Aden House Limited

Aden House Care Home

Inspection report

Long Lane
Clayton West
Huddersfield
West Yorkshire
HD8 9PR

Tel: 01484866486

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30 July 2019

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Aden House is a care home providing personal and nursing care to 39 people aged 65 and over at the time of the inspection. The service can support up to 60 people. There is accommodation and communal areas located on both the ground and first floor. The home provides care and support to people who are assessed as having nursing and personal care needs; there is also a unit (Butterfly Unit) with 20 beds which provides personal care for people living with dementia.

People's experience of using this service and what we found
Not all equipment had been checked for safety. Improvements were needed to ensure people consistently received their medicines as prescribed. Not all areas of the home were clean. There was ongoing recruitment to a number of vacant positions within the home. The recruitment of staff was safe.

New staff received an induction. Staff training and supervision was not up to date. Feedback about the meals was mainly positive. Staff received the input of other healthcare professionals where needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, not all the requirements of the Mental Capacity Act 2005 had been met. We have made a recommendation about meeting the requirements of the Mental Capacity Act (2005).

Staff were caring and kind. People were treated with dignity and respect. Staff knew people's preferences, likes and dislikes. We have made a recommendation about involving people in their care plans.

Care records were not always accurate or complete, although they were detailed, and person centred. People were not always provided with meaningful engagement which met their individual needs. Four complaints had been received during 2019 but we were unable to evidence they had all been dealt with appropriately.

There was no registered manager in post, a manager from another of the provider's services was supporting the home and a new manager had been appointed. Staff told us there had been a number of managers at the home in the previous twelve months. Staff morale had begun to improve as a result of the support manager being assigned to the home. A number of audits had been completed, these had not always been completed at regular intervals. Where issues were identified, action had not always been taken. The findings of this inspection demonstrate a failure of leadership and governance at the home at provider level.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 24 October 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive

inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified breaches in relation to person centred care, safe care and treatment, staffing, complaints and good governance at this inspection.

For requirement actions of enforcement which we are able to publish at the time of the report being published please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will also meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate

Aden House Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of two inspectors.

Service and service type
Aden House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

We visited the home on 24 and 30 July 2019. The second day was announced as we needed to be sure the manager would be free to meet with us.

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

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection
We spoke with five people who lived at the home and three visitors to the home. We also spoke with a visiting health care professional. We spoke with 12 staff including the divisional director, supporting manager, a nurse, senior care worker, four care workers, the activities organiser, and three staff from the catering and housekeeping team. We reviewed a range of records, including five people's care records and a range of records relating to the management of people's medicines. We looked at three staff recruitment and supervision records and records relating to the management of the home.

After the inspection
We requested further information from the manager to validate the evidence found. This was received, and the information was used as part of our inspection.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management
At our last inspection we found the registered provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection most of the issues identified at the previous inspection had been addressed but we still found ongoing areas of concern, this evidenced the registered provider's systems of governance had been ineffective in ensuring the premises and equipment were safe.

• Some people were sat in specialist seating. There was no evidence the chairs had been routinely checked for safety and care records did not evidence the individual had been assessed to ensure the seating met their needs.
• Staff told us people had their own hoist slings which were kept in their rooms. We noted the label on the sling in one person's bedroom contained another person's name. We also noted not all hoist slings had undergone a thorough test to ensure they were safe to use.
• At the last inspection internal maintenance checks had not been completed regularly. This remained a concern at this inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to evidence safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• People had a range of risk assessments in their care records. Where a risk was identified, we saw equipment was in place and action had been taken to reduce the identified risks. Each person's care record included a care risk summary. This identified keys risks and action needed to mitigate these risks.
• Staff told us they had attended both a fire drill and training. A personal emergency evacuation plan was in each of the care files we reviewed. The support manager told us a copy was also kept in a grab back to ensure they were accessible in the event of an emergency.
• Regular checks by external contractors had been completed to ensure the premises and equipment were safe.

Using medicines safely
• The quality of records regarding medicine stocks and administration was not always consistent. For

example, one person was prescribed paracetamol, as required, up to four times daily. They had been unable to have this medicine as it had been out of stock since 15 July 2019. This was rectified on the first day of the inspection.
• Some people received their medicines by a patch applied to their skin. Staff did not always record the location of the patch when they applied it to the person's body.
• At our previous inspection we found the management of people's cream was not robust. This remained a concern at this inspection. We reviewed the three cream records for two people. Staffs recording of the applications was inconsistent and did not always comply with the instructions.

