Abbey Healthcare (Aaron Court) Limited

# Aaron Court

**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? | Requires Improvement |
| Is the service well-led? | Good |

## Overall summary

This inspection took place on 23 and 24 February 2015 and was unannounced.

Aaron Court is a care home that provides residential and nursing care for up to 91 people. The home specialises in caring for older people including those with physical disabilities, people living with dementia or those who require end of life care. At the time of our inspection there were 54 people in residence.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe with the staff that looked after them. People's needs had been assessed and they were involved in the development of their plans of care to meet their needs and manage the risks identified. Where appropriate expert advice was sought from health care professionals. People were satisfied with the care and support provided.

People were protected from harm and abuse. Staff were knowledgeable about meeting people's needs and their

# Summary of findings

responsibilities in reporting any concerns about a person's safety including protecting people from harm and abuse. People said they received their medicines at the right time. Medicines were managed and stored safely.

Staff were recruited in accordance with the provider's recruitment procedures this ensured staff were qualified and suitable to work at the home. People were supported by staff in a timely and sensitive manner, which meant people's care needs were met. However, people told us staff were not always available to spend meaningful time with them such as having conversations about things that were of interest to them or pursuing hobbies, and we observed this to be the case at times.

Staff received an induction when they commenced work and on-going training and support. Staff were knowledgeable about people's needs. Staff had access to people's plans of care and regular communication between all the staff helped to ensure staff were kept up to date as to the needs of people. We observed the majority of staff supported people safely when using equipment to support people. Where we observed staff to be using unsafe practices we shared this with the registered manager. Following our visit the registered manager told us regular observation of practice and competency assessments would be carried out to further assure themselves people received appropriate care and support.

We observed that staff gained consent before care and support was provided. Staff understood their responsibilities in supporting people to maintain control and make decisions which affected their day to day lives. People were protected under the Mental Capacity Act and Deprivation of Liberty Safeguards and we found that appropriate referrals had been made to supervisory bodies where people were thought to not have capacity to make decisions.

People were provided with a choice of meals that met people's cultural and dietary needs, which they enjoyed. Drinks and snacks were readily available. We saw staff supported people who needed help to eat and drink in a sensitive manner.

People's health needs had been assessed and met by the nurses and health care professionals. Staff sought appropriate medical advice and support from health care professionals when people's health was of concern and had routine health checks. Records showed recommendations made by health care professionals were acted upon. This meant people were supported to maintain good health.

People lived in a comfortable, clean and a homely environment that promoted their safety, privacy and wellbeing. All the bedrooms were spacious and had ensuite shower and toilet facilities. All areas of the home could be accessed safely including the outdoor space.

People told us that they were treated with care and compassion. We observed staff to be kind and respected people's dignity and privacy, which promoted their wellbeing. Staff had a good understanding of people's care and cultural needs.

People's social needs were met. We saw people received visitors and were able to spend time with them and had access to a range of opportunities to take part in hobbies and activities that were of interest to them, including meeting people's religious and spiritual needs.

People were confident to raise any issues, concerns or to make complaint. People had access to an independent advocacy service if they needed support to make comments or a complaint. People said they felt staff listened to them and responded promptly if there were any changes to their health needs and wellbeing.

People were given information about how to make a complaint, which included the independent advocacy service. People and relatives we spoke with said they were confident to speak with the staff or the registered manager if they had a complaint or were unhappy with any aspect of care. Complaints received by the service had been investigated and steps taken to avoid a re-occurrence.

People using the service, their relatives, staff and health and social care professionals were encouraged to develop and share their experience of the service.

Staff were supported and trained for their job roles to ensure their knowledge and practice in the delivery of care was kept up to date. Staff knew they could raise concerns with the management team about the way the service was run and knew it would be acted on.

The registered manager understood their responsibilities and demonstrated a commitment to provide quality care.

# Summary of findings

The registered manager worked with the local authority commissioners that monitors the service for people they funded to ensure people received care that was appropriate and safe.

The provider's quality assurance systems and processes monitored the performance of the service and the quality of care provided. There were systems in place for the maintenance of the building and equipment which ensured people lived in a safe environment. Audits and checks were used to ensure people's safety and their needs were being met.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

**Requires Improvement**

The service was not consistently safe.

People received the care and support they needed. People told us they felt safe with the staff that supported them. Whilst staff had received training in the safe use of equipment, periodic observation of their practice would ensure that people were being supported safely at all times.

