caring and respectful of them. Relatives also spoke positively about the care their family members received.

People were supported to be safe and said that they felt safe. Staff received safeguarding training and had a good understanding of the principles involved in acting when abuse was suspected.

People's needs were met through assessments and support planning. The service worked with health and social care professionals to achieve positive outcomes for people. Staff had good knowledge and skills and this ensured people's needs were well met. We saw good examples of when people had been supported to maintain a healthy and balanced diet.

The provider had a robust recruitment process. This meant that staff were recruited safely. Any issues with staff were dealt with promptly using a fair and thorough disciplinary process. Staff were properly supervised and supported. They said that the home had improved substantially since the last inspection in November 2018.

Staff were observed to be kind, caring and respectful towards people. They demonstrated a commitment to providing high quality care and supported people to be as independent as possible.

People received care and support that was person-centred. We saw examples of how the care and support people received enriched their lives through meaningful activities. The service had a robust complaints policy.

The values and culture embedded in the service ensured people were safe and at the heart of the care and support they received. The registered manager and senior staff planned and promoted holistic, person-centred, high-quality care resulting in good outcomes for people. People knew how to feedback their experiences and this was considered and acted upon by the registered manager and provider representative.

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.

There was an end of life policy in place that could be used if appropriate. Some staff had been trained around this and the home were involved with local organisations to ensure best practice was applied during times when people were at the end of life. Relatives were complimentary about the support that was provided at this sensitive time.

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

Rating at last inspection:

The last rating for this service was requires improvement (published 23 April 2019).

Why we inspected:

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up:

We will continue to review information we receive about the service until we return to visit as part of our re-inspection programme. If any concerning information is received 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 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 well-led.

Details are in our well-led findings below.

**Good** ●

# Aarondale 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. This inspection was planned to check 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.

#### Inspection team:

The inspection was conducted by an inspector, two specialist medicines 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:

Aarondale Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 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:

Our inspection was informed by information we already held about the service. We sought feedback from partner agencies and professionals. We also checked for feedback we received from the local authority and health care professionals.

Our plan took into account information the provider sent us since the last inspection. We also considered information about matters the provider must notify us about, such as events involving injury and alleged abuse.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection:

We visited the home and met the registered manager, an area manager who was a representative of the provider, the deputy manager and care staff. We also spoke with people and their relatives. We reviewed eight care records and policies and procedures. We considered four staff recruitment and personnel files and other records about the management of the service. We also completed a review of the safety of the environment of the home which included looking at people's bedrooms and communal areas.

After the inspection:

We continued to seek clarification from the registered manager and provider to corroborate evidence we found.

# 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 inadequate. At this inspection this key question has improved 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

At our last inspection, the provider had failed to ensure medicines were always safely managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the management of medicines had improved. However it still required improvement. Improvements were needed in the review of high risk medicines, care plans and missed doses.

- We identified that some people still occasionally missed doses of medicines. This had significantly improved since that last inspection. Internal audit and processes had improved to ensure missed doses were identified and investigated promptly. Staff were completing regular competency assessments to try to prevent missed doses. A daily 'flash' meeting was held with management and staff and medicines were a standing agenda item.
- Medicines reconciliation when people transferred between care services was usually completed. However a duplicate prescription had not been identified. This was highlighted on inspection and the registered manager took action to ensure that the person received their medicine as prescribed by the healthcare professional.
- Staff took a person-centred approach to medicines administration, taking account of people's routine while maintaining safety.
- Medicines were stored securely at the time of the inspection.

Although we found no evidence that people had been harmed as a result of these issues, we recommend that the provider continues to review practice in relation to medicines management to incorporate best practice.

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

- The provider had systems to protect people from the risk of abuse. People told us they felt safe in the home. Comments made to us included, "Oh, I feel very safe here" and, "I'm happy with regards to safety. I've no concerns." Information about safeguarding was on display in the home to inform people of how they could report any concerns.
- Staff had completed safeguarding training. All staff members we spoke with told us they would report any concerns they had about suspected abuse to a senior staff member and were clear about how to escalate concerns to agencies outside of the home.