We found no evidence people had been harmed however, systems were not robust enough to evidence the management of medicines were safe. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Medicines were stored safely. Medicines were administered safely by staff who were patient and caring.
• Medicines were administered by staff who had been trained and assessed as competent.

Preventing and controlling infection
• Not all areas of the home and equipment were sufficiently clean to ensure people were not adequately protected from the risks of infection.
• For example, when we looked under the pressure cushion of a chair a person had been sitting in, it was visibly wet. We noted a communal shower chair had meshed backing, this was visibly stained. The seam was torn on one person's crash mat exposing the foam inside. We also found a soiled wet duvet on top of someone's wardrobe.
• On 29 July 2019, the local authority infection and prevention control team had visited the home. They identified several issues relating to cleanliness and hygiene.

We found no evidence people had been harmed however, systems were not robust enough to ensure the premises and equipment were hygienically clean. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• On the second day of the inspection we were told a deep clean had been organised and a number of new pressure mattresses and shower chairs had been ordered. We saw the supporting manager had also conducted an infection control audit and implemented an action plan.

Learning lessons when things go wrong
• There was a system in place to ensure where things went wrong, lessons were learned, but this had not been consistently applied.
• The supporting manager told us an analysis of accident and incidents had not been completed between January and April 2019.
• We saw an accident form dated February 2019 recorded a near miss involving a person using a hoist. There was no evidence this incident had been investigated or reported to senior managers or any external bodies.

Staffing and recruitment
• At the last inspection people and staff told us there were not always enough staff to meet people's needs and there was a high use of agency staff. Feedback at this inspection was similar. One person told us, "There are a lot of agency, they don't know you." A relative said, "There is quite a bit of agency [staff]." However, people told us staff responded in a timely manner when they pressed their nurse call. One person said, "Yes, they come fairly quickly."

• Staff told us, when the home was fully staffed with permanent staff, there were enough staff but it was more difficult when agency staff had to be used. Some staff also felt many people required two staff to support them on the main unit, but there were only three care workers. Therefore, one staff member worked alone and was restricted in the tasks they could undertake.
• The supporting manager and divisional director both told us staff recruitment remained a challenge for the home and agency staff were being used to plug the gaps. The divisional director told us a new manager and deputy manager had recently been recruited. They also told us, following a review of the skill mix at the home, they were recruiting for a new role of team leader to support in the management of Butterfly Unit and an additional senior role for the main unit. The new manager and deputy manager were present on the second day of the inspection having commenced employment the previous day.
• We shall monitor and review staffing at the home at our next inspection.
• The recruitment of staff was safe.

Systems and processes to safeguard people from the risk of abuse
• People told us they felt safe. We asked one of the relatives we spoke with if they felt their family member was safe. They responded, "Yes."
• Staff were aware of the different types of abuse and understood their responsibilities in reporting any concerns they may have.
• Staff received regular training in safeguarding vulnerable adults.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as required improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience
• At the last inspection staff mandatory training was not up to date. The registered provider had a matrix in place which clearly identified individual staff member's training compliance. There were shortfalls in a number of topics. Action was being taken to address this.
• Some of the staff we spoke with told us they had received regular supervision from a more senior member of staff. The supporting manager told us supervisions were filed in individual staff files, although there was no system in place to enable them to have oversight of when each staff member had last had or was due their next supervision. Following the inspection, we were provided with a matrix which clearly evidenced of the 43 available staff listed, 35 staff had not received supervision between January and June 2019.
• One member of staff told us they had never received an annual appraisal. This was confirmed when we spoke with the supporting manager.

We found no evidence people had been harmed however, the registered provider had failed to ensure staff had received appropriate training, supervision and appraisal. This placed people at risk of harm. This was a breach of regulation 18 (2) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Staff who had been employed since the previous inspection told us they had received induction and training when they had commenced employment at Aden House. They also said they had spent time shadowing a more experienced member of staff.
• Two of the staff we spoke with told us they had recently received face to face training around dementia care. Both staff spoke positively about how this training had impacted upon their understanding and empathy.