Safe recruitment procedures were followed. Staff were trained and aware of their responsibilities of how to keep people safe and report concerns. There were sufficient numbers of staff available to meet people's care needs.

People received their medicines at the right time. Medicines were stored safely and at the correct temperatures.

**Is the service effective?**

**Good**

The service was effective.

People were cared for by staff that had received an induction and on-going training. Staff were supported by the management team through appraisal and on-going supervision.

Staff obtained people's consent before supporting them. They understood the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, which had been put into practice to ensure people's human and legal rights, were respected.

People's nutritional and cultural dietary needs were met.

People were supported to access health care services and were referred to the relevant health care professionals in a timely manner which promoted their health and wellbeing.

**Is the service caring?**

**Good**

The service was caring.

People told us that the staff were kind and compassionate and we observed staff supported people in a gentle, caring and respectful manner. We saw staff helped to maintain people's privacy and dignity.

People were encouraged to be involved in decisions about their care and felt they were listened to. Their plans of care had sufficient information about how they wished to be cared for, their preferences and decisions made about aspects of their care when they became unwell.

**Is the service responsive?**

**Requires Improvement**

# Summary of findings

The service was not consistently responsive.

People received care and support that reflected their assessed needs. Staff were aware of individual preferences in the delivery of care and responded quickly to any change of care needs.

There were daily activities planned for people to take part in but these did not always reflect everyone's hobbies and interests. Staff were not always available to support people individually to pursue their interests and to support people living with dementia in a positive and meaningful way to prevent social isolation.

People were encouraged to make comments about the quality of service provided. Complaints were managed well and people felt confident that their concerns were listened to and acted upon.

**Is the service well-led?**

Good

The service was well led.

There was a registered manager in post. The registered manager and staff had a clear and consistent view as to the service they wished to provide which focused on providing person centred care in a safe and homely environment. The registered manager had an open and transparent approach to care and support.

People using the service, relatives, staff and healthcare professionals were able to contribute to the development of the service.

There were effective systems in place to regularly assess and monitor the quality of care provided.

# Aaron Court

**Detailed findings**

## Background to this inspection

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

This inspection took place over two days. We arrived unannounced on 23 February 2015 and returned announced on 24 February 2015.

The inspection was carried by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for this inspection had experience of caring for older people living with dementia, physical disabilities and nursing needs.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had returned the PIR.

We read the provider's statement of purpose sent to us when the service was registered. We looked at the information we held about the service, which included information of concern received and 'notifications'. Notifications are changes, events or incidents that the provider must tell us about. We also looked at other information sent to us from people who used the service or the relatives of people who used the service and health and social care professionals.

We contacted health care professionals and commissioners for health and social care, responsible for funding some of the people that live at the home and asked them for their views about the service.

During the inspection visit we spoke with 14 people who used the service. We spoke with seven relatives who were visiting their family member. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, deputy manager, two nurses, eight care staff, activity staff, the cook and the maintenance staff.

We pathway tracked the care and support of five people, which included looking at their plans of care. We looked at staff recruitment and training records. We looked at records in relation to the maintenance of the environment and equipment, complaints and quality monitoring and assurance.

We requested additional information from the provider in relation to staff induction, training, supervision and assessment of staff competency, which we raised at the inspection. We received this information in a timely manner.

Requires Improvement

# Is the service safe?

## Our findings

People told us they felt safe at the service and with the staff that looked after them. One person said "I feel very safe here, it's a good place" and "Its clean here and the staff are really friendly, you can joke with them." Relatives we spoke with told us that their family members were safe.

Staff told us that they had received training in safeguarding procedures and their training records we viewed confirmed this. Staff had a good understanding of the signs of abuse and the actions they would take if they believed someone using the service was being abused or reported abuse to them. Out of the staff we spoke with they had not seen anything which would give them concern however, they were confident to report abuse.

The provider had a safeguarding policy and procedure in place that advised staff of the action to take if they suspected abuse. Records showed that staff had identified three safeguarding concerns since the service was registered. These had been referred to the relevant authorities. Whilst the concerns were not substantiated, the staff had a good understand of the reporting procedures. The registered manager told us that they reviewed their practices and procedures to further assure themselves and the provider that people using the service were safe and protected.

People told us that the home was clean and well maintained which contributed to their safety. All the bedrooms were lockable and had secure storage to keep people's valuables and money safe. There was a choice of lounges which people could use to sit with their visitors in private. Because the premises were safe people were able to move around safely.

