

Rushcliffe Care Limited

Aarons Specialist Unit

Inspection report

Epinal Way Care Centre
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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

About the service

Aarons Specialist Unit is a residential and nursing home providing personal and nursing care to 14 people with dementia at the time of the inspection. The service can support up to 22 people.

People's experience of using this service and what we found

People received safe and kind care from enough suitably skilled staff who knew them well. Staff supported people with complex needs in a dignified and compassionate way.

Safe recruitment procedures were in place to ensure only people with the right character and experience were employed.

People received their medicines when they needed them. The environment was well maintained and free from infection.

People received personalised care. People's consent to care was gained before being provided.

Risk assessments were in place to manage people's risks, and the service worked well with healthcare agencies to ensure their health and well-being was maintained.

People's nutritional needs were met, they enjoyed their meals, and were given a choice of what they liked.

People gave positive feedback about the service and were listened to if they had cause for concern. Lessons were learnt when things went wrong and changes to practice were made when needed.

The service had an open culture. They had good knowledge and understanding of people's needs and were supportive of staff.

Effective systems were in place to monitor the quality of the service and drive improvements.

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.

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 15 March 2019) and there was one breach of regulation. 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 improvements had been made and the

provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Aarons Specialist Unit

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 was carried out by one inspector and a specialist nurse advisor.

Service and service type

Aarons Specialist Unit is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. This means that they 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.

What we did before inspection

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 including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 used all this information to plan our inspection.

During the inspection

We spoke to one person who used the service and three relatives. Due to communication difficulties, we were not able to speak with other people using the service. Instead, we observed staff interactions and care and support provided in communal areas to help us understand people's experiences of living at the service. We spoke with eleven members of staff including the provider, registered manager, deputy manager, compliance manager, senior care workers, care workers and a member of the kitchen and maintenance team.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were enough staff deployed to support people's safety and meet their needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were sufficient numbers of staff to meet people's needs in a timely way. A relative told us, "There is always enough staff on duty." Another relative said, "Staffing levels are fine."
- Communal areas were supervised, and staff provided support to people when they needed it, responding to call bells promptly.
- Staff told us staffing numbers had improved. One member of staff said, "Staffing levels have improved since the last time you [Care Quality Commission] inspected."
- The provider followed safe recruitment practices. This meant checks were carried out to make sure potential staff were suitable and had the right character and experience for their roles.

Systems and processes to safeguard people from the risk of abuse

- People were safe. A relative told us, "I feel [Name] is safe here." Another relative said, "[Name] gets looked after very well here."
- The provider had systems in place to safeguard people from abuse and followed safeguarding protocols when required.
- Staff were trained to recognise the signs of abuse. They knew their responsibility to report any concerns, following the provider's safeguarding or whistleblowing procedures. One staff member said, "I would report any concerns if I felt people were not being cared for properly."
- Safeguarding and whistleblowing information was openly displayed around the service encouraging people to report any concerns.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been assessed when they first moved to the service. These included those associated with supporting people to move, the risk of falls, behaviours which challenge others, skin condition, and nutrition and hydration.
- People were supported in accordance with information contained in their risk assessments and support

plans. For example, staff knew how to manage risks when people were anxious or displaying behaviours putting themselves or others at risk.

- The environment was safely managed. Records showed maintenance checks were carried out regularly, and where issues were identified these were swiftly acted upon.

Using medicines safely

- People received their medicines when they needed them. Staff knew people's behaviours to indicate they may be experiencing pain. This was important because people with dementia cannot always reliably express themselves to alert staff, they may need pain relief.
- Systems and procedures were in place to ensure medicines were managed safely.
- Staff were trained in the safe administration of medicines, and their competencies were frequently reviewed. One staff member told us, "My practice is reviewed every six months."
- Medicine audits were undertaken, and action taken where anomalies were identified.

Preventing and controlling infection

- People were protected from the risk of infection.
- Staff wore Personal Protective Equipment (PPE) when required. This included gloves and aprons when supporting people with their personal care needs. Staff confirmed they had received infection control training and were aware of the service's infection control policy.
- The environment was clean with schedules in place to ensure a good standard of cleanliness was maintained. One relative told us, "The home is always clean when we visit."

