Aaroncare Limited

Aaron Lodge Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Aaron Lodge Care Home is a residential care home that provides accommodation, care and support for up to 48 adults who have dementia care needs. Accommodation is provided over two floors and the home is fully accessible to people who are physically disabled. The service is situated in the Edge Hill area of Liverpool.

During the inspection we met most of the people who lived at the home and we spoke with eight people individually or in a small group. We also spoke with a number of visiting relatives, four members of the care staff team, the cook and the registered manager.

We found that people living at the home were protected from avoidable harm and potential abuse because the provider had taken steps to minimise the risk of abuse. Clear procedures for preventing abuse and for responding to allegations of abuse were in place. Staff were confident about recognising and reporting suspected abuse and the manager was well aware of their responsibilities to report abuse to relevant agencies.

Each of the people who lived at the home had a sufficiently detailed plan of care that provided clear guidance on how to meet their needs. Risks to people's

Summary of findings

safety and welfare had been assessed as part of their care plan and plans were in place to manage any identified risks. People's care plans include information about their preferences and choices and about how they wanted their care and support to be provided.

Staff worked well with health and social care professionals to make sure people received the care and support they needed. Staff referred to outside professionals promptly for advice and support. We spoke with a visiting healthcare professional and they gave us very positive feedback about the home. They told us staff were proactive in how they supported people with their health needs and that they always followed their advice and guidance about how to support people with their health conditions. They also told us that communication between themselves and staff at the home was good and effective.

Medication was in good supply and was stored safely and securely. However, records we looked at indicated that some people had not always been administered their medicines as prescribed. The manager took immediate action to introduce a more thorough check on how medicines were managed. This included a daily stock check for any medicines not dispended from a monitored dosage system.

The manager had knowledge of the Mental Capacity Act 2005 and their roles and responsibilities linked to this and they were able to tell us how they ensured decisions were made in people's best interests. However, some of the processes in place to support this were not robust and required development.

During the course of our visit we saw that staff were caring towards people and they treated people with warmth and respect. People we spoke with gave us good feedback about the staff team and relatives told us they felt staff were caring towards their family member.

There were sufficient numbers of staff on duty to meet people's needs. Staff were only employed to work at the home when the provider had obtained satisfactory pre-employment checks.

Staff told us they were well supported in their roles and responsibilities. Staff had been provided with relevant training and they attended regular supervision meetings and team meetings. Staff were aware of their roles and responsibilities and the lines of accountability within the home and across the company.

The premises were safe and well maintained and procedures were in place to protect people from hazards and to respond to emergencies. The home was fully accessible and aids and adaptations were in place in to meet people's needs and promote their independence.

The home was clean and people were protected from the risk of cross infection because staff had been trained appropriately and followed good practice guidelines for the control of infection.

There was a registered manager at the service at the time of our inspection. 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.

Systems were in place to regularly check on the quality of the service and ensure improvements were made. These included regular audits on areas of practice and seeking people's views about the quality of the service.

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

Improvements were required to ensure medication practises were safe and to ensure people always received their medicines as prescribed. People's medicines were stored safely and in line with clear procedures. However, our check on some of the medicines in stock indicted that some people had not always been given their medicines as prescribed.

Practices and procedures were in place to protect people living at the home from avoidable harm and potential abuse. Staff were confident about recognising and reporting suspected abuse. Risks to people's safety had been assessed and were well managed.

Pre-employment checks were carried out on staff before they started working at the home to ensure they were deemed suitable to carry out their roles and responsibilities.

There were sufficient numbers of staff on duty to meet people's needs and procedures were in place to guide staff on how to deal with emergencies such as fire or medical emergencies.

Is the service effective?

Good

People who lived at Aaron Lodge received effective care. Staff had been provided with the training they needed to support people effectively and they received good support through regular supervision and attending team meetings.

The manager showed that they had some knowledge and understanding of the Mental Capacity Act 2005 and they worked alongside family members and relevant professionals in making decisions in people's best interests. However, we did find that some of the procedures and records to support this needed development.