People told us they were involved in discussions and decisions about how risks were managed. One person told us that arrangements were in place to support them to manage their finances and use the community facilities. People's care records we viewed showed that risk assessments had been completed in relation to people's health such as nutrition, pressure ulcers and falls. Records showed that advice was sought from health care professionals and risk management plans in place were reviewed regularly.

The plans of care provided staff with the guidance to support the individual and promote their safety. From our observations and discussion with staff it was evident that most staff supported people safely, which was consistent with the plan of care. However this support was inconsistent in relation to support provided to people with limited mobility. For example, we observed a staff member supported a person without the use of their walking frame even though their plan of care stated one should be used. Another instance a staff member startled a person sat snoozing in their chair and we had to intervene because the member of staff did support the person at a pace that suited them. Thereafter, the staff members then supported the person safely. We shared our findings and observations with the registered manager who assured us issues would be addressed. Following our visit the registered manager confirmed that actions had been taken to ensure staff supported people correctly and safely.

There were arrangements in place to deal with foreseeable emergencies. The provider's business continuity plan was in place that advised staff which procedure to follow in the event of an emergency such as the lift not working or fire. Individual evacuation plans to support people in the event of an emergency were in place. Fire safety procedures and checks were in place. This meant that people could be confident their health, welfare and safety was protected.

We spoke with relatives of people who used the services. Their comments about the staffing levels at the service were mixed. Whilst one relative said, "They always seem to be well staffed", another said, "[Person using the service] is safe and well cared for but it could be better staffed." A third relative said, "Sometimes they are short staffed but I've never seen anyone neglected." During our inspection we saw there were sufficient numbers of staff supporting people. Staff were available at the times that people needed them which had a positive impact on their health and wellbeing. For example, staff were available to support people at their own pace during lunchtime and staff were present in all of the lounges most of the time. This meant that they were available to respond to people's requests for assistance.

The registered manager told us staffing numbers were increased to ensure people's changing needs were met. Staff absences were covered by the permanent or 'bank staff' (temporary staff) working additional hours. The staff rota reflected the staff on duty. The staff rota showed that the staffing levels on the other days were the same. A nurse or a senior carer was in charge of each floor. They managed

# Is the service safe?

and deployed staff to meet people's needs. Staff told us they were not always able to spend quality time with people especially those who were living with dementia who may need more encouragement and to avoid the risk of social isolation for people who were independent and self-caring. Our observations were shared with the registered manager who assured us that the staffing numbers and how they were deployed would be reviewed. Following our visit the registered manager sent us confirmation that people's dependency levels and staffing numbers had been reviewed and that the deployment of staff was changed in order to meet people needs promptly. They assured us that the staffing levels would be continuously monitored as new people came to use the service.

People told us that they received their medicines when they should. One person said, "I don't take a lot of medicines but what I do take, I get on time." We found one person managed their own medicine, which were kept in a locked cupboard in their bedroom. Staff were aware of the measures in place from reading the plan of care in supporting the person and ensured that their medicines were ordered and received in line with requirements.

We saw a medicine trolley left unattended with the key in the lock during the morning medicines round which meant there was the possibility that medicine could be accessed by unauthorised persons. This was observed by the registered manager who took action immediately. We also found that the daily temperatures were not recorded for one of three medicine fridges because the thermometer was not suitable. The registered manager again took action by storing those medicines temporarily in another medicine fridge. All other medicines were stored safely in the treatment room. Following our visit the registered manager confirmed that the new medicine fridge had been ordered, additional thermometers were provided and daily temperatures were recorded.

We observed the nurse administer medicines safely and complete the medicines records correctly. Staff correctly followed the protocols for medicines administered as and when required, otherwise known as 'prn'. The protocols in place helped staff to know when and how much to administer. This meant the effectiveness of the medicines could be monitored. Staff recorded the quantity of prn medicines administered so that the effectiveness of the medication could be monitored. Care records detailed the person's needs, preferred way to receive their medicines including any allergies to medicines and their doctor's name. Where people refused their medicines the records showed the action taken by staff to ensure their health and wellbeing. That meant people's health was supported by the safe administration of medication.

Medicines were administered by the nurses and trained staff. The training records viewed confirmed staff were trained in medicines management and their competency had been assessed every six months. This meant people could be confident that staff administered their medicines correctly and safely. A system was in place to manage and dispose of medicines safely. Our observations of medicines administered and the records viewed confirmed that practice was consistent with the provider's medicines management procedure that had been updated in 2014.