### Assessing risk, safety monitoring and management

- The provider had established systems to protect people from avoidable harm. Staff completed assessments to identify risks to people's health and safety such as their risk of falls or risk of choking. These risk assessments were regularly reviewed by senior staff to ensure they were up to date and reflective of people's current needs.
- Senior staff completed an emergency evacuation plan for each person on their admission to the home. These informed staff of the level of support people would need in the event of a fire or other emergency evacuation of the building.
- Staff completed checks to help ensure the safety of equipment used. Staff supported people to mobilise safely whilst encouraging their independence as appropriate.
- The maintenance person completed regular checks of equipment and the premises to help ensure the safety of everyone in the home.

### Staffing and recruitment

- Staff had been safely recruited. The provider completed required pre-employment checks to help ensure staff were suitable to work with vulnerable adults.
- People told us call bells were always answered promptly. During the inspection, we observed all call bells were answered in a timely manner.
- Staff rotas supported that there were enough staff members available to manage and support people's needs. We noted a good staff presence during the inspection.
- The registered manager and area manager told us that since the last inspection, permanent staff had been recruited. They said that they had a stable staff team and only tended to rely on agency staff when staff took unplanned leave such as in the event of an emergency.

### Preventing and controlling infection

- People were protected against the risk of infection. We noted the home was clean and tidy and there were systems in place to ensure all areas of the home were clean.
- We noted on appropriate occasions staff wore personal protection equipment (PPE). We noted staff wore PPE when serving food and people told us it was also worn when members of staff were providing personal care.
- The kitchen was clean and staff had been trained in food hygiene. The service had recently been awarded a five stars rating for food hygiene by the local authority.

### Learning lessons when things go wrong

- There were processes in place to help ensure lessons were learned from incidents, accidents or safeguarding concerns. The registered manager maintained a computerised log of all such incidents. These were also reviewed by the area manager. We were told staff meetings and supervision sessions were used to share any lessons learned.

# 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 the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection, the provider had failed to train, support and supervise staff. This had led to safety issues around medicines administration. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- The provider ensured staff received the training and support necessary for them to deliver effective care and support to people in the home.
- Members of staff told us they had received an induction when they started work. They said this helped to prepare them for their role in the home. Training was provided in areas including medicines, dementia care, fire safety, moving and handling, safeguarding adults, infection control, first aid, equality and diversity and the Mental Capacity Act 2005.
- Staff told us, and records confirmed they received regular supervision on a one to one or group basis and had an annual appraisal. These processes help staff to identify areas for further development and to receive feedback on their performance.

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

- The provider had systems to ensure people received care which met their individual needs. Senior staff completed a comprehensive assessment prior to a person's admission to ensure the service was appropriate for their needs.
- People were given choices in their daily life. For example, we saw a person was asked by staff if they wanted their meal in their own room or whether they wanted support to join friends in the dining room.
- Staff knew people's preferences, likes and dislikes. They provided support in line with legislation, standards and guidance to achieve effective outcomes. Information within care records staff accessed included food preferences and sleep and personal hygiene routines

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

- People were supported to eat and drink enough. People told us, "The food's very nice" and, "They'll always do you something different if you don't like it."
- Where appropriate, staff recorded what people ate and drank in the daily care logs to enable them to monitor their food and fluid intake. We noted one person had recently lost weight and the service had referred the matter to a healthcare professional for expert advice to support the person to maintain a healthy weight.

- Some people required support with their meals. Care records showed how people's dietary needs were assessed, such as their food preferences and how they should be assisted with their meals. There was a system that ensured kitchen staff were aware of people's requirements and food was prepared to ensure people ate safely.

