

Key inspection report

CARE HOMES FOR OLDER PEOPLE

Aden Mount

**Perseverance Street
Primrose Hill
Huddersfield
West Yorkshire
HD4 6AP**

Lead Inspector
Karen Summers

Key Unannounced Inspection
22nd April 2009 09:00

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care homes for older people can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop.

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

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SERVICE INFORMATION

Name of service	Aden Mount
Address	Perseverance Street Primrose Hill Huddersfield West Yorkshire HD4 6AP
Telephone number	01484 515019
Fax number	01484 533985
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Aden House Ltd
Name of registered manager (if applicable)	Ms Denise McKenna
Type of registration	Care Home
No. of places registered (if applicable)	45
Category(ies) of registration, with number of places	Old age, not falling within any other category (27), Physical disability (18)

SERVICE INFORMATION

Conditions of registration:

1. The OP category of registration includes both residential and nursing care, with a maximum of 10 beds being used for nursing care.

Date of last inspection 15th April 2008

Brief Description of the Service:

Aden Mount is a purpose-built spacious home situated in Primrose Hill, a residential area of Huddersfield. It is situated on the same site as its sister home, Aden View. It offers personal and nursing care and accommodation for up to 27 older people and care for up to 18 people aged between 18 and 65 years with a physical disability. All bedrooms, which are over three floors, are single en-suite. All floors are accessed via a passenger lift or stairs. There is access to the home via a ramp for people in wheel chairs and there is a car park to the front of the home. There is a small garden area to the side of the home where people can sit out, weather permitting.

The Commission was informed that as at 22/04/09 fees ranged from £381.74 to £1,200 per week. There are additional charges for hairdressing, chiropody and aromatherapy.

Information about the home in the form of a Statement of Purpose and Service User's Guide and the latest inspection report can be obtained from the home.

SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is two star. This means the people who use this service experience good quality outcomes.

This report refers to an inspection, part of which included an unannounced visit, on the 22nd April 2009, commencing at 9am, and the length of the inspection was 9.25 hours.

There were 38 people living at the home on the day of the visit.

As part of the inspection in order to provide information to help us form judgments about the quality of the service, the manager was asked to complete an annual quality assessment (AQAA) document. This she did, and the document provided the Care Quality Commission (CQC) with a lot of information about the way the home is run, and what they hope to achieve in the future.

To enable people who use the service to comment on the care it provides, we sent surveys to twenty people living at the home, four of which were returned, eighteen to staff, two were returned, and eight to local doctors and health care workers (social workers, community nurses), none were returned at the time of writing this report.

The comments in the surveys were positive about the standard of care provided by the staff at the home. People living in the home are protected from abuse and they can be confident that their complaints will be listened to and acted upon.

We would like to thank all people who gave feedback about the home, and would like to thank the manager and staff for their co-operation throughout the inspection process.

What the service does well:

Prior to admission visits to the home are encouraged, and where this is not possible, then photographs of the bedrooms and communal areas are provided. Everyone also has a comprehensive assessment, which is carried out by trained and experienced staff to ensure that the home is able to meet their needs.

People said that they receive the care and support they need, staff listen and act on what they say and they receive the medical support they need.

People are encouraged to maintain their independence wherever possible, and individuals were seen to inform staff of their whereabouts, but make their own arrangements to go into town and the local shops.

People living in the home are protected from abuse and they can be confident that their complaints will be listened to and acted upon. People, who use the service and their relatives, said that they knew how to make a complaint and knew who to speak with if they were not happy.

What has improved since the last inspection?

People were asked what improvements had been made at the home, and comments include, "...the new manager. The home smells fresher. I am spoken to more often and respectfully. My views are taken into consideration..."

Everyone admitted to the home receives a full assessment of their needs by competent staff, to ensure that their needs can be met.

Care documentation has improved, and staff now date and sign when records have been made.

The medication systems and practises have improved with satisfactory records maintained.

The quality of the food continues to be monitored, and is now served to the required temperature.