Good

# Is the service effective?

## Our findings

People told us they found staff were appropriately skilled and experienced in meeting their needs. A relative told us they were happy with the care because there was a mix of new and experienced staff and said, "The qualified nurses are very approachable and helpful." We observed several instances of staff using a hoist correctly to transfer a person safely and checked that the individual was comfortable throughout this manoeuvre.

Staff told us they received an induction when they commenced their employment at the service and worked alongside experienced staff, which helped the new staff get to know people's needs and their preferred routines. Staff's views about the training provided varied. Some staff found the training including the dementia awareness was useful and had put the learning into practice. One staff member felt they had a better understanding of the different forms of dementia and how it could affect people. Other staff felt there was not enough training provided. Staff training records showed the topics covered included food safety, first aid, fire, mental capacity act, safeguarding, health and safety and moving and handling. Records showed that staff competency in the safe use of equipment had not been assessed for two staff on duty. The registered manager assured us practical training in the safe use of equipment would be arranged and their practices observed. Following our visit registered manager confirmed that staff had completed the practical training in moving and handling and their competency had been assessed.

Staff told us that their knowledge, skills and practice was kept up to date. Nurses were supported to maintain their professional registration and accessed specialist training when required. Some nurses had clinical lead responsibilities for infection control and medicines management. This was consistent with the information sent to us by the provider prior to the inspection visit. The staff training records we viewed showed that staff received training for their job role. Following our visit the registered manager confirmed relevant staff had completed practical training in the safe use of equipment and their competency had been assessed. In addition staff's competency and observed practice would be checked at regular intervals to give the provider further assurance that people received safe and appropriate care and treatment.

Staff were knowledgeable about people's needs and received support and received daily updates about any changes to people's needs. Staff were supported with attaining a nationally recognised qualification in health and social care. Nurses received additional training in health care tasks such as catheterisation and wound care, and their competencies had been assessed. The information sent to us prior to our inspection stated that training in palliative care was planned and the nurses we spoke with were aware of this. They were confident that additional training would be available if required.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The registered manager and staff had a good understanding of MCA and DoLS and their role to protect the rights of people using the service. Staff knew the procedure to follow where they suspected a person's liberty could be deprived. Staff told us that people had various levels of capacity and understanding, which varied throughout the day and gave examples of how they supported people to make decisions about their daily life.

We observed staff sought consent before assisting and supporting people with their needs. At the time of our visit two people were subject to an authorised DoLS and that the provider was complying with the conditions. Records showed that people had either given consent to their care and treatment or a mental capacity assessment had been completed because the person did not have the mental capacity to consent. For people with a 'lasting power of attorney' for their care and welfare the records showed that their representatives such as relative and health care professionals had made best interest decisions on their behalf. That showed that the principles of the MCA and Code of Practice were followed in relation to best interest decisions.

People told us they had a sufficient amount to eat and drink. They told us that there was a choice of meals. One person said, "Food wise, it's the best place here." Another told us that the meals were "very good and hot." We saw that staff offered people a choice of drinks and snacks regularly and the lunchtime meals provided were well presented and looked appetising.

Relatives we spoke with told us that they had observed people were offered a full English breakfast or a choice of cereals including porridge and toast. They also saw there

Good

# Is the service effective?

were regular drinks and snacks provided. One relative told us "The meals do look nice." Another said that their family member was provided with pureed meals to promote their health and had put on weight. Relatives also highlighted that there had been days when the menu plan had not been followed and the provision of fresh fruit which could contribute to people's health. We shared this with the registered manager and following our visit they told us menu's and meals provided were consistent and fresh fruit was available with other snacks.

The cook had sufficient information about people's dietary needs, preferences and known food intolerances. They provided a healthy diet for people by using fresh vegetables and fortified meals with rich ingredients such as full fat milk and double cream. The menu showed there was a choice of meals offered which were nutritionally balanced and included meals to suit people's religious and cultural needs. We shared the comments about the availability of fresh fruit and the menus choices with the registered manager. They assured us that a selection of fruit would be available with the drinks and snacks, and they would check whether people were offered meals from the menus or had an alternative by choice.

We saw from people's care records that a nutritional needs assessment and plan of care was completed which took account of their dietary needs. We saw referrals made to health care professionals such as a dietician. Where recommendations had been made this had been included in the person's plans of care. Records showed people ate and drank sufficient amounts and their weights were measured to maintain their health.

