Aden House Limited

Aden View Care Home

Inspection report

Preseverance Street
Primrose Hill
Huddersfield
West Yorkshire
HD4 6AP

Tel: 01484530821

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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
Aden View Care Home is a residential care home providing personal care to 44 people aged 65 and over at the time of the inspection. The service can support up to 46 people.

The care home is a purpose-built building offering accommodation over two floors accessed by a passenger lift. All bedrooms have en-suite facilities. One floor is designated for people living with dementia. There are communal lounges, dining rooms and bathrooms. Outside there is an easily accessible garden.

People's experience of using this service and what we found
People were not always kept safe. Staff did not always ask to see professional's identity badges before allowing access into the home.

People and their relatives were positive about the service and the care provided. A person told us, "It's nice here. There's nothing I'd change." A relative said, "I am happy with everything."

There were suitable and sufficient numbers of qualified staff to support people in line with their assessed needs. People told us they thought the food was good, however, we found improvements were required in the dining experience.

People were supported by staff who were kind and caring. Staff promoted independence and ensured people spent time with and enjoyed time with people who were important to them. People felt comfortable with staff and formed positive relationships. Staff were aware of people's privacy and dignity and made sure this was respected. People were listened to and had their choices responded to.

A new manager joined the home in June 2019 and had established an open and honest culture where staff and people felt able to share their views, and where incidents, safeguarding concerns and complaints were dealt with proactively. The manager had already recognised some areas we identified during the inspection as requiring improvement. The manager had a plan in place and was working to improve the service. Staff told us they felt valued in their roles under the new management.

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
The last rating for this service was requires improvement (published 26 October 2018).

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

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Aden View 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 an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day two of the inspection was carried out by an inspector.

Service and service type
Aden View Care Home 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 had a manager who was in the process of registering 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
Day one of the inspection was unannounced.

What we did before the 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. 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 of this information to plan our inspection.

During the inspection
We spoke with five people who used the service, two relatives and a person's friend. We spoke with the manager and six members of staff including a senior care assistant, care assistants, cook and domestic staff. We also spoke to a visiting healthcare professional.

We carried out observations in the communal areas of the care home. We reviewed a range of records. This included two people's care plans in detail, three people's care plans in a specific area and multiple medication records. We looked at three 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 also reviewed.

Good

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's outcomes were consistently good, and people's feedback confirmed this.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A person told us, "Everybody gets on with everybody else." Relatives said, "Safe. Yes. No qualms at all." and "I think [person] is safe enough."
- On the first day of inspection we entered the home without being asked who we were or having our identify checked. We raised our concern with the manager who responded appropriately.
- Staff were aware of the different types of abuse and understood their responsibilities in reporting any concerns they may have.
- The manager reported any concerns in accordance with requirements.

Assessing risk, safety monitoring and management

- Personal emergency evacuation plans (PEEPs) were in place to ensure people were supported in the event of a fire. However, we found one person's PEEP had not been completed and the emergency grab bag contained a PEEP for a person who no longer lived at the home. We raised this with the manager who took immediate remedial action.

We recommend the provider seeks advice from a reputable source regarding personal emergency evacuation plans.

- People had a number of individual risk assessments which were relevant to their specific physical and psychological needs, including, where appropriate the use of assistive equipment. These covered areas such as nutrition, falls, dehydration, manual handling and were reviewed on a monthly basis.
- Risks were reviewed regularly to ensure people were supported to have as much control and independence as possible.

Staffing and recruitment

- The manager used a dependency tool to help determine the numbers of staff required and rotas showed the number of staff identified as being required, were deployed. We asked people whether there were enough staff and received mainly positive responses. Comments included, "I don't have to wait long" and "There's enough staff. At night they [staff] are busy but I don't have to wait a long time." However, one person said, "They are short of staff, sometimes they [staff] say 'back in 5 minutes but take 15 minutes."
- The service had significantly reduced their usage of agency staff which helped to provide consistent service delivery for people living in the home. Staff said they covered for colleagues if needed but were never under pressure to do so.

● Recruitment practices were of good quality and suitable people were employed.
● The manager had established a 'recruit with a resident' scheme which empowered residents to have a voice in the service by giving an opportunity to be involved with the staff recruitment and induction process.

Using medicines safely
● Medicines were safely managed. People had individual medication administration records (MARs). Body maps were in place for external medicines such as creams and ointments. We found action plans were put in place and acted upon for areas of concern identified through the audit process.
● Room and fridge temperatures were recorded daily and we found these were all within range. However, we found there was no information available for staff what the range should be. We fed this back to the manager and saw the paperwork had been amended by day two of inspection.
● Where people were prescribed medicines to take 'as and when required' (PRN) more detailed information was required to guide staff on when to administer them.
● Training records confirmed that staff had received training on the administration of medicines and had their competency regularly assessed.

Preventing and controlling infection
● Staff observed good infection control practice by wearing personal protective equipment such as gloves and aprons when assisting people. Staff told us they had access to adequate supplies.
● We observed people who lived on the primrose unit being asked if they wished to use hand wipes to clean their hands before mealtimes.