Learning lessons when things go wrong

- Accidents and incidents were recorded, investigated and reported to the relevant authorities. Action was taken to reduce further risk and staff were fully informed of any changes to people's care and support needs. The registered manager told us, "I review all incidents at the home and ensure they are reported where necessary and inform my team of any follow up action needed." Staff we spoke with confirmed this.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs had been assessed before the service began supporting them. This was to make sure people's needs could be met effectively. The registered manager told us, "People we support have significant needs and unless we are confident those needs can be met, we do not accept people in to the service."
- Assessments and care plans considered all aspects of a person's needs including protected characteristics such as lifestyle choices, cultural needs and religious preferences.

Staff support: induction, training, skills and experience

- Staff received an induction and training when they first took up their role. They spoke positively about their induction and how it equipped them to provide effective care to people. One staff member said, "I've not been here long. The training when I first came was really good, and managers and staff supported me into the role."
- Staff received mandatory training which was regularly refreshed. Specialist training was also provided to meet the needs of people with dementia and complex behaviours. For example, Managing of Actual or Potential Aggression (MAPA), Positive Behaviour Support (PBS), and Validation Therapy; a training method based on emphasising the importance of empathy and listening to people with dementia.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met. Where people's diets required monitoring, records confirmed this was undertaken.
- People were supported with their meals. Staff sat with people at mealtimes helping when they needed it. For example, one member of staff ensured the person had enough time between mouthfuls. A relative told us, "They [Staff] help [Name] with their meals, and know they have soft meals and like finger foods."
- Staff supported people to make their meal choices taking care to ensure these met dietary requirements. People were offered drinks and snacks in between their meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records confirmed people had access to healthcare appointments when they needed them. For example, one person's care plan had visits recorded from GP's, occupational therapists, and speech and language therapists (SALT).
- One relative said, "When [Name] needs a doctor they [Staff] make sure they see one quickly."
- People's oral health was assessed, and care plans detailed how or what support people needed to

maintain their oral health.

Adapting service, design, decoration to meet people's needs

- The environment was clean, modern and well presented. Bedrooms were personalised with photos and mementos displayed.
- People had safe access to communal areas. The provider had plans to improve the central courtyard of the service. Research into a nationally recognised dementia organisation had been undertaken to design a new garden area.

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. We found that they were.

- Staff applied the principles of MCA. We observed staff seeking people's consent before providing support. Staff understood people's rights to refuse care.
- Relatives comments confirmed people's consent to care was obtained. One said, "[Name] is never forced into having care. Staff accept when [Name] doesn't want care. They come back later and try again. That usually works too."

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 good. At this inspection this key question has remained the same. 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

- People were supported by staff who were kind and considerate. Staff were sensitive and patient with people when supporting them with their care needs. People's responses when staff supported them confirmed they were comfortable and relaxed.
- People were well kempt. One relative told us, "Every time we come [Name] is clean and tidy. Clothes are always washed, and they looked well cared for."
- Staff were discreet when people needed assistance. They reassured people who were anxious and distressed, and responded calmly and sensitively with explanations of what they were doing.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives, where appropriate, were involved in planning and reviewing care and support needs. One relative told us, "I was involved at the start, and I am always invited to the reviews."
- People could have access to an advocate who could support them to make decisions about their care and support. Information about these services were on display. Advocates are independent of the service and support people to raise and communicate their wishes.
- Meetings were held with people and their relatives, and where people found it difficult to attend minutes of meetings were provided.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Staff knew the importance of supporting people with their care and support needs behind closed bedroom doors and curtains.
- People's information was stored securely, and all information stored electronically was password protected. Staff were aware of the importance of keeping people's personal information secure.
- People's independence was promoted, and they were supported to access the local community. Physiotherapists were part of the staff team who supported people to regain and maintain their mobility through exercise classes, and training equipment such as pedal exercisers, static bikes and mobility aids. One relative told us, "[Name] loves the fresh air. They get out for a lot of walks which they really enjoy. They use the machine [exerciser] in their room too."