Environmental adaptations meet the needs of individuals to ensure that they can live as independently as possible.

53% of care staff now have an NVQ level 2 qualifications or equivalent.

What they could do better:

They could ensure that staff who write care plans have the necessary training and are supervised to do so.

Also make sure that everyone has access to daily activities, and that their taking part in an activity is recorded, together with their enjoyment. This will ensure that the social needs of people are being met.

Make meal times a sociable, relaxing, and dignified event, and with minimal disruption.

Staff induction should be recorded, to ensure that they have the skills to look after people properly and meet the changing needs of people in their care.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line – 0870 240 7535.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

Older People - 3 Adults 18-65 years – 2

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are assessed prior to them moving into the home and are able to visit the home to establish whether or not it is the right place for them.

EVIDENCE:

This home does not provide intermediate care.

The information received from the home prior to inspection said that pre admission visits are encouraged, and where this is not possible, then photographs of the home are provided. The information also said that prior to admission all people have a comprehensive assessment of their needs, and that this is carried out by trained and experienced staff to ensure that the

home is able to meet their needs and this was confirmed by the Manager at the time of the visit.

Two out of three people living in the home said that they had received enough information about the home before they moved in so they could decide if it was the right place for them.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

Older People - 7 – 10.

Adults 18-65 years - 6, 9, 16, 18 and 20.

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The care plans outline the level of support and care each person requires in ensuring their health and welfare needs will be met. The recording and administering of medication is satisfactory. People are treated with respect.

EVIDENCE:

Four people's care records were looked at, and the quality of the documentation had greatly improved since the last inspection. Review of care had taken place, and this was with the involvement of the person or their relative/ advocate where appropriate to ensure that peoples' needs continue to be met. Evidence showed in three of the records inspected that the records were comprehensive and peoples' needs had been identified, and care given to meet those needs. In the fourth record (from the residential part of the home,) the information in the pre admission assessment was clear, however, the care

plan did not totally reflect the identified needs of that person. This was discussed with the manager at the time, and she said that she would ensure that this would be addressed, and where appropriate further training and supervision would be given regarding care plan recording. The social, cultural, religious needs, and likes and dislikes were recorded, and people confirmed that staff respect individuals' privacy and dignity. The daily record was also a good account of the person's day and any untoward incidents.

People who were spoken with said that the staff were, "Smashing" "Can't do enough for you"

There was evidence of involvement from people's doctors, physiotherapists, opticians, dentists and other health care professionals where needed. People said in the surveys that the home makes sure they get the medical care they need, and the information received from the home prior to inspection confirmed this.

When asked if the service responds to the different needs of individuals, in relation to race, ethnicity, age, gender, and faith. People said that they usually did.

Surveys sent out by the home to people who use the service were also looked at, and the comments returned include, "Consistent care with named nurse keeping me informed as to my mothers state of wellbeing, and being a part of all decisions to do with that care."

The information provided by the home on how they plan to improve in the next twelve months, states that they are looking to implement the Gold Standards Framework for the end of life care, and this will ensure that people receive the appropriate care at this stage in their life.

There was evidence that people have access to advocates and people who live there confirmed this.

On the day of the visit, samples of three people's medication was checked. The storage, administration and recording of the medication were done correctly, and regular checks on the medication are carried out by staff to ensure that there are no discrepancies and safe practises are maintained. All staff that administers medication have had training. There were also procedures in place should people wish to administer their own medication, and this included secure facilities to store their medication.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

Older People - 12 – 15.

Adults 18-65 years - 12 – 15 and 17.

People using the service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People's social and recreational needs on the residential unit are not always being met. Meals provided are good, varied and served in a pleasant environment. The social experience in the dining room is not relaxing, and people who sit at the same table, do not receive their meal at the same time.

EVIDENCE:

At the time of the visit there was a relaxed atmosphere and staff were seen to respond to people in a respectful manner. People who live there commented on how they liked living in the home, and were seen on a number of occasions involved in happy banter with staff.