Learning lessons when things go wrong
● The manager was keen to develop and learn from events. We saw accidents and incidents were appropriately recorded. These were reviewed and monitored for any themes or patterns to take preventative action.
● The manager shared lessons learnt with staff to ensure best practice was maintained.

Good

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to ensure people's needs were always met, people's preferences were always supported and people were always encouraged to be independent. 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 we found enough improvement had been made and the provider was no longer in breach of regulation 9.

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

- We found people's nutritional needs were met. Food was stored and prepared safely.
- People told us the meals were good. Comments included, "The food is good", "The food is superb; curry and mince are nice" and "The food is beautiful."
- We observed a lunch time meal on both units. The lunch time food was home cooked and looked appetising. People on the residential unit were verbally offered choices of meals but we observed not everyone was able to respond verbally. One person needed to point to another person's meal and said "that". We did not hear anyone being asked if they wanted any more food. A person told us, "If you ask, they let you have some if there is any left." People on the primrose unit were shown plated meals to help them choose what they would like to eat and were asked if they wanted more food. We fed back these observations to the manager who was aware the meal time experience for some people needed to improve. They told us they were working with staff to improve the service across the home and regularly carried out observations in both dining rooms to monitor standards.
- People could help themselves to cold drinks, readily available in lounges and their bedrooms. Regular hot and cold drinks were also served throughout the day.

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.

● The manager and care staff had competed MCA training. It was clear from our discussions with staff, people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, from our review of one person's care plan we established a person lacked capacity to consent to their care. An assessment of their capacity and evidence of best interest's decision making had not been completed. We discussed this with the manager and saw the shortfall had been rectified by day two of inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Care plans included a detailed pre-admission assessment. This included information about peoples wishes, choices and the support they needed. This helped ensure the home met people's needs. These assessments were used to develop care plans and risk assessments.
● Staff knew people well. They had access to up to date care plans and got to know people's changing needs through good communication within the staff team and through daily flash meetings.
● People's care and support needs were reviewed monthly or when people's needs changed.

Staff support: induction, training, skills and experience
● Staff had the skills, knowledge and experience they needed to carry out their roles effectively. A person told us, "Oh yes, they [staff] are well trained."
● Records showed staff completed a range of training the provider considered mandatory. Staff were positive about the training provided.

Staff working with other agencies to provide consistent, effective, timely care
● Information was shared with other agencies if people needed to access other services such as hospitals. For example, the provider participated in the 'red bag' scheme initiative which gives reassurance to people they have everything they need with them when they are admitted to hospital. The bags also provide hospital staff with up-to-date information about a person's health.

Adapting service, design, decoration to meet people's needs
● The design and layout of the building was appropriate for the needs of the people who lived there. All bedrooms were en-suite. However, some areas of the home were tired and needed redecoration. We saw there was a refurbishment plan in place to address these areas.
● We saw some bedrooms were personalised and contained pictures and photographs of things that were important to people.
● Secure outdoor spaces were accessible for people to use if they so wished.

Supporting people to live healthier lives, access healthcare services and support
● Records showed people had access to external health professionals and we saw this had included GP's, district nurses, chiropodists, dentists, and speech and language therapists. A visiting healthcare professional told us, "Staff take on board advice" and "The home is good."
● Oral care plans were in place for people. The manager told us some people were on a waiting list to register at a local dentist for routine dental care.

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 now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection the provider had failed to ensure people were treated with dignity and respect and staff did not always support people's autonomy and independence. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 10.

Respecting and promoting people's privacy, dignity and independence
- Staff we spoke with understood the importance of maintaining people's privacy and dignity when supporting with personal care and gave examples of how they would implement this. A member of staff said, "I ensure I close the door and close the curtains."
- We observed staff respected people's privacy by knocking on bedroom doors and asking if they could enter the room.
- People's private and confidential information was securely stored.
- People were supported to remain independent. A person told us, "[Staff] lets me do what I can for myself."

Supporting people to express their views and be involved in making decisions about their care
- Staff told us they always gave people choices around their care and support delivery. We observed people being offered choices throughout the inspection. A person told us, "I tell staff I want a shower and I get one."
- The service had recently introduced a scheme whereby two people per day were selected to be the 'resident of the day'. The person's care plan would be reviewed involving the person, updated where appropriate and involved staff from across the service. For example, a member of care staff and chef. However, we found one 'resident of the day' paperwork had not been fully completed and important paperwork had not been completed in the person's care plan. We raised our concerns with the manager. The manager acknowledged further work was required to audit the quality of the reviews.
- People's relatives were also involved in decisions about people's care, where this was appropriate, and they wanted to be involved. A relative told us they were fully involved in all decisions.
- People who required it, had been supported to access advocacy services. Advocacy services are independent of the provider and the local authority and can support people in their decision making and help to communicate their decisions and wishes.

Ensuring people are well treated and supported; respecting equality and diversity
- People were comfortable and relaxed with the staff and we saw staff spoke with them using appropriate

language and gestures.

● Staff supported people with whatever spirituality meant to them. Some people were visited by religious services if they so wished. Where people had religious needs, we saw these recorded in the care plans we looked at.

