

Abbey Healthcare (Aaron Court) Limited

Aaron Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Aaron Court is a residential care home providing accommodation for people who require personal and nursing care for up to 91 people. The service provides support to older people, some of whom are living with dementia, people with a physical disability and younger adults. At the time of our inspection there were 84 people using the service.

Aaron Court was purpose built and has an accessible garden. The accommodation is provided over four floors. Each floor provides communal facilities for relaxation and dining, bedrooms, bathing and toilet facilities.

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

People's safety was underpinned by the provider's policies and processes. Lessons were learnt and improvements made through the analysis and reporting of accidents, incidents along with safeguarding concerns and investigations.

Potential risks related to people's care were assessed. Medicine systems were managed safely, which included a proactive approach that ensured medicines to support people with end of life care for pain management and symptom relief were in place.

People were supported by sufficient staff who had undergone a robust recruitment process and had undertaken training in topics to promote their safety. People lived in an environment which was well maintained and clean, with safe infection and prevention measures.

Care plans provided clear and comprehensive guidance for staff to ensure people's health care needs were understood and their needs met. People's health and welfare was monitored by staff. Staff liaised effectively with health care professionals to achieve good outcomes for people.

People's dietary needs were met assisted by staff's commitment to create a positive dining experience for people and by people having access to snacks and drinks throughout the day. The environment was well-maintained and included facilities for people to relax and take part in activities.

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.

People and family members were in the main complimentary about the service they received. Staff told us they were supported by the management team and spoke of the opportunities available to them through ongoing training and development opportunities, including career progression. The provider had systems in place to monitor and improve the quality of the service provided, which included good communication and

recognising and celebrating achievement across the organisation.

External professionals provided positive feedback about the quality of care people received, and of the commitment and knowledge of the management team and staff.

There was a proactive approach to continuous development to improve people's quality of life. The registered manager and staff worked collaboratively, by committing themselves to pilot projects focusing on new ideas and technology.

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 5 October 2022). At the last inspection we found improvements were needed to improve people's safety by improving care plan records and guidance on the use of medicines. In addition, we found improvements were needed to ensure the principles of the mental capacity act were implemented, and systems to support governance to monitor quality and safety were required.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At our last inspection we recommended the provider improved guidance for the administration of covert medicines.

As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aaron Court on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Aaron Court

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors, a specialist advisor 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.

Service and service type

Aaron Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Aaron Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This 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 who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people using the service and 4 relatives. We spoke with the registered manager, regional manager, deputy manager, nurses, care staff, head of housekeeping and the maintenance person. We sought feedback from professionals who work with the service

We reviewed a range of records. This included 6 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and a variety of records relating to the management of the service. Following our site visit the provider continued to provide information, which included data to support quality assurance and staff training.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection the provider had failed to ensure the safe management of medicines as care records did not provide sufficient guidance for staff. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection, we found practices to monitor the use of pain relieving skin patches were not sufficient. Monitoring processes for the application of pain relieving skin patches had improved. Daily checks were being made and recorded as to whether the patch remained in place. The daily checks are important as patches are prone to falling off or accidentally being removed by the person, and if the information as to when the patch became dislodged would not be known, this would place people at risk of experiencing unnecessary pain.
- At the last inspection, we found guidance for the monitoring of people's blood sugar levels, who had diabetes was not clear. Improvements to guidance on monitoring blood sugar levels for people living with diabetes had improved. Guidance included when sugar levels should be tested was stated and what actions should be taken based on the reading. The monitoring of sugar levels is important for the early detection of diabetic ketoacidosis which is a problem that can occur if people with diabetes bodies start to run out of insulin.

At the last inspection we recommended the provider improved records to ensure staff had clear guidance for the administration of covert medicines. The provider had made improvements.

- Protocols for the administration of covert medicine (where medicines are hidden in food or drink and given without the person's knowledge) were in place. The protocol included information that the medication had been authorised to be given covertly, supported by a Mental Capacity Assessment and that a best interests' meeting had taken place. There was evidence that a pharmacist had been consulted on the safe administration method. (It is good safe practice to consult a pharmacist). Adding medicines to food and drink can affect the effectiveness of the medicine.
- Protocols were in place for the administration of medicine to be given as and when needed, which included anticipatory medicines. Anticipatory medicines help relieve and manage pain and symptoms of a person with a life limiting illness. Guidance was in place where medicines were administered via a syringe driver. A syringe driver delivers a steady stream of medication via a small plastic tube under a person's skin.