Staff worked well with health and social care professionals to make sure people received the care and support they needed. Staff referred to outside professionals promptly for advice and support.

The home was fully accessible and aids and adaptations were in place to meet people's needs and promote their independence.

Is the service caring?

Good

People were supported by staff who were caring. During the course of our visit we saw that staff were caring towards people and they treated people with warmth and respect. People we spoke with gave us good feedback about the staff team and relatives told us they felt staff were caring towards their family member.

Summary of findings

People's care plans included details about the person's preferences and choices. Care plans also included details about the actions staff needed to take to ensure people's privacy and dignity was protected and to ensure they took time with people and explained their actions.

Is the service responsive?

Good

People received care and support that was responsive to their needs. Staff engaged well with people who lived at the home and involved them in decisions about their day to day care as much as they could. Staff communicated well with relatives to share information about their family member's needs, to seek their feedback and to ask them to advocate on people's behalf.

People's individual needs were clearly reflected in a care plan and this was reviewed on a regular basis with the person concerned and other relevant people who could advocate on their behalf.

Is the service well-led?

Good

The service was well-led. We found that the home was well managed and staff were clear as to their roles and responsibilities and the lines of accountability within the home and across the organisation.

Systems were in place to regularly check on the quality of the service and ensure improvements were made. A number of audits were carried out at the home to monitor the service, these included health and safety audits.

People who lived in the home and their relatives were asked for their opinions of the service and their comments were acted on.

There was a registered manager employed in the home. The staff were well supported by the manager and there were good systems in place for staff to discuss their practice and to report concerns.

Aaron Lodge Care Home

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.

The inspection was carried out on 11th and 14th November 2014 and was unannounced. The inspection team consisted of an adult social care inspector and a specialist advisor. The specialist advisor had experience of working with people with dementia care needs and working within the legislative framework of the Mental Capacity Act 2005.

We reviewed the information we held about the service before we carried out the visit. Prior to the inspection the provider had submitted a Provider Information Return (PIR) to us. The PIR is a document the provider is required to submit to us which provides key information about the service, and tells us what the provider considers the service does well and details any improvements they intend to make.

Prior to carrying out our visit we contacted one of the commissioners of the service and a visiting healthcare professional to gain their feedback on the service.

During the inspection visit we spoke with eight people who lived at the home and a number of visiting relatives. We also spoke with four care staff, a cook, the registered manager and a regional manager.

We also spent time observing the care provided to people who lived at the home to help us understand their experiences of the service.

We viewed a range of records including: the care records for six people who lived at the home, six staff files, records relating the running of the home and policies and procedures of the company.

We carried out a tour of the premises and this involved viewing communal areas such as lounges and dining rooms, viewing a sample of bedrooms and communal facilities such as bathrooms. We also viewed the kitchen and laundry facilities and medication storage area.

Requires Improvement

Is the service safe?

Our findings

The service required improvements to medicines management and audits linked to this. Medication was managed appropriately on the whole. All staff had been provided with training in medicines management. There was information about how to support people safely with their medicines. The medication room was tidy and organised and medicines were in good supply and were stored safely and securely. The majority of medicines were supplied in a pre-packed monitored dosage system. However, for a number of medicines which were not in the monitored dosage system we found a number of discrepancies with the amount of medication in stock compared to what we would have expected to find based on what was recorded in medication administration records (MARs). This indicated that some people had not been administered their medicines as prescribed and that staff had signed as having administered medication when they had not. The manager told us that medication practices were audited on a regular basis and we saw confirmation of this. We looked at the medication audit tool. This included a lot of checks on medicines management but it did not include a stock check of medicines. The manager told us they would take immediate action to review the discrepancies, to put a system of daily medication stock checks in place and to address practice issues. A visiting area manager agreed to develop the medication auditing tool to ensure it incorporated checking the stock of medication.