● People were able to maintain contact with those important to them. We observed visitors were greeted in friendly manner and it was clear staff knew them well. A person told us, "Visitors come whenever they want." A relative said, "I can come any time."

● People spoke with fondness about the staff. People said, "Staff are nice", "They [staff] are all very kind and are here for you all the time" and "It's nice and clean and friendly."

● We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the manager, staff and people demonstrated that discrimination was not a feature of the service and that the service had a positive approach to supporting people as individuals.

Good

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

- A pre-admission assessment was carried out before people came to live at the home to ensure their needs could be met.
- Care plans included a 'social history assessment. These contained people's life histories and information about what their interests and hobbies were. However, we found one care plan had not had this section completed and we brought this to the attention of the manager to take remedial action.
- Care plans contained information about people's daily routines and specific care and support needs. Plans guided staff to focus on all aspects of the person's wellbeing, including their social, emotional and spiritual needs. For example, a person wished for their bedroom light to be left on throughout the night and this was clearly documented in their care plan. This meant staff had clear information on the person's individual preferences.

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.

- People's care plans identified their communication needs. Some of these were very detailed records, for example one person thought their hearing aids did not work correctly and found it easier to lip read what was being said to them.
- The manager was not aware of the AIS. However, we found the principles of the standard were followed in some areas of the home. For example, menu options in a picture format had recently been ordered and were ready to be introduced to help people choose what they would like to eat. We discussed the requirements of the AIS and will check that this has been progressed at the next inspection.

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

- Activity provision was provided by care staff and on an additional hour's basis by a member of care staff. The home was actively recruiting for an activity co-ordinator.
- Feedback from people about the activities on offer was mix. Comments included, "There's always something to do", "There's not much entertainment, they could do with a singer" and "We play bingo, jigsaw mornings and singers come in periodically." A relative said, "I don't see people doing much activities."
- People were involved in a range of activities in the home such as games, sing-a-longs and activities

provided by outside organisations, for example, Zoo lab. The manager told us they were liaising with a local football club to provide some people who were no longer able to attend football matches, with sporting related activities.

● Children from a local nursery and children an after-school club had recently started to visit the home and spent time playing games, arts and crafts and singing with people. The manager told us initial feedback from people had been extremely positive.

Improving care quality in response to complaints or concerns

● The provider had a complaints policy in place. A copy of which, along with details how to make a complaint, was available for people and visitors in the reception area within the home.

● We saw there were a mixture of formal complaints and informal concerns recorded on the complaints register for this year. We saw these were investigated appropriately and responded to.

● People and relatives told us they would have no hesitation in raising a complaint or concern. Comments included, "I'd complain to the manager [Name]", "I'd complain to the staff or to the manager" and "If I wasn't happy, I would talk to the manager."

End of life care and support

● People were supported to make decisions about their practical preferences for end of life care. However, we found some care plans recorded limited person-centred information relating to end of life wishes. We discussed these findings with the manager who was receptive to working towards respectfully gathering information to enable person-centred care to be provided at the end of a person's life.

Good

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

- Staff were very positive about the manager. They said, "[Manager] is always asking how I'm getting on," "It's improved since [manager] arrived. Everything's improving. It's a lot more organised now" and "She's approachable. If I've any problems I can go to her. I feel listen to."
- People and relatives told us the home was nice and friendly. A person said, "The best thing is the camaraderie with residents and staff. We all get on well together."
- The manager showed leadership. There was an 'open door' management approach which meant the manager was easily available to staff, residents and relatives.

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 manager was not familiar with the duty of candour terminology. However, understood their responsibilities regarding being open and transparent.

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

- Audit processes were in place to monitor the quality of the service. For example, care plan, medicine and mattress audits. When issues had been identified, action had been taken to make improvements.
- Providers are required by law to notify us of certain events in the service and records showed we had received all the required notifications in a timely manner.
- The manager understood their legal requirements. They were open to change, keen to listen to other professionals and seek advice when necessary. However, the manager was not aware of their responsibilities in relation to the Accessible Information Standard.

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

- The provider sought the views of people, their relatives and staff. Feedback was used to continuously improve the service.
- Resident meetings and staff meetings were held regularly. Meetings were used to provide information, such as asking people whether they wished to be involved in forthcoming staff interviews. A person said, "I sometimes go to a resident's meeting. [Manager] tells us what has happened and usually does what we ask."
- Staff demonstrated a passion for their roles and worked well as a team. A staff member said, "I try to be

here as much as possible for the residents. I come here to help people and make a difference to the quality of people's lives."

Continuous learning and improving care

● There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people.

● The manager told us the provider was looking to introduce 'champion' staff roles, for example medicine and infection control champions. These staff members would be responsible for becoming knowledgeable about their topic and sharing information with the rest of the staff team.

● The manager told us they attended good practice events provided by the local authority.

Working in partnership with others

● The home worked well with local authorities who commissioned the service and health care professionals to achieve the best outcomes for people and that people were receiving the support they needed. A visiting professional told us, "I feel I am part of the team. Staff are always willing to help and there's always someone around."