Supporting people to eat and drink enough to maintain a balanced diet
• People's nutritional risk was assessed at regular intervals. People were weighed monthly although some people were identified as needing to be weighed more frequently. We checked the records for one person whose care plan instructed staff to weigh them weekly. We saw gaps in the records in five out the six months between January and June 2019.
• Where people had lost weight, we saw referrals had been to people's GP or the dietician. Some people were prescribed nutritional supplements to increase their calorie intake. The administration of these supplements was recorded on people's medicine administration records but not always on their fluid records. On the first day of the inspection, during the flash meeting the support manager spoke with staff

about the need to improve the quality of people's fluid records. On the second day of the inspection laminated guidance sheets had been placed in individual's care records, providing a visual prompt to staff.
• People's food and drink records did not always evidence where they had been provided with snacks between meals. We reviewed the food records for two people and saw significant gaps in both.
• Where people required a soft diet, to reduce the risk of choking, it was not always evident from people's food records, the food they had received was of the correct consistency.

We found no evidence people had been harmed however, this evidenced an accurate, compete and contemporaneous records were not consistently maintained. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Peoples feedback about the meals provided at Aden House was predominantly positive. One person said, "It is very nice. If there is something I don't fancy, you can have something different." Another person said, "Excellent, I have put weight on."
• We observed the lunchtime meal on both units. On the main unit staff took plated meals to some people who received their meals in their own rooms. For people who were in the dining room, we saw meals were still plated up for them in the kitchen and delivered to them. This deprived people of the opportunity to choose the components of their meal. We observed a member of staff support two people to eat their main meal and pudding. Although the support was provided in a patient manner, the member of staff failed to tell either person what the meal was they were eating.
• On Butterfly unit we observed both the breakfast and lunchtime meal. At lunchtime we saw two people were shown both meal choices plated up on separate plates, so they could choose. We did not see this being offered to anyone else. Condiments were available in the dining room cupboard but were not offered to people until we asked a member of staff if they were available for people.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection we found provider had failed to meet the requirements of the MCA. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made but further work was needed to ensure people's records evidenced the service was fully compliant with all aspects of the Mental Capacity Act 2005.

• We saw evidence of capacity assessments and best interest's decision making in the care records we reviewed. Although one person's care record lacked evidence of a capacity assessment or best interest decision making in regard to the management of their medicines. This had been highlighted as a specific shortfall in people's care records at the last inspection.
• We reviewed the care records for another person who had capacity. They had a consent to photography document in their records. This had been signed by a member of staff but there was no evidence to suggest the person had been involved in the decision.
We recommend the provider consider current guidance meeting the requirements of the MCA.

• Care records also noted the decisions people were able to make and the support they may need to assist them in this process.
• A matrix was maintained which recorded which people had a DoLS in place and where applications had been submitted to the local authority and were awaiting review. None of the authorised DoLS were subject to any conditions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People were assessed prior to admission to the home to ensure staff could meet their requirements.
• Care records and risk assessments evidenced people's support was provided in line with current good practice guidance.
• We saw evidence on display in the reception area and office to advise staff of current legislation and good practice.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• Information was shared between staff at a handover held at each changeover of staff.
• The supporting manager had also implemented a daily flash meeting. This enabled a representative from each department within the home to attend a brief meeting where key information was shared.
• A relative told us, "They always contact us, they keep us informed."
• We saw evidence in people's care records of the involvement of other health care professionals.
• We spoke with a visiting healthcare professional. They told us staff referred people to them appropriately and advice given to staff was generally followed.

Adapting service, design, decoration to meet people's needs
• Aden House consisted of a main unit with bedrooms to both the ground and fist floor. There was a communal dining room and conservatory with a further two communal lounges. Butterfly unit had a communal lounge and communal dining room. There was also access to a secure, pleasant garden.
• There was signage around the home to help people to navigate their way and to ensure bathrooms and toilets could be easily identified.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• We asked people if staff were caring and kind. One person said, "Yes they are. The permanent staff are brilliant. This is my home, they all know me." Another person said, "The staff are lovely. It is lovely this place." A visitor said, "They seem to know [person] quite well, I am very happy with them." Another visitor told us, "The staff are really friendly, they make me feel welcome."
• Staff told us, "We treat people how we would like to be treated ourselves" and "I give good care, I care about people." Staff interactions with people were caring and kind. Some people went to sit in in the garden, staff put up the parasol and applied sun cream to protect them from the risk of sun burn.
• Staff were able to tell us about people's care needs, likes and dislikes. They spoke about the people they supported with empathy and respect. Through talking to staff and members of the management team, we were satisfied care and support was delivered in a non-discriminatory way and people's rights were respected.