People's health, safety and welfare were protected in the way the service was provided. Relatives we spoke with told us they had no concerns about the support provided to their family member or about how they were treated. They told us they felt confident to approach the manager if they had any concerns and they were confident to advocate on behalf of their family member.

A safeguarding policy and procedure was in place. This included information about: how the provider prevented abuse from occurring, the different types of abuse, indicators of abuse and the actions staff needed to take if they suspected or witnessed abuse. The policy was in line with local authority safeguarding policies and procedures. We spoke with four care staff about safeguarding and the steps they would take if they witnessed abuse. Staff gave us appropriate responses and told us that they would not hesitate to report any incidents to the person in charge. A member of staff told us that if they had any concern about a person being unsafe from anybody, be it staff, a relative or another person who used the service they would in the first instance refer to the senior carer (unless they were implicated). If this was not responded to appropriately they would take it to the manager, and if necessary contact other agencies. They told us "I know the other staff would as well. We are very protective of these residents and wouldn't let anything happen to them. They are like your own family." The manager was able to provide us with an overview of the action they would take in the event of an allegation of abuse, this included informing relevant authorities such as the local authority safeguarding team, the police and the Care Quality Commission (CQC). We know from information we have received from the provider that the manager has responded to allegations appropriately.

Risks to people's safety were appropriately managed. We saw that risks to people's safety had been assessed and guidance on how to manage identified risks was incorporated into people's care plans. For example, if a person was at risk of developing a pressure wound then this had been identified as part of a risk assessment and information about how to support the person to prevent a pressure area was documented in their care plan.

Staff recorded incidents that had taken place in the home appropriately and these were reported through the provider's quality assurance systems. This assured us that appropriate action was taken following incidents to prevent a reoccurrence and protect people from avoidable harm.

Hazards to the safety of people who lived at the home, staff and visitors had been assessed as part of a safe working practice risk assessment. Management plans were in place to control/manage any identified risks. Regular checks were carried out on the home environment to protect people's safety. For example, checks on fire safety and water safety. Procedures were in place for responding to emergencies such as fire or medical emergencies.

During the course of our visit there were sufficient numbers of staff on duty to meet people's needs. However, staff told us that on some days there was only one senior member of staff on duty across both floors of the home. They told us when this was the case this impacted on their work and they were more stretched in trying to meet people's needs.

Requires Improvement

Is the service safe?

When we first arrived at the service there was only one senior carer on duty and four care staff. We saw some examples whereby staff had missed some attention to detail in people's care. Another senior carer and the manager arrived soon after and we saw that this had a positive impact on the availability of staff to support people and to provide people with a greater level of attention. During the course of our visit we did not see staff rushing or people waiting long for support but we did note that staff were very busy and their interactions with people were task orientated. We did not see staff having time to sit with people and have a conversation or to engage people in activities. The manager told us that they had put a case forward to increase staffing levels at peak times of the day and they were awaiting the outcome of this.

We looked at staff recruitment records. We found that appropriate checks had been undertaken before staff began working at the home. We found application forms had been completed and applicants had been required to provide confirmation of their identity. One of the application forms we viewed contained minimal information about the person's previous work experience. The manager was confident that this information had been attained during the selection process and provided us with an overview of the person's previous experience. The manager was aware that this information should be clearly documented as part of the application process and we did see that this had been the practice for the other staff files we looked at. We saw that references about people's previous employment had been obtained and Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff working at the home. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff.

Policies and procedures were in place to control the spread of infection and staff were required to follow cleaning schedules to ensure people were provided with a safe and clean home environment. Staff told us they had the equipment they needed to carry out appropriate infection control practices and we saw examples of staff following the correct procedures during the course of our visit. The manager informed us that the home had recently achieved a 5 star rating for food hygiene practices by the local council. During a tour of the building we viewed the kitchen and found it was clean and well organised.

Good

Is the service effective?

Our findings

The service was effective. People received the care and support they required to meet their needs and maintain their health and welfare.

