

Aaron House Care Limited

Aaron House Care Limited

Inspection report

Aaron House
Nympsfield Road
Nailsworth
Gloucestershire
GL6 0ET

Date of inspection visit:
19 April 2018

Date of publication:
14 June 2018

Tel: 01453833598

Website: www.aaronhousecare.co.uk

Ratings

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

Summary of findings

Overall summary

Aaron House is a care home registered to accommodate up to six younger adults with a learning disability or autistic spectrum disorder. At the time of our inspection six people were using the service.

At our last inspection on 1 and 2 October 2015 we rated the service as overall 'Good'. At this inspection we found the evidence continued to support the rating of 'Good'. There was no evidence or information, from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were kept safe. Risks were identified, managed and reduced. Staff were recruited safely and they were trained and supported to meet people's needs effectively. People's medicines were managed safely and they received these as prescribed. The environment was kept clean and well maintained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the home supported this practice. People's nutritional wellbeing had been maintained and they continued to have access to health care professionals when needed.

People's needs were assessed, care plans were developed and care was delivered in a way which met their needs and preferences. People were treated equally and their individual preferences and wishes were respected. Relatives were provided with opportunities to speak on behalf of their relative and to visit when they chose to.

Staff were kind, caring and compassionate. There were arrangements in place to help people feel included and to take part in social activities. Staff had the skills and knowledge to support people's end of life needs. No-one at the home was receiving end of life care. However the registered manager explained that they had plans to slowly and informatively speak to people individually about their end of life care and wishes and document their views

The home was well managed and the registered manager ensured people's needs and wishes were the primary focus. Effective and appropriate systems, processes and practices ensured the home ran smoothly and that necessary regulations were met. Complaints could be raised and these were investigated and addressed. All feedback was welcomed and used to improve the service further.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Aaron House Care Limited

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 was a comprehensive inspection. The inspection took place on 19 April 2018 and was unannounced. It was completed by one inspector.

Before the inspection visit we reviewed all the information we held about the home since the last inspection in October 2015. This included all statutory notifications and the Provider Information Return (PIR). Statutory notifications must, by law, be sent to us by the provider. These inform us of important and significant events which have happened in the home. We used information the provider sent us in the PIR to help plan the inspection. This is information we require providers to send us at least once annually, to give us some key information about the service, what the service does well and improvements they plan to make.

During the inspection we looked around the home and spoke with three people who used the service and two relatives. We spoke with two members of staff and the registered manager of the service. We sought the views of commissioners of the service and two health care professionals.

We looked at the care records of four people and records which related to staffing including their recruitment procedures and the training and development of staff. We inspected the most recent records relating to the management of the home including quality assurance reports.

Is the service safe?

Our findings

People told us they felt safe living at Aaron House. One person said "The staff are lovely. I feel safe here." Relatives we spoke with told us they felt people were safe at the home. One relative said "I am confident the staff make sure everyone is safe."

There were processes in place to protect people from abuse. Staff had been trained to recognise relevant concerns and knew how to report these. The registered manager shared appropriate information with other agencies that also had a responsibility to safeguard people. The service had a whistle blowing policy to raise concerns related to poor practice. Staff told us they felt they could raise concerns and these were taken seriously.

Risks to people's health, safety and welfare were assessed and managed. Risk assessments recorded what people's risks were. For example; risks of falling, developing pressure ulcers and risks associated with specific medical conditions such as epilepsy. Staff monitored people and provided appropriate care which helped to reduce these risks. Staff ensured people were appropriately referred to health care professionals. This enabled people's health needs to be assessed and helped them to access equipment to meet their needs.

Staff kept the environment safe. For example, there were arrangements in place to reduce the risk of fire and legionella infection. Staff ensured the risk of the spread of infection was reduced. For example, soiled laundry was managed separately and colour coded cleaning equipment was used. Staff had access to protective personal equipment such as disposal gloves and aprons to reduce the risk of spread of infection. People lived in a clean home. Regular checks were carried out to ensure the building and equipment associated with people's care were maintained and serviced.

There were enough staff in number, experience and skills to support people. Staff recruitment files showed that appropriate checks had been carried out before staff worked in the care home. Staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed.

People's medicines were managed safely. Staff received training in how to administer medicines and their competency in this task was checked annually. Medicine records were well maintained and showed that people received their medicines as prescribed.

Is the service effective?

Our findings

People were supported and encouraged to consent to their care and treatment. People's care plans stated that staff should continually support them to make decisions about their care and daily activities. It was evident from our time with people and staff that staff respected people's decision about their care. For example, we heard staff discussing with people about what they would like to do and how they would like to spend their time.

Where required, we were told that people's mental capacity to make significant and important decisions about their care and treatment would be assessed and any best interest decisions would be recorded ensuring the person's views and beliefs would be considered. People were supported to access advocacy services if this was required.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied to the local authority to deprive people of their liberty as they were continually being supervised. We were told that the registered manager was waiting for the outcome of their assessment. However staff were aware of their responsibilities to support people in the least restrictive way to ensure people's human rights were not unnecessarily breached.

The people living at Aaron House had lived there for a number of years. Their support requirements had been continuously assessed throughout the time people lived at the home. People had access to specialist health care professionals through regular assessments. Where required, staff worked with specialist healthcare professionals such as the epilepsy nurse or mental health practitioners to provide appropriate support to people.

People's care plans had been adjusted according to their changing circumstances. People also had access to other community services such as opticians and dentists. The registered manager kept themselves up to date with current practices to ensure people received effective and personalised care. People were treated as individuals and they were given every opportunity to make decisions about their life and live a fulfilled life which was free from discrimination.