The home has two activities coordinators, one who works on the Thompson unit, and one who works on the residential part of the home, and who has recently joined the home. On the Thompson unit, there was a list of activities

on offer each day, which had been written on a calendar, and was located in the activities lounge, and peoples' bedrooms. Activities include Beetle drive, quiz, pamper days, arts and crafts, going out for meals, swimming & college (for those who wish). The activities lounge had recently been painted and decorated by the people who live there, and there were photographs on display of the event. People who were spoken with also said that they had really enjoyed taking part. There were also records of events that had taken place. Individuals on the Thompson unit also choose to go out of the home to events that they have organised, and people were seen to be maintaining their independence by informing staff of their whereabouts, but making their own arrangements to go into town and the local shops.

As the activities person on the residential part of the home had only been there four weeks, she was still in the process of setting up her records and this was reflected in her supervision records. At present the recording of what activities have taken place is done ad hoc and did not show that people's social needs were always being met. People who use the service said that there were usually activities that they could take part in. A relative made a comment in a survey, when asked "What could the home do better?" "Perhaps more activities to get people to try and join in." Another person wrote in the surveys sent out by the home, "...The Thompson unit has better activities now but the residents have not." This was discussed with the manager, and she said that she would ensure that the records would in future reflect the social activities that people take part in, and that she would also encourage all staff to write in the record.

Some people had their own telephone in their rooms and said that they kept in touch with relatives and friends. There was also evidence in the visitor's book that people visit on a regular basis at various times of the day.

The library also visits and brings large print books, and the activities person arranges for specialised talking books to be delivered regularly.

People also confirmed that they were able to go to church if they wished, and staff said that ministers visit on a regular basis.

The menus offered a variety and choice, and following issues from the last inspection about the quality and temperature of the food, these issues continue to be monitored.

The people from the Thompson unit now choose to share the same dining room as people in the residential part of the home. We sat and ate lunch with the people from the Thompson unit on the day of the visit. The variety and choice of food was good however, even though people were asked in advance their preferred choice of meal, staff did not serve people who were sat at the same table at the same time. The atmosphere in the dining room was not relaxed or organised. People were also seen to have to remind staff of requests

that they had made earlier. This was discussed with the manager, and also the training that is provided by Kirklees Local Authority, on "Protected meal times," and how this training might educate staff on how to make meal times, a sociable, relaxed, and dignified time, with minimal disruption.

There was evidence in the minutes of the monthly meetings, which are held for people who live at the home, that there continue to be issues with the dining room experience.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

**Older People - 16 and 18.
Adults 18-65 years - 22 and 23.**

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are protected by the procedures relating to the recruitment of staff and management of complaints.

EVIDENCE:

People living at Aden Mount are given clear information about how to complain and this was confirmed by people living at the home. Complaints are responded to within the given timescale of 28 days, and there was evidence to suggest that staff have had training on how to handle complaints.

There had been five complaints in the last year relating to laundry, and meal times/ food, and the documentation showed that appropriate action had been taken. There was evidence to suggest that the manager has weekly "surgeries" where visitors, residents, relatives/ advocates can discuss any issues or suggestions that they may have. The manager also said that where people who live on the Thompson unit have had concerns regarding meal times, they had also voiced them in their regular monthly meetings, and minutes were seen to confirm that action has been followed up at the subsequent meetings.

Letters/ cards of compliments to staff and the manager from people were also seen and included, "Thanks for the care of my, and for your kindness and consideration."

Safeguarding investigations have also taken place, and identified areas relating to care practice and the recording of information. The manager and staff worked with the social workers and contract managers to address these matters. The people who live at the home commented positively on the management approach, and how the manager has brought about improvements to the home.