People who lived at the home and relatives we spoke with gave us good feedback about the staff team and the care and support they provided. One relative told us that one of the things they found reassuring was the stability of the staff. They said "In the three and a half years I have been visiting the same core of staff have been here."

Prior to our inspection visit we contacted the local district nurse team to gain their views about the service. We spoke with a member of the team who told us that staff reported concerns for people's health to them straight away and called upon them appropriately. We also spoke with a visiting health professional during the course of our visit. They told us the staff were proactive in referring to them for advice and support. They also told us that staff always carried out their instructions or followed their advice about how to support people.

We saw that people's care plans and associated records clearly detailed the care, support and treatment that people had been provided with. The manager was therefore able to clearly demonstrate that people were provided with good and effective care and support which met their needs. For example people who lived at the home were weighed regularly and any identified weight loss was reported on along with detailed information on any specialist dietary advice sought.

The manager and care staff were able to describe how people's consent to care and support was obtained and how this was based upon people's individual needs and means of communicating. The manager also described asking relatives to advocate on behalf of their family members. This was confirmed during discussions with a relative who told us that staff communicated well with them and that they were asked to contribute to making decisions in support of their family member. Staff told us they felt they supported people to make as many choices as possible about their lifestyle and that they involved other people who were important to the person to advocate on their behalf.

We spoke with the manager and staff about how they supported people to make decisions when there was a concern about their mental capacity to do so. From our discussions and from the records we viewed we found some inconsistency in how and when people's mental capacity had been assessed. We discussed this in some detail with the manager during the course of our visit and they told us they intended to review the procedures. The manager and staff had been provided with training on the Mental capacity Act 2005. They told us this was some time ago and the manager agreed that they and the staff team would benefit from more detailed training in this area. Information and guidance for staff about the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards (DoLS) was available at the home. The Deprivation of Liberty Safeguards [DoLS] is a part of the Mental Capacity Act (2005) that aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. We found that four people who lived at the home were subject to DoLS authorisation and further applications were being submitted by the manager in line with advice provided by the host local authority. This was as a result of the number of people who were living at the home who were very much affected by dementia.

Staff told us they felt well supported and sufficiently trained and experienced to meet people's needs and to carry out all of their roles and responsibilities effectively. We viewed a sample of staff files. These included staff training records and training certificates. This information showed us that staff had been provided with up to date training in a range of topics such as: safeguarding vulnerable adults, first aid, fire safety, infection control, health and safety, nutrition and hydration, care planning and moving and handling. The manager told us that 90% of the care staff team had attained a nationally recognised qualification in care

Staff told us, and records confirmed that they received supervision sessions with their line manager on a regular basis throughout the year. Team meetings also took place on a regular basis and we viewed the minutes of these.

People who lived at the home had a care plan which included information about their dietary and nutritional needs and the support they required to maintain a healthy balanced diet. People's likes, dislikes and preferences for food and meals were clearly documented in their care plan and during discussions with staff it was evident that they were aware of these. People who lived at the home told us the food was good and we saw that people had a choice of

Good

Is the service effective?

meals including the option of a cooked breakfast every day. We didn't see any means by which people who lived at the home were informed of the choices at mealtimes as there were no menus available. Staff told us they offered people a choice but we did not see any other means of informing people of the choice. A concern was raised with us about a lack of choice of desserts for people who had diabetes. We discussed this with the cook who advised that there was always an alternative for people who had diabetes and that they used sweetening agents as an alternative to sugar. The manager agreed to monitor this. The manager also told us that the menu was under review at the time of our visit and that people who lived at the home were very much consulted with about the meals and food provided.

We found that all areas of the home were safe, clean and well maintained. The home was fully accessible and aids and adaptations were in place to meet people's mobility needs, to ensure people were supported safely and to promote their independence. We had some discussion with the manager about how they could improve the environment to make it more user friendly for people who have dementia care needs. Some good practice guidance had been incorporated into the latest refurbishment of the home but this could be developed further to improve people's experiences of the home and aid their orientation.