- Systems and processes were in place to monitor the safe use of medicines, which included regular audits of medicine practices, and the training and assessment of staff's competency in medicine administration and processes, which included competency for using a syringe driver.

Assessing risk, safety monitoring and management

At the last inspection systems were not in place to ensure care plans were of good quality. This was a breach of regulation 12 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 12.

- At the last inspection care plans did not provide sufficient or consistent guidance on people's physical health care needs to reduce risk and promote people's health and wellbeing. Guidance for the care of people's physical health needs had improved. For example, a care plan for the care of a person with a catheter provided information as to the size of the catheter, a schedule for changing the catheter, the size of the catheter, its daily maintenance to support good skin integrity and actions to be taken to prevent infection. Information included guidance as to the daily maintenance of the catheter bag, including changing and emptying of the bag.
- Potential risks to people were assessed and kept under review to promote their safety. People's care records provided guidance for staff on how to reduce risks. For example, the use of pressure relieving equipment to promote skin integrity. A family member referred to the air pressurised mattress and told us how staff checked their relative, and repositioned them. Repositioning people reduces and relieves areas at risk by encouraging a good blood supply to the area.
- A heatwave action plan was in place, which assessed each person as to their level of vulnerability based on their health conditions and level of dependency, as per national guidance. Following the heatwave alert issued by the national health agency, action was taken. We saw people being offered ice lollies and frequent cold drinks. People sitting outside were offered hats, umbrellas and shaded seating areas, along with a paddling pool for people to cool their feet.
- Personalised Emergency Evacuation Plans (PEEP's) had been undertaken for each person. The PEEP identified the level of risk, any individual factors which needed to be considered to facilitate an emergency evacuation, such as equipment to be used to assist with mobility.
- People's safety was maintained by staff and external contractors who undertook scheduled checks of systems and equipment to ensure they were in good working order.

Preventing and controlling infection

At the last inspection the provider had failed to ensure people were safe from the spread of infection. These were breaches of regulation 12 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 12.

- The provider promoted safety through the layout and hygiene practices of the premises. All areas of the service were clean. Housekeeping staff followed daily and weekly cleaning schedules. A person told us, "Staff come in everyday and clean my room."
- Equipment used was kept clean. However, we found 2 dining room chairs with damaged outer covers.

These were removed and replaced by the registered manager to ensure people living at the service were protected from the risk of infection.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to maintain contact with their family and friends. There were no visiting restrictions and staff welcomed visitors to the service at any time.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had systems in place to safeguard people from abuse, supported by staff who had undertaken training in safeguarding.
- The registered manager kept a record of any safeguarding concerns. The information included the nature of the concern, who had raised the concern and its outcome, and included information to learn and improve the safety of people. For example, a protocol had been introduced where nursing staff undertook welfare checks during the night, on floors within the service where the needs of people did not require the routine presence of a nurse. This was to ensure staff had the opportunity to raise any health concerns and promote people's health and wellbeing.
- An electronic app had been adopted by staff, which sets out a safe and systematic approach to the post management of a person's care following a fall. This had been introduced following a safeguarding concern and investigation.

Staffing and recruitment

- Staff had the necessary training, skills and competence to support people's safety and meet their needs. People told us they felt safe, and in some instances their comments were linked to staff knowledge. A person told us, "The staff are professional, and look after you the best they can. If you want anything you just have to buzz."
- There were sufficient staff to meet people's need. A member of staff told us. "Staff duties are allocated daily and the skill mix is reviewed to ensure that there is a good balance of experienced staff that know the residents."
- Staff were recruited safely. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Records were in place to evidence nursing staff were registered with the Nursing and Midwifery Council (NMC).