People told us they were supported to maintain their health and had access to health care as and when required. A relative told us that a chiropodist visited regularly along with the optician. Care records confirmed that people had access to health care support from a range of professionals, which included a dietician, GP, psychiatrist, optician and doctors. An advance plan of care was in place where people had made an advance decision about their care with regards to emergency treatment and resuscitation. From our discussions with staff, people could be confident that staff would act in accordance with their wishes.

The health care professionals we spoke with prior to our visit told us that they found the nurses and staff to be sufficiently trained and knowledgeable about the people they looked after. They told us staff had referred people to them in a timely manner when people's health was of concern, maintained good records and followed any instructions given.

Aaron Court is a purpose built service and the design and layout of the service made it accessible and safe including a small outside garden area for people to access. However, we found the cleaner's cupboard on the second floor was unlocked and contained containers of cleaning fluids and general cleaning equipment. This could present a risk if a person using the service accessed the cupboard. Although staff took action immediately, the registered manager assured us this was an isolated incident and that regular checks were carried out.

We saw equipment was stored securely and found to be clean. Staff told us there was only one hoist on each floor and there were not enough wheelchairs for a person to have their own which at times caused a delay in meeting people's needs. We raised this with the registered manager who told us additional equipment had been ordered to meet people's needs and accommodated the needs of new people that may be considering using the service.

Good

# Is the service caring?

## Our findings

People were complimentary about staff's attitude and approach to caring for them. One person told us staff were kind and understood their needs and preferences. Another person said, "They don't ignore you, they are very good," and a third person said, "I really didn't know that care homes could be so nice like this. The staff are really friendly, you can joke with them."

Relatives we spoke with were happy with the care provided by the staff. One relative said, "It's like walking into a four star hotel. The wonderful thing about this place is that it doesn't smell of urine". Another said, "It's a beautiful place, they've got everything they [people using the service] need."

Throughout our inspection we noted there was a calm relaxed atmosphere within the service. We saw that positive relationships had developed between people that used the service and the staff team. We saw staff approached people in a caring manner and were attentive to their individual needs. People looked clean, well-cared for and were wearing clothing and accessories of their choosing. Staff spoke with people in a respectful manner, maintained eye contact and explained what they were doing. They looked for non-verbal cues used by one person to convey their response. Staff used a blanket to protect the modesty of a person who was being assisted to transfer using a hoist and they explained each part of the process to the person, such as "Going up now" and "going back into your chair now." At lunchtime we saw staff encouraged people to make choices about what they wanted to eat and checked if they had enjoyed their meals and wanted any more.

People told us they knew about their care and support arrangements and were aware of their plans of care. People told us that they had been asked to make decisions about their care needs and had expressed their views about the care and support received on a daily basis. People were supported to observe their faith and staff were aware of this. One person told us they were involved in all aspects of planning their care. We saw people received visitors and were able to go out with them as they chose.

People's care records confirmed that they or their family member had been involved in decisions made about their care and support. The plans of care took account of how the person wished to be supported, which included respecting individual preferences, religious and cultural needs. Plans of care were reviewed regularly and updated when changes were identified.

People told us that staff treated them with respect and their dignity was maintained. People told us their rooms were comfortable and personalised to reflect their individual tastes and interests. One person said, "I have a lovely room with my own shower and toilet." One relative said, "My [person using the service] is always dressed immaculately." Another said, "Staff help [person using the service] with his clothing and make sure he's always clean because it's important to him." People's bedrooms were respected as their own space and we saw that staff always knocked and did not enter until asked to do so.

The health care professionals we spoke with told us that they were able to meet with people in private. They found staff had a good understanding of people's needs, were caring and offered assurance if people became anxious or upset for any reason.

Requires Improvement

# Is the service responsive?

## Our findings

People we spoke with told us that they received the care and support they needed. They had been involved in their assessment of their needs and in the development of their plans of care. The assessment process included the views of people who were considering using the service, their relative and relevant health care professionals, where appropriate. The plans of care were personalised and took account of how people liked to be supported, their preferences, likes and dislikes and their life history, hobbies, interests and what was important for them. For example, one person preferred to read the daily paper, another person was visited by friends and family member's daily and a third person told us they liked to go out for a walk and would go to the local shops. We found that people's preferences and lifestyles needs were met.