Good

Is the service caring?

Our findings

The service was caring. People who lived at the home told us staff were caring. One person told us: "I have always been well looked after, I could not get better. The carers are brilliant". Another person said: "The manager is wonderful, she is always there and she asks me if I'm OK."

Relatives also told us they felt their family members were well cared for and that they had no concerns about the quality of care provided. One relative told us they thought the care was "Brilliant."

We observed the care provided by staff in order to try to understand people's experiences of care and to help us make judgements about this aspect of the service. We saw that staff were warm and respectful in their interactions with people. Staff spoke about the people they supported in a caring way and they told us they cared about people's wellbeing.

Staff told us they were clear about their roles and responsibilities to promote people's independence and respect their choice, privacy and dignity. They were able to explain how they did this. For example, when supporting people with personal care they ensured people's privacy was maintained by making sure doors and curtains were closed and by speaking to people throughout, by asking people's permission and by explaining the care they were providing. We saw one person who was being assisted to have lunch. The carer assisted the person gently and slowly to ensure they had eaten some food. The carer recognised the slightest non- verbal communication made by the person and responded appropriately to this.

People's care plans were individualised and included details about the people's preferences and choices. People's care plans also included details about the actions staff needed to take to ensure people's privacy and dignity was protected and to ensure they took time with people and explained their actions. We found that other records, such as daily reports, were written in a sensitive way that indicated that people's individual needs and choices were respected and that staff cared about people's wellbeing.

We found that staff showed concern for people's wellbeing and they had responded quickly to changes in people's needs to ensure they got the care and treatment they needed in a timely way.

Good

Is the service responsive?

Our findings

The service was responsive. The service worked well with other agencies to make sure people received the care and support they needed. People's care and support was reviewed on an annual basis. The review meetings included the person concerned and others who were important to them such as family members, or relevant professionals, such as social workers. This indicated to us that the manager ensured there was a multi-disciplinary approach to meeting people's needs. We also saw from records that staff responded appropriately to changes in people's needs and referred to multi-disciplinary workers for support and advice when required.

We viewed the care plans for six people who lived at the home. We found care plans were individualised, they detailed people's support needs and provided guidance for staff on how to meet people's needs. Care plans also included detailed guidance about how to support people with specific areas of need such as their dietary needs or the management of health conditions. For example we saw information from the National Patient Safety Agency for assisting people who had difficulties swallowing their food but this had been personalised to the person concerned. People's care plans had been reviewed on a monthly basis and we found corresponding care plans were in place for any risks identified to people's welfare or safety. So for example, if a person was deemed to be at risk of falling then information about how to prevent this was detailed in their care plan. Care plans also included information about how to support people with their cultural and religious needs.

We saw in records that staff regularly referred to a range of health care professionals for specialist advice and support to ensure people's needs were appropriately met. For example, people had been referred for nutritional advice and support if they started to experience weight loss. We saw evidence that people had been regularly supported to attend routine appointments with a range of health care professionals such as their GP, district nurse, chiropodist and optician. A person who lived at the home told us: "Since I came in here they have sorted out everything for me. I have had my eyes checked and got new glasses and I have had my teeth checked. They're on top of everything."

We asked staff to tell us about the needs of a number of people who lived at the home and we found that they were able to describe people's individual needs, preferences and choices in some detail.

Relatives told us staff responded appropriately to any changes in their family members needs and kept them well informed. One relative told us about an occasion when their family was taken to hospital. They told us "I was informed immediately, and although I went to the hospital straight away, staff remained with (the person) to comfort them and to make sure that hospital staff had all the relevant information they needed. This was very helpful as they had information I would not have had".