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

- The registered manager and senior staff worked with other agencies and professionals to ensure people received good care. We noted, where appropriate, information was shared with other agencies.
- Where people required support from other professionals, this was arranged and staff followed any guidance provided. A healthcare professional said, "They follow our advice and contact us if there are changes in patients' conditions."

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

- The provider had decorated most areas of the home since the last inspection. People could decorate their bedrooms with their personal items including photographs and ornaments. The communal lounge and dining areas were bright and spacious. There was an outside area where some people were seen relaxing in the sun.
- Some people who used the service had a physical disability and consideration had been made around this with the availability of specialised equipment around the home.
- People looked relaxed and comfortable in the environment.

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had systems to record whether people had the capacity to make decisions about their care and treatment. When necessary, best interest meetings had been held which included professionals and significant others to ensure people's rights were upheld.
- DoLS applications had been submitted to the local authority when people were unable to consent to their care and treatment in the home. Any conditions on authorised DoLS applications were documented to ensure they were complied with.
- Staff supported people in the least restrictive way possible. The service had policies and procedures to underpin this approach. We noted, when they had capacity to do so, people were able to come and go freely from the home.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant 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 were well supported and cared for. People and their relatives were positive about staff members' caring attitude. One person said, "They're very patient and will always help if I need it." A relative said, "I can visit whenever I want and feel part of the set up. The staff are so lovely."
- People told us staff knew their preferences and used this knowledge to care for them in the way they liked. Each person had their history recorded in care plans which staff said they used to get to know people and build positive relationships. One said, "I get to know the residents well. We all have really good relationships with them."
- During the inspection we observed positive interactions between people, relatives and staff. This often involved joking and people reminiscing.

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

- People were supported to make decisions about their care. On occasions we noted the registered manager sought external professional help to support decision making for people. For example, the service had access to advocacy services. Advocacy can help when a person needs an independent voice and relatives may be unavailable.
- People were afforded choice and control in their day to day lives. This included people participating in aspects of the recruitment of staff and residents' meeting where there were formal opportunities to advise management of people's preferences such as meals and activities.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was supported. The registered manager and staff treated people well and had an understanding of their needs. Staff showed genuine concern for people. When we spoke with staff members, they said they were keen to ensure people's rights were upheld and they were not discriminated against in any way.
- A relative told us staff were always available to speak about their family member. They said staff would respect privacy and always hold sensitive conversations privately.
- Confidential documents were locked away with only appropriate staff having access to them.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care planning was person-centred and reflected people's needs. People said management and staff were dedicated to meeting people's needs and providing a good service. One member of staff said, "People rely on staff to support them in lots of different ways and we do this so that individual needs are met."
- Staff knew people's likes, dislikes and preferences and used this information to care for people in the way they wanted. One member of staff said, "Most members of staff know the residents really well."
- People's relatives, where appropriate, were involved with people in making choices and were consulted around care planning and reviews. One relative said, "I am contacted regularly by the home and this helps me to keep an eye on my relative's development as they have recently had a big operation in hospital."
- The service used technology to improve the lives of people. For example, we noted the service used a computerised system to record significant events and actions on any issue. These could be remotely accessed by head office staff. This meant that checks could be made to ensure compliance with any actions required such as care and support plan reviews.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss.

- The provider had an AIS policy. They also had systems to record people's communication needs. The registered manager said the service could provide important documentation in accessible forms including easy to read and pictorial formats.
- As part of their induction, staff received training in caring for people with hearing and sight disabilities. This included learning about communication techniques and how information could be provided in an accessible format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to planned activities most days of the week. We noted significant event activities were arranged when people had anniversaries and special birthdays. The service had also employed professional entertainers and people told us that they especially enjoyed those events.
- At the time of the inspection, the home had access to a minibus that belonged to the provider. We noted that a number of events were planned around this which included trips to the seaside, garden centres and historical areas of interest.