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 now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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

- People received personalised care. Care plans reflected their care needs, likes and preferences and were reviewed regularly, and when people's needs changed. We saw people received care as outlined in their care plan, for example, where people required the support of two staff to assist them safely.
- Specialist support plans were in place for people who were at significant risk. One person's plan instructed staff to observe the person frequently to ensure they remained safe. Records we reviewed confirmed these observations were carried out.
- People were supported to maintain relationships with those important to them. People where appropriate were encouraged to develop friendships with each other. Relatives visited their family members at a time of their choosing and told us they were welcomed in to the service.
- Staff recognised the importance of supporting people to pursue their interests and meet their social needs. We saw staff spending time with people whilst they were enjoying their pastimes. One person who kept a pet was assisted to maintain its welfare when they were unable to. A relative told us, "Staff sit with [Name] whilst they watch movies and play music."
- People and staff did comment activities could be improved. The provider had recognised this through feedback and had plans to increase the choice of activities for people.

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.

- The provider met the Accessible Information Standard. People's communication needs were considered at the assessment stage and incorporated into their care plans. This ensured people had access to information in ways they could understand.
- A 'Your information, Your Way' poster was on display. This enabled people to receive information in a variety of methods including, easy read, sign language, large print and audio.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. This was displayed throughout the service in easy read format. Information about organisations such as the local authority and CQC were included.
- People and relatives told us they had not raised a complaint previously, but were confident if they did,

these would be taken seriously.

End of life care and support

- No one was receiving end of life care at the time of inspection.
- People were provided with opportunity to plan for end of life care. Decisions and preferences were recorded in their care plans. One relative said, "It's a difficult subject to talk about but we do it each time [Name] care plan is reviewed."

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were provided with a warm and homely atmosphere where independence and choice were promoted. People's well-being was at the centre of the service, and they received personalised care from staff who knew them well.
- Relatives felt the service improved the quality of life for their family members. One told us, "We [Family] are delighted with the care here. This is clearly the best place for them. We would know if it wasn't."
- There was an open culture in the service. The registered manager was a visible presence in the home and operated an 'open door' policy.
- Staff said they were supported and led by experienced managers. One told us, "They [provider and managers] are passionate and driven." Another said, "They [managers] are really supportive and get 'stuck in' too, and don't just sit in an office all day."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's feedback about the service was captured through regular meetings and surveys. Outcomes and actions taken were displayed in the service.
- Staff attended meetings to discuss the running of the service. These were used to share ideas and keep staff updated with best practice including lessons learnt.
- Students from a local university were invited into the service to support their learning through placements. A letter of appreciation from one student commented how the registered manager shared their knowledge to 'bring to life' the learning from their university nursing lectures.

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

- The management team carried out audits of the service to maintain safety and quality of the service. Where shortfalls were identified the provider's quality team supported the registered manager to make improvements.
- The registered manager carried out routine observations of key aspects of care in the service. Outcomes of these observations were shared with the staff. For example, a mealtime observation noted staff followed the providers infection control policy, but identified music was being played too loudly.
- Staff meetings were used to discuss and share outcomes of quality visits from local authorities and

healthcare bodies. Reports were openly displayed in the service for people to review themselves.

- The registered manager understood their legal responsibilities, they were open and transparent if things went wrong. They sent us notifications about things that may affect people using the service as they were required to.

Continuous learning and improving care

- There was a culture of continuous learning within the service. The service welcomed feedback from the public and organisations to improve care.
- The provider encouraged feedback from staff following training to ensure they could apply it to their roles. Comments from one training session included, 'very informative' and, 'a helpful piece of training'.
- The provider invested in research projects to keep up with best practice and collaborated with other organisations to achieve this. One project with a local university was exploring how technology could support people with dementia to manage their nutrition and hydration through memory prompts.

Working in partnership with others

- Managers and staff worked in partnership with key organisations, including the local authority, safeguarding teams and commissioners to support care provision and joined-up care for people.