An activities co-ordinator was employed to work at the home Monday to Friday from 12pm to 5pm. Activities were planned one month in advance, and included a weekly trip out, a weekly tea dance at the local community centre and an entertainer visited every couple of weeks. At the time of our inspection visit the activities taking place involved listening to music, watching a DVD, and making Christmas decorations. These activities were arranged for small groups of people. The activities co-ordinator told us that they also arranged one to one activities for people which included hand massages, manicures and the use of sensory equipment. We spoke with the manager about ways to involve people in additional activities/pastimes, outside of the structured activities provided by the activities co-ordinator, as a means of providing people with something purposeful to do to occupy their time.

The provider had a complaints procedure which was appropriately detailed and included timescales for responding to complaints. We viewed the complaints' log and found that action had been taken to investigate complaints and resolve them to people's satisfaction. People we spoke with were positive about the care provided by staff at home. They told us if they had any concerns they would be happy to raise them and they were confident they would be responded to and their concerns would be addressed. They told us "The manager is very approachable" and "I would be happy to raise any concerns." We did receive a number of comments about how people's laundry was managed and it was felt that this was an area which could be improved.

We saw that a survey had been carried out earlier this year to attain feedback from people who lived at the home and their relatives about the quality of the service. People had

Good

Is the service responsive?

been asked to rate a range of indicators relating to: the standards of care, the attitude of staff, the atmosphere, people's support to make choices and decisions, how the service consulted with people, people's involvement in the planning of care, the range of activities offered, the menu choice, the home environment, cleanliness and hygiene, responsiveness of the manager, how complaints were dealt with and the quality of support provided. We saw that people's feedback was mostly positive and 'satisfied' or 'highly satisfied' scores had been given as the majority in all areas. The provider had carried out an analysis of the results of the surveys with a view to making improvement to the service.

Good

Is the service well-led?

Our findings

The service was well led. Systems were in place for assessing and monitoring the quality of the service, for making improvements and for developing the service.

The service was managed in a way that ensured people's health, safety and welfare were protected. The service has a registered manager. 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 and associated Regulations about how the service is run.

Staff told us they felt there was an open culture within the home and that they would not hesitate to raise any concerns. The manager was described as 'approachable' and staff and relatives we spoke with felt the manager would take action if they raised any concerns. The home had a whistleblowing policy, which was available to staff. Staff we spoke with were aware of the policy and told us they would feel able to raise any concerns they had and would not hesitate to do so.

Feedback we received from outside healthcare professionals who visited the home indicated that there was good partnership working between the home and other agencies. The visiting professionals we spoke with told us they had no concerns about the quality of the care provided and one person told us they felt the home were proactive in supporting people with their health care needs.

One of the ways in which the service tried to achieve high quality of care for people was through the on-going review of people's care plans. Alongside this people who lived at the home attended an annual review meeting which included family members, who could advocate on their behalf and outside professionals [as appropriate to the person's needs]. The review meetings considered what support was being provided to the person and whether this continued to be appropriate.

Systems were in place to regularly check on the quality of the service and ensure improvements were made. 'Resident and relative' meetings were held on a regular basis throughout the year. We looked at the minutes of recent meetings and found the meetings had covered topics such as: staffing, activities, menus, the environment and health and safety matters. Surveys had also been sent to people who lived at the home and relatives for their feedback about the service. The results of these had been analysed and reported on.

A number of audits were carried out by the manager of the home to monitor the service and the findings of these were fed through the organisation to an area/regional manager. Spot checks were then carried out by the provider to verify the manager's audits. The manager's audits included checks on matters such: health and safety of the home environment, accident and incident reporting, fire safety, complaints, staff supervision and medicines management. The manager told us that any shortfalls identified as part of the audits were documented and followed up by the provider at future audits.

We viewed accident and incident reports and these raised no concerns with us and indicated that people were protected against receiving inappropriate and unsafe care and support. Accidents and incidents at the home were recorded appropriately and were reported through the provider's quality assurance system. This meant the provider was monitoring incidents to identify risks and to help ensure the care provided was safe and effective.

We noted that there were procedures in place for responding to emergency situations and staff had ready access to this information.