#### Improving care quality in response to complaints or concerns

- The registered manager and assistant managers responded to people's concerns and suggestions. At a recent meeting we noted the service had responded to concerns about some of the meals on the menu. The service revised the menu to reflect people's preferences.
- People's relatives knew how to raise a concern or provide feedback about their relative's experiences of care and the service. They said they felt these would be listened to and acted upon in an open and transparent way.
- The service had a comprehensive complaints policy. It had received two complaints since the last inspection in 2018. We noted these had been responded to appropriately, investigated and the complainant had been provided with written details of the proposed resolution to the concerns

#### End of life care and support

- The service had a policy about end of life care. This incorporated extensive involvement with family members and local GPs.
- Policy supported that consideration towards people who may be at the end of life were to be escalated to health care professionals and relatives. We noted that staff and the registered manager were encouraged to sensitively engage with relatives and health care professionals on this area.
- Some staff members had completed training in end of life care and support.

# 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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, the provider had failed to manage and govern effectively. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The provider had recruited a registered manager. They had been in post since March 2019. The registered manager had a good knowledge of the people who lived in the home and members of the staff team.
- The provider and registered manager had an action plan in place aimed at continuing to improve the quality and safety of the service. The registered manager told us they intended to improve, where necessary, the audit tools previously used in the home. We noted that they had completed a number of audits since they started work in the home. This had identified some issues and areas for improvement. The registered manager had put actions in place to resolve these.
- The registered manager's checking and auditing had not been sufficiently effective to address the shortfalls with medicines identified during the inspection. However, the registered manager accepted that further work was required around this and said that they were determined to ensure that medicines administration and practices at the home were completely safe.
- The provider was meeting their responsibility to inform CQC of certain events which occurred in the home. The rating from their most recent inspection was on display both in the home and on the website for the service.
- A person who had lived at the service for many years said, "It used to be a bit disorganised but it's a lot better now."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was committed to involving people who lived in the home, their relatives and staff in the running of the service. The service had policies and procedures in place to guide staff to provide person-centred, individualised care.
- People who lived in the home and their relatives were aware of the new registered manager as she had taken time to introduce herself. Comments included, "I know the manager; she is great and has made a real difference" and, "The manager is very supportive. I am sure that she will improve standards and that everything will be improved." A staff member said, "The manager has made a massive difference for the

better."

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

- The provider and registered manager understood their responsibility of duty of candour. Duty of candour is intended to ensure providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology.
- Staff ensured records relating to the care and support of people who used the service were accurate, up to date and complete. Where issues were found, such as when there had been an error on a medicine's chart, all relevant people were involved in the issue, including GP's and pharmacists.
- The provider had comprehensive policies and procedures to support staff in the delivery of care.

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

- There was a positive culture of engaging staff, people using the service and their relatives in order to provide care that promoted positive outcomes and support. All the people and relatives we spoke with told us the registered manager and staff were approachable.
- Staff members we spoke with were complimentary about the registered manager, deputy manager and senior staff and said they were approachable and supportive. They also said they believed they had an important role in the service.
- The registered manager held regular staff meetings. They also held meetings for people who used the service and records of these were available.
- The service had received thank you cards which contained numerous positive comments from family members about the service and staff members.

Continuous learning and improving care

- The registered manager and provider representative demonstrated a commitment to improving care. There were systems to analyse information from accidents, incidents, complaints and concerns to drive improvement within the service.
- The provider representative completed regular spot checks of the home and ensured any areas for improvement were clearly identified.
- The registered manager had used staff meetings to advise staff of the high standards they expected from them and the support that was on offer to ensure that these standards were delivered.
- Relatives commented they were pleased to see the improvements that the provider and registered manager had made in the home since the last inspection.

Working in partnership with others

- The service worked in partnership with key organisations to support care provision and service development. For example, the registered manager told us the service had worked with local health services and community leaders. They also said that they hoped to improve accessibility and inclusion within the local community by improving contact and relationships with local school. They said this would enhance the well-being of people in the home and position of the home in the community.
- Records supported regular involvement of GPs, specialist nurses and social care professionals.