People were being supported by staff who maintained their skills and knowledge. Staff were positive about the training they received and felt sufficiently trained to carry out their roles and meet the needs of people. Staff knowledge and competencies were discussed and reflected on during their supervision meetings. Staff received regular supervisions and yearly reviews of their professional performance to ensure their skills and knowledge were maintained. Staff told us they felt well supported by the registered manager and their colleagues and had opportunities to discuss any concerns and further develop their skills.

People's nutritional risks were monitored and concerns discussed with their GP. All of the people we spoke with told us they had a choice in what they ate and that they enjoyed the food provided. One person said,

"The food is good. I can eat what I want." Another person said "The food is great."

Where required, adaptations had been made to the premises to support people. For example, rails had been fitted in toilets to support people to use bathroom facilities easily. Each person had their own en-suite room which had been decorated to individual preferences. People told us they had been supported to pick colour themes, choose furniture and other decorations for their room.

Is the service caring?

Our findings

We observed people being treated with kindness, respect and compassion. One person said, "The staff are very kind. They care for me very much." Another person said "They (staff) are like family to me." A relative said, "The staff are fantastic. They really care." Throughout our inspection, we observed and heard a lot of kind interactions between people and staff. Staff spoke to people in a compassionate and respectful manner. People were relaxed in the presence of staff and approached them to ask for advice or enquire about the day's activities.

Staff knew people well. They were knowledgeable about people's individual social and communication needs. They gave people the time to express their feeling and views. Staff treated people with kindness, dignity and respect at all times. Staff told us how they respected people's privacy when supporting them with their personal hygiene needs. They gave people the choice to have support if they required it. When people became anxious, staff provided them with reassurance and support in a dignified manner. They were able to predict people's emotions and behaviours due to our presence in their home and support them appropriately.

People's care records included an assessment of their needs in relation to equality and diversity and dignity and respect. We saw that staff had been trained in equality and diversity. The registered manager told us information about people's cultural and religious needs was captured during the initial assessment process. The registered manager told us how this would allow the service to cater for people's individual needs as soon as they arrived at the service. People we spoke with told us their spiritual needs were met and there were good links with their local church. Although there were no people from other faith groups or people in a same gender relationship, the registered manager was able to outline how they would support people's individual needs.

Where needed, information was made accessible to people and staff supported people to understand information by using pictures and using plain language such as when they required health intervention.

Relatives and friends were welcomed and seen as integral to helping people maintain their wellbeing. Relatives told us they always felt welcomed by staff and there were never any restrictions on visiting.

Is the service responsive?

Our findings

People were supported by a service which was responsive to their needs. The support provided by staff was person centred and focused on people's individual care and support requirements. One person said, "I am well looked after and involved in planning my care". People's care records showed they had been involved in developing, reviewing and making decisions about their care. Relatives we spoke with told us they had been involved in planning the care of their loved ones and were kept informed of any changes to people's care.

Support plans were detailed and outlined people's needs and how staff should support these. Information about people's life histories, their likes, dislikes, preferences, wishes and thoughts for the future were included when planning a person's care. The plans were reviewed and updated on a regular basis, but also, when people's needs and abilities altered. The care staff also kept daily records of the care people received.

People had had the opportunities to participate in a range of activities both in the home and in the community. They had been supported to maintain hobbies and interests and were actively encouraged and involved in local events and clubs. At the time of inspection people were enjoying horse riding, activities at a ski centre, swimming and holidays.

People's day to day concerns were dealt with daily or discussed at the regular house meetings. The registered manager explained that people also had several opportunities to speak to other health care professionals if they were unhappy about the service being delivered.

Since our last inspection, no formal complaints had been made to the registered manager. We were told that any complaints would be logged and investigated in line with the provider's complaints policy.

No-one at the home was receiving end of life care. However the registered manager explained that they had plans to slowly and informatively speak to people individually about their end of life care and wishes and document their views. They explained that this would be sensitively discussed with people and done at their pace to ensure they fully understood the importance of capturing their views in relation to their end of life care.

Is the service well-led?

Our findings

The home was managed by a registered manager who was fully involved in improving and developing the service. 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.

Comments about the registered manager were positive. One person said "The manager is very friendly. I can always talk to her about anything." Another person said "If I have any problems, I talk to the manager and things are put right quickly." The relatives we spoke with told us the registered manager listened to them and worked hard to ensure people had a good quality of life. Staff described the registered manager as 'hands on' and told us the registered manager would regularly support them in their role. Staff told us the registered manager offered excellent leadership and this had resulted in high morale amongst the staff.

The culture of the service was one which was open, inclusive and empowering. This was evident from the approach of the staff throughout the inspection who at all times put people at the heart of everything they did. The registered manager told us how all staff endeavoured to provide a person centred service to people. The staff we spoke with described the service as being the 'home' of the people living there and the need for staff to be respectful of this at all times.

Arrangements were in place for the quality of care and services to be monitored. This was done by the registered manager and staff. Where staff would complete an audit, this was checked by the registered manager. Actions were completed to address any shortfalls and to make improvements. Accident and incident records had also been reviewed and audits completed to ensure staff were checking for trends and patterns and that all necessary actions had been taken to manage people's risks. Other areas monitored had included medicine management, care plans and staff training.

There were clear processes in place to ensure staff were aware of their responsibilities. Staff meetings were held to communicate important information and to seek their ideas and feedback. The provider had a disciplinary procedure to address poor practice.

The provider's policies and procedures were available to all staff. These promoted equal opportunities, respect for people and staffs' diversity and provided guidance for staff. The registered manager and staff liaised with other professionals who helped to keep them updated and informed on up to date practice and ideas in adult social care.

The registered manager ensured the Care Quality Commission (CQC) was appropriately notified of events which had an impact on people. They also ensured that the rating from the last inspection, awarded by the CQC, remained fully displayed.