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to follow the principles of The Mental Capacity Act 2005. This was a breach of regulation 11 (Need for consent) 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 11.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the last inspection some people's care records stated they lacked capacity. However, mental capacity assessments had not been completed. Improvements had been made and people's capacity to make informed decisions had been assessed where there were doubts as to the whether they were able to consent to their care or treatment.
- Where people could not make such decisions, best interest decisions were made. We saw evidence that DoLS applications had been submitted to the local authority. Systems were in place to monitor conditions relating to DoLS authorisations. For example, a condition on a person's DoLS stipulated a review of medicines prescribed was to be carried out. Records showed the medicine review had taken place.

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

- People's physical, mental health and social care needs were assessed and kept under review. Assessments of people's needs where appropriate used recognised assessment tools based on clinical health needs and good practice guidance.
- The assessment of people's needs included and took account of their protected characteristics as defined under the Equality Act. For example, people's culture and beliefs.
- Assessments determined where equipment would be beneficial to reduce risk, promoting safety and wellbeing, and to support and encourage people's independence.

Staff support: induction, training, skills and experience

- People's needs were met by staff with the skills, knowledge and experience to deliver effective care and support, which included training to support staff in meeting people's needs. This applied to dementia awareness, dietary needs and oral health care.
- Staff received supervision and appraisals which gave them an opportunity to discuss any issues and concerns and review their performance.

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

- People's nutritional and hydration needs were met and there was a strong emphasis on the importance of eating and drinking well. Meals were served regularly throughout the day, chosen from a menu with alternatives being made available. People were offered drinks and snacks throughout the day.
- Staff worked as a team to serve and support people with their meals. People who required support with eating and drinking were served their meal first, with staff being available to support them.
- People's dining experience was calm and relaxed, with staff smiling and talking to people throughout. Mealtimes were an important part of socialising with others, which included inviting visiting family members to join their relative in eating at Aaron Court. A family member told us how both they and their relative had enjoyed their lunch.
- A few people received their nutritional needs via an alternative method, for example a PEG feed, (this is where nutrition is given directly into the stomach via a tube.) We found clear guidance for staff to follow, which included the importance of correct positioning of the person, checking the flow of the feed along with the clinical interventions required to support clinical care needs associated with this type of nutrition delivery.

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

- People's day to day health and well-being were monitored by staff with referrals being made to health care professionals where required, which included occupational therapists, dieticians and GP's. A person told us, "The doctor looks after me, they come in twice a week. Chiropody comes in once a month."
- Visiting health care professionals were consistently positive as to how staff escalated concerns regarding people's health and wellbeing. A professional told us, "We have a good professional relationship, and the staff have an appropriate escalation plan which they follow when they need timely healthcare advice of assistance. This involves a special care home e-mail line for planned or semi-urgent queries and a dedicated care home phone line to the GP healthcare for urgent queries."
- Visiting health care professionals spoke of the care provided by staff, which included a coordinated approach to care. They told us, "The staff and managers are very caring, empathetic and efficient. The registered manager is always available to coordinate care with their senior clinical team. They listen to specialist advice and follow protocols when needed. We work well together to provide excellent care for people, for example by authorising in writing changes in medication and care when needed."

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

- We noted a faint smell of urine in some bedrooms. The registered manager informed us that as part of the provider's refurbishment and decoration plan, carpets were being replaced with alternative flooring throughout the service. Many of the carpets within the service had already been replaced.
- The service was designed to support people's diverse and cultural needs. For example, a prayer room was available for people and staff and was open to all faiths. Communal areas were available on all floors, providing space for people to take part in activities or spend time together.
- Accommodation included rooms and equipment to support people with bariatric needs. Bariatric relates to the specialised treatment of people with obesity. These people often need specialised equipment to meet their needs.
- A garden provided people with the opportunity to spend time outside. On the day of our inspection, some people sat outside enjoying the sunshine.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to have effective governance systems to ensure people received good quality and safe care. This was a breach of regulation 17 (Good governance) 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 17.