Records seen showed that staff commencing employment have a CRB (Criminal Records Bureau) and a POVA (Protection of Vulnerable Adults) check before starting work in the home. All staff have received safeguarding (adult protection) training which provides information on how to protect people from abuse. Those staff spoken with during this visit spoke with confidence about how they would report poor care practice and abuse. The members of staff who returned the survey said that she knew what to do if someone had concerns about the home.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

Older People - 19 and 26. Adults 18-65 years - 24 and 30.

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home offers people a homely, comfortable and clean environment.

EVIDENCE:

As part of the inspection a tour of the home was conducted which included the communal areas, a number of people's bedrooms, (of which people gave their consent for inspecting their bedrooms,) and the laundry. The activities room had been recently decorated by the people who live on the Thompson unit, and looked fresh and clean. Generally the home is decorated to a good standard, and the company has a proposed redecoration programme.

People confirmed that they are encouraged to personalise their rooms. There are locks on their bedroom doors should they wish to use them, and notices on their doors, requesting privacy or company, should they wish to use them.

The premises were clean and systems are in place to control the spread of infection. Everyone said that the home is fresh and clean.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

**Older People - 27 – 30.
Adults 18-65 years - 32, 34 and 35.**

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are supported by qualified, and experienced staff and in sufficient numbers. Staff have had all the necessary checks before working with people so that they are kept safe.

EVIDENCE:

On the day of inspection there were forty-four people in residence. The staff duty rotas were looked at and staff were spoken with. There was evidence to suggest that staffing levels and skill mix were sufficient to meet the number and needs of people living there, and the manager confirmed this.

When asked if the care staff are available when needed, people said that they usually were.

Care practice observed during this visit, and the relationship between staff and people being cared for was positive.

A sample of recruitment records were inspected and the correct information and checks had been carried out. Not all the files contained the induction training records. Staff said that they had received induction training which included, abuse awareness, fire, dementia care, and movement and handling. The company training officer who was responsible for recording the induction training had not been doing so. Following the inspection evidence was sent to the Care Quality Commission, from the Company, to suggest that steps had been taken to ensure that future induction training would be recorded.

Fifty three percent of care staff have an NVQ (National Vocational Qualification) level two or above.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users' financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People benefit from the management approach of the home and the manager ensures so far as reasonable practicable that the health, safety and welfare of people and staff are protected. The home is run in the best interest of people who live there.

EVIDENCE:

The manager has a number of year's experience of working with older people and has completed the Registered Managers Award, and NVQ level 4 in care. Staff spoken positively about the approach of the manager and how she is available should they need to speak with her.

For those people who wish small amounts of personal monies are held safely at the home, and receipts are kept of all transactions made.

Meetings involving people who live at the home continue to take place monthly and minutes are kept.

Records were seen and suggest that the supervision of staff has commenced. There was a list of staff who are responsible for carrying out the supervisions, and those staff confirmed this.

Routine health and safety checks are carried out and appropriate records kept.

Satisfactory records were also seen of fire alarm and emergency lighting tests.

Staff meetings take place every two months and minutes were.

The company sends out satisfaction surveys to people annually, and the results of the surveys were displayed in the entrance of the home for people to see. The comments were positive about the management approach, and how people now feel part of decisions that are made in relation to the care they receive.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	3
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	2
8	3
9	3
10	3
11	3

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	2
13	3
14	3
15	2

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	X
21	X
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	3
28	3
29	3
30	2

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	3
34	X
35	3
36	X
37	X
38	3

Are there any outstanding requirements from the last inspection? No

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	OP7	Ensure that care staff who write the care plans have the necessary training and are supervised to do so.
2.	OP12	All people living in the home should have access to daily activities which meet their individual needs.
3.	OP15	Meal times should be a sociable, relaxing, and dignified time, with minimal disruption.
4.	OP30	Staff induction should be recorded, to ensure that they have the skills to look after people properly and meet the changing needs of people in their care.



Care Quality Commission
Yorkshire and Humberside
Citygate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

National Enquiry Line:
Telephone: 03000 616161
Email: enquiries@cqc.org.uk
Web: www.cqc.org.uk

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