Supporting people to express their views and be involved in making decisions about their care
• People were listened to and supported to express their views.
• People were offered choices regarding their care and support. One of the care workers told us, "In a morning, I'll hold some clothes and they can make a choice." A care worker asked a person which lounge they would like to sit in, when they were not sure, they showed them both, so they could make an informed choice.
• We saw limited involvement of people in their care plans. we saw no evidence people were harmed as a result of this. Although we did see a copy of a letter in one person's care records, inviting their relative to an annual review of the care plan.

We recommend the provider consider current guidance on involving people in their care and support decisions.
Respecting and promoting people's privacy, dignity and independence
• A visitor we spoke with told us they felt staff treated their family member with respect.
• Staff were able to describe the steps they took to preserve people's privacy and dignity. One of the staff told us, "We close doors and curtains. We cover people as much as possible."
• Care records noted where people had a preference for the gender of their care worker.
• People's independence was promoted. For example, we saw one person used a plate guard when they ate their lunch. This enabled them to eat independently without staff support.
• Confidential information was stored securely. Although we noted on Butterfly unit, some daily records were

left unattended in the dining room. We brought this to the attention of the supporting manager following the inspection. They assured us this would be addressed.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• Daily observational care records were not always accurate or complete.
• The skin integrity care plan for one person instructed staff to reposition them two to three hourly. This was not consistently adhered to. We also noted a care plan recorded a person had bruising but there was no body map in place regarding this.
• On the first day of the inspection the supporting manager told us some people's daily care records were not to the required standard. They said workshops were to be implemented to provide support to staff in maintaining accurate and complete records.
• Following the inspection, the supporting manager emailed us an action plan detailing how identified shortfalls were to be addressed.
We found no evidence people had been harmed however, not all records provided an accurate and complete records of peoples care and support. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Care plans were detailed, and person centred. For example, one plan detailed how the person liked their tea and how a particular aspect of their care may cause them anxiety. Another care record noted the time the person preferred to get up and their preference for a shower rather than a bath.
• Each of the care records included details of people's life history.

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

• Care records included the support people needed to communicate. This included if they wore glasses or hearing aids.
• One of the care records noted the person's language at birth was not English. A visitor told us some staff were able to speak with their family member in their first language. A list of key words in the person's first language was on display in the office for staff to refer to if needed.

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

At our last inspection we found provider had to provide meaningful activity which met individual needs and preferences. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.At this inspection the issues identified at the previous inspection had not been addressed, therefore the provider was still in breach of regulation 9.

• Aden House had two activities organisers. An activity planner was on display within the home, this detailed the activity for each day and on which unit. Activities included films, board games, reminiscence, bingo, quizzes, a monthly entertainer, a monthly church service and a weekly library service.
• Feedback about the activities organiser was positive from both people and staff. One person spoke about much they had recently enjoyed a day in the garden, However, another person we spoke with told us they, "Got bored."
• We reviewed the activity records for five people, there was no evidence of meaningful engagement. For example, over a 14-day period for one person, there were four entries. The entries noted; "Took [person] library book", "Assisted with TV, talked about tv programme", "discussed Downing street" and "Visited the hairdresser, given a new library book." The entries for another person, dated 19 to 29 July 2019 simply referred to them being in bed, listening to music.

We found no evidence people had been harmed however, people were not provided with meaningful activity which met their needs and preferences. This was a continued breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns
• People and visitors told us they were aware of how to raise a complaint if they were dissatisfied with the service they received. One person said, "I have no complaints, I would tell them if I was unhappy."
• Four complaints were recorded in the complaints file for 2019. The two most recent complaints had been dealt with by the previous manager of the home. Records included detail of the complaint, how it had been addressed and confirmation the complainant was satisfied with the response. Records relating to two earlier complaints were incomplete. We were unable to establish if they had been dealt with appropriately.