Relatives told us they were aware of their family members care plan. One relative told us they had been involved in a review meeting about the care provided. Another said "I did have some concerns about [person using the service] weight loss so I raised it and they [staff] are now weighing him regularly and he is much better now." A third relative told us their family member was "Always well dressed" and "Every day he has a clean set of clothes." A relative expressed concerns about the quality and accuracy of record keeping. For instance, the relative's contact details had not been updated should they need to be contacted by staff in the event of an emergency they could be informed and support their family member. They said they would ask the nurse to confirm the records had been updated. The registered manager told us that the records were checked and updated, and the staff were unable to find any out of date contact information.

During our visit there was a calm atmosphere and it was very quiet. Several people were seen with their visitors, reading the paper or watching television. We saw the activity staff played board games with people individually or in small groups. One person said, "We have a pub night on Fridays and there's things to do like watch films in the cinema room and you can go out if you want." Another person had requested that the subtitles be put onto the television but staff had either not responded to this request or did not know who to activate the subtitles. We were able to switch the subtitles on the television and spoke to the nurse about getting the hearing aid re-tubed, which they agreed to organise. Following our visit the registered manager told us that staff have been shown how to activate the subtitles.

Records showed that regular checks were undertaken on people who required additional monitoring due to their health needs. We saw one person was provided with the appropriate pressure relieving mattress to prevent the development of pressure sores. Records showed they were regularly checked, re-positioned and their intake of food and drink was monitored to ensure their health was maintained. Staff monitored people's health and acted quickly to report any concerns. Care records showed that plans of care were reviewed regularly and relatives were invited to attend review meetings which sometimes involved health care professionals. That meant people could be confident that staff were provided with information about people's needs so that care provided was person centred and responsive.

We observed the lunchtime experience for people living with dementia. All the dining tables were laid out with menus, cutlery and napkins and there were jugs of soft drinks on the tables. We saw staff showing people the choice of drinks and meals to help them make a choice. There was a cinema room which people used to watch movies. A computer was provided for people to use, which also helped them to maintain links with family and friends. We noted that the cinema room was used by staff for staff handover meetings and to complete their e-learning training on the desktop computer when it was not used by people using the service. The registered manager assured us that people were not prevented from using these facilities as other meeting rooms and laptops were available for staff to use.

We saw staff seemed to be very task focused with little time being given to sitting and chatting to people. A few relatives told us that staff were not always able to spend quality time with people individually to pursue activities that were of interest to them. Staff told us that they would like to spend quality time with people but felt unable to because they did not have time. We spoke with one of the two activity staff about the activities offered to people living with dementia and opportunities for people to pursue their hobbies and interests. They told us some people had hand massages and pamper sessions or spent time reading the

Requires Improvement

# Is the service responsive?

newspapers or talking together. Each day several people were identified as the 'person of the day'. During this time they were able to spend time with staff doing things that were of particular interest to them.

The information sent to us by the provider stated that there were activity staff employed to promote and support people to pursue their interests and hobbies. The registered manager told us there were a range of activities offered which included weekly activities such as coffee mornings, bowling, quizzes, bible reading and arts and crafts. One person was supported by an artist to pursue their interest in art and another person attended keep fit classes at the village hall. We shared our observations and what people using the service, visitors and staff had told us in relation to activities with the registered manager. They welcomed the feedback and said they would contact local support groups and services, to develop links with the community and create opportunities for people to pursue social interests in order to prevent them from social isolation. They told us that care staff and an additional activity staff member were being recruited so that people would be able to spend more time with staff and doing meaningful things that were of interest to them.

People told us that they would talk to the staff or the registered manager if they had any concerns. One person said, "If you have got any complaints you can talk to the nurse, or the manager." Relatives told us they knew how to raise concerns and had been given a copy of the provider's complaints procedure. All the relatives we spoke with said that they felt comfortable about making a complaint to the registered manager. One relative said, "I'd go straight to the office and make sure they listened to my concerns." Another said "I've not had to make any complaints but I'd certainly complain if I had to." A third relative told us that they were not satisfied with the outcome of their complaint investigation and had referred their concerns to the relevant authority, which the registered manager was aware of.

We saw the provider ensured people had access to the complaints policy and procedure if required. This included the contact details for an independent advocacy service should they need support to make a complaint. Staff told us that if a person wanted to make a complaint they would try to deal with it if they could, otherwise they would report it to the registered manager.