- The registered manager and the management team demonstrated they had improved the oversight and monitoring of the service to promote good quality and safe care.
- Mental capacity assessments had been undertaken to support decisions made about people's care. Care plans and information about people's medicine needs had been further developed to support and guide staff.
- Practices had been reviewed to improve infection prevention and control measures. This included an improved cleaning schedule and a daily 'walk around' by the registered manager.
- Systems and practices to monitor people's health and wellbeing were now embedded. The registered manager was provided with a report each morning. This provided information about key aspects of people's care. Any actions required were then planned for. A member of staff said, "My first task when I come on duty is to check the well-being of residents and identify any issues emerging during the night. I check their care charts and identify any issues and or gaps and provide a summary report to the registered manager for when they come on duty."
- The registered manager and wider management team produced action plans where shortfalls had been identified through auditing. Action plans were kept under review to ensure necessary improvements were made.
- The registered manager spoke passionately about their commitment to deliver good quality outcomes for people. They acknowledged the support they received to achieve this from the senior management team and staff.

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

- People spoke positively of their care and of the approach of the registered manager and staff. A person

told us, "The best thing is the staff, they make the place." A relative said, "Everybody seems friendly, they look after [family member] well."

- People told us they were involved in day to day decisions. A person said, "I reviewed my care plan the other week with one of the nurses."
- Staff were overwhelmingly positive about the culture of the home, and of the support and guidance they received from the registered manager, and of their commitment to listen to staff. A staff member told us. "The registered manager is a good manager, you can talk to her at any time, she's always on the end of the phone. She wants to hear our views about what the home needs. She listens to staff."
- The provider acknowledged and celebrated staffs' contribution to the quality of care through external and internal recognition of achievement awards.
- Diversity was celebrated at Aaron's Court, supporting both people and staff. Diwali, Christmas, Hanukkah, and Eid were just some of the events celebrated, along with other key days being acknowledged such as, mother's day, father's day and pride month.

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 registered manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour. This meant they were honest when things went wrong.

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

- People and family members spoke positively about the registered manager and the staff team, which included staff's engagement with them. A person said, "Staff come and ask me what I want to do." A family member spoke of the registered manager, saying they were, "Open and transparent."
- Some family members told us they were asked for their views about the service. This included the opportunity to attend meetings. A family member told us, "I did a survey online not so long back."
- People told us if they had any concerns they would speak with a member of staff. A family member told us, "I would speak to the registered manager, or staff, who would listen as well."
- Staff told us they were encouraged to question practice at the service, and spoke of how the registered manager and management team actively encouraged feedback. A member of staff told us, "The registered manager is approachable, they will always listen to you if you have any concerns."

Continuous learning and improving care

- There was a commitment to learning and innovation. This included participation in a number of pilot schemes. The service was taking part in a bariatric pilot scheme. The scheme supported people to transfer to Aaron Court, who would otherwise remain in hospital for a longer period. The short term, and intense reablement placement at Aaron Court, including all the equipment required. Staff had received specific training in the use of this equipment. A professional told us, "The registered manager has been an equal driving force in the bariatric discharge to assess bed and without her this pilot would have failed in the first few months. She is able to give a lot of advice, insight and experience which has been taken on by the professionals in the pilot."
- Staff were part of a Cobot pilot, this involves staff 'wearing' assistive equipment and using the technology to support them in re-positioning people who are unable to move without assistance. The aim is to reduce pressure wounds and the number of staff required.
- There was a commitment to staff development. Two staff were being sponsored to undertake the nursing associate apprenticeship, whilst other staff were being supported to undertake vocational qualifications in care. A nurse spoke of the encouragement they had received to submit a paper in support of a request to

undertake an advanced nurse practitioner course.

- Staff were supported to develop and maintain professional practice. Nursing staff were encouraged to develop additional skills, a nurse spoke of the encouragement they had received to undertake further study and qualifications to become an advanced nurse practitioner. Two staff were undertaking Nurse Associate training and a number of staff were undertaking vocational qualifications in care.

Working in partnership with others

- The registered manager and staff worked in partnership with a number of health care practitioners. This included facilitating the timely discharge from hospital to prevent unnecessary and lengthy stays.
- Positive feedback was received from health care partners about the quality of care and the dedication of staff at Aaron Court. A healthcare professional told us, "I want to reiterate the dedication and level of care that I see provided. Staff go above and beyond their official duties very often. This was exemplified during the early phase of the pandemic when key senior staff 'camped' at the home for 2 weeks to serve their users. They are very compassionate and provide an excellent environment for end of life care. They are also very knowledgeable about their users and I find care is very personal with individual touches in their rooms when this can be accommodated."