Effective systems were not in place to ensure the management of complaints was robust. This was a breach of regulation 16 (Complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

End of life care and support
• At our previous inspection we found the quality of information varied in people's end of life care plans. We found similar inconsistencies at this inspection.
• The end of life care plan for one person simply referred to them having a Do Not Attempt Cardio Pulmonary Resuscitation (DNAR) in place. There was no information recorded as to the person, or their family's views or preferences.
• However, two other care records provided more information. One of the records included the person's preference to remain at Aden House if possible, when they entered the final stages of their life. Information regarding their preferred funeral director was also recorded.

Inadequate

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we found provider had failed to robustly and effectively assess, monitor and improve the quality and safety of the service provided to people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• At the time of the inspection there was no registered manager in post. The supporting manager was a registered manager at one of the registered provider's other homes and had been at Aden House for two weeks prior to our inspection. A new manager had been appointed.
• Staff told us the previous twelve months had been difficult due to the turnover of managers. However, they were all positive about the supporting manager and the positive impact they were making on staff morale and care standards.
• We reviewed several internal audits. These had not always been completed at regular intervals. A number of the audits identified shortfalls but there was rarely any evidence to suggest they had been rectified. For example, a medicine audit dated 22 January 2019 noted for one person, 'paracetamol should be 48, but only 24'. There was no evidence of action taken to investigate this. Eleven care plan audits had been completed in June 2019 no action had been taken to address any of the identified actions.
• Following the inspection, we reviewed the regional manager's monthly report for Aden House. This aligned with the findings from our inspection, staff supervision and training was not up to date and regular audits were not being undertaken.
• This is the second consecutive inspection where the home has failed to achieve an overall rating of good. This demonstrates the registered provider has failed to implement systems and processes which will ensure people receive consistently safe and effective care.

We found no evidence people had been harmed however, the provider had failed to robustly and effectively assess, monitor and improve the quality and safety of the service provided to people. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Resident and relatives' meetings had been held regularly during 2019. We saw minutes of a meeting dated

May 2019. A "You said, we did" poster on a notice board noted people had asked for regular resident and relatives' meetings. Dates for the next meetings were listed; 20 August and 19 November 2019.
• No feedback surveys had been provided to people, visitors or staff for over twelve months.
• Staff told us regular meetings were held. We saw minutes of meeting held during 2019.
• The support manager had implemented daily flash meetings, a short daily meeting involving a member of staff from each unit and department within the home. Key information was shared and then disseminated to other staff on duty. We attended a meeting and topics included, staffing, infection control, catering, activities, maintenance issues and sharing good practice.

Working in partnership with others
• Staff at the home had continued to work in partnership with other agencies, including the local authority and healthcare professionals. Prior to the inspection the local authority had told us the registered provider was working with them to improve the quality of care people received.
• The activity organiser had begun to forge links with other organisations a local school and a visiting library service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• A person who lived at the home told us, "There has been a lot of managers coming and going. They promise you this and that, then they go. [Name of support manager] is brilliant, if anyone can turn the home around, they can."
• We asked the staff about the culture of the home. They said, "To give people the best life possible, for them to enjoy life."
• A visiting healthcare professional told us, "I have a lot of faith in [name of supporting manager]".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• Throughout the inspection the divisional director and the supporting manager spoke candidly about the difficulties at Aden House in the previous year and what was being done to rectify these shortfalls.
• The supporting manager understood their requirements to notify CQC of all incidents of concern, including serious injuries, deaths and safeguarding alerts.
• Information regarding the duty of candour was on display in the reception.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People were not provided with meaningful activity which met their needs and preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The management of people's medicines was not safe. Premises and equipment were not clean.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Effective systems were not in place to ensure the management of complaints was robust.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received appropriate training, supervision and appraisal.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or robust enough to evidence safety was effectively managed. Systems of governance were not robust enough to ensure risks to people were continually assessed, monitored and identified risks mitigated. Accurate, compete and contemporaneous records were not consistently maintained. The provider had failed to robustly and effectively assess, monitor and improve the quality and safety of the service provided to people.

The enforcement action we took:

A Warning Notice was served on the provider.