The provider had a system to record complaints. The service had received eight complaints since it was registered and seven complaints had been investigated in a timely manner. One complaint was still being investigated. The registered manager told us they had an 'open door' policy and encouraged people to raise their concerns with them and welcomed feedback about the service. People were encouraged to provide feedback on the quality of service through the 'residents meetings' with the management team.

Prior to our inspection we contacted health and social care professionals for their views about the service. They told us that the management team responded to concerns raised and had acted on recommendations made to improve the quality of care people received.

Good

# Is the service well-led?

## Our findings

The service had a registered manager in post and there was a clear management structure. The registered manager was supported by the deputy manager. The registered manager told us that they felt supported by the provider especially when the service first opened.

The registered manager understood their responsibilities and displayed commitment to providing quality care in line with the provider's vision and values. They acknowledged that whilst the service was not fully occupied, they had the opportunity to improve the service, staffing and ensure the systems in place were effective. They kept their knowledge about health and social care up to date and worked with external health and social care professionals and organisations.

People who used the service felt confident to speak with the nurses and staff on duty. Some relatives felt the registered manager was approachable whilst others felt this was not the case. One staff member said, "We don't get enough praise for what we do. We tend to only get the negatives." Another staff member said, "[Registered manager] is hands on. [Registered manager] is always there for you and if I had any problems, I would feel I could take it to her."

There was a system to support staff through supervisions and meetings where staff received relevant information, training information and could make suggestions as to how the service could be improved. Some staff told us that they were not always able to attend the meetings and did not see the notes. The registered manager told us that minutes of the staff meetings were now kept in the staff room so that staff unable to attend the meeting could be kept up to date. We read the minutes of the recent meeting which had updates on issues raised at the previous meeting, topics discussed and new actions to be addressed.

Staff told us they liked working at the service as they enjoyed looking after the people they cared for. Staff told us they worked well as a team and we observed this to be the case. Staff had access to people's plans of care and the daily handover meetings provided staff with information about any changes to people's wellbeing, concerns and any planned visitors or health appointments people needed to attend. These meetings also provided staff with information about new people moving to the service and their care needs.

The registered manager monitored the systems in place for the maintenance of the building and equipment. Staff were aware of the reporting procedure for faults and repairs. The maintenance staff showed us records that demonstrated regular fire safety, health and safety checks were carried out. The registered manager had access to external maintenance contractors to manage any emergency repairs.

The provider had quality assurance systems and processes in place that showed the provider was monitoring the quality and safety of the service. This included checks on staff practice, for example spot checks were carried out on night staff. Accidents and incidents were also recorded and the provider had notified us and the relevant authorities of incidents and significant events that affected people's health and safety. We saw that appropriate action had been taken by the registered manager following an incident to minimise further risks, and showed lessons learnt from incidents to prevent similar occurrences.

The provider enabled people that used the service, relatives and visiting professionals to give feedback about the service. Feedback forms were available in the reception area and routinely given to people to complete. The registered manager reviewed feedback received regularly and action was taken, where appropriate to improve the quality of care people received. This included changes made to the choice of menus, range of support provided for people to do activities such as arts and crafts, and addressing minor faults and repairs to the environment as this was a new purpose build service.

People who used the service and relatives we spoke with were aware of the meetings where they could share their views about the service. One relative told us they received a letter inviting them to attend the meeting. Another said they preferred to speak with the registered manager separately to discuss their concerns. We saw the minutes of meetings recorded people's views about the menus, arrangements for routine health checks, staffing and any concern raised. The successive meetings minutes recorded how people's views had been acted upon.

Good

# Is the service well-led?

The local authority that commissioned and funded people's care packages for some people using the service shared their contract monitoring report with us. The report showed that the Aaron Court was meeting the contractual agreement.

The registered manager told us the provider's satisfaction surveys would be sent out later in the year because the local authority had already sent surveys to people who used the service as part of the monitoring visit. The registered manager told us that the local authority would share the results of the survey with them at the monitoring visit.

The registered manager reported to the provider about the performance of the service. They monitored how the service was run and reviewed the complaints and notifications of any significant incidents that were reported to us. Notifications are changes, events or incidents that affect the health, safety and wellbeing of people who use the service and others, which the provider must tell us about. We read the last provider visit report and found an action plan was produced to address the shortfalls identified. The action plan demonstrated the progress made on the improvements. That meant people using the service could be confident that the provider monitored that the service was well-managed.