

HC-One Limited

Aberford Hall

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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

Aberford Hall is a care home service for up to 42 older people that may require nursing care and support. The home is split over two floors with people requiring nursing on the first floor. At the time of this inspection 39 people were living at this service.

At our last inspection we rated the service 'Good' with requires improvement in effective due to a breach of Regulation 11: Need for consent. At this inspection we found the breach had been met and evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The provider had systems in place to protect people from avoidable harm and abuse. Staff had good knowledge about the potential types of abuse and how to report them.

Assessments of risks associated with people's care and support had been completed and detailed guidance to support staff to provide individualised care and support to people.

We observed staff had sufficient time to ensure people's needs were attended to in a timely manner. Records showed that robust recruitment systems were in place including pre-employment checks to ensure people were of a suitable character to work in a care home environment.

Staff were supported through training to build their skills and knowledge, regular supervisions and appraisals. Management also completed competency checks to highlight any additional training needs and to recognise good practice.

Staff had good awareness of the MCA and DoLS procedures. However, we identified that improvements were needed to ensure appropriate records were checked and kept in people's files.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People and their relatives told us they felt staff genuinely cared for them and that they worked hard to ensure people's privacy, dignity and independence were maintained.

Equality and diversity policies were in place to support staff in meeting people's diverse needs. Care and support plans reflected people's wishes and preferences.

A variety of activities were organised each week and staff respected people's choice if they preferred not to join in. People in their rooms were not isolated as staff ensured they regularly chatted to them and checked they were happy and comfortable.

The complaints policy was easily accessible for people to raise a complaint if they wished to do so. Records showed complaints had been acknowledged and responded to in line with the providers complaint policy and procedures.

The provider sought feedback from people, relatives and staff by asking them to complete an annual satisfaction survey. However, the analysis of the scores was not always reflective of the feedback received. Regular meetings were held which did capture some people's views and opinions of the service.

Quality assurance systems were in place and identified areas where improvements could be made. However, the environmental audit had not highlighted some of the issues we found during this inspection. This was an area that required further improvements to be made.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

This service remains Good.

Is the service effective?

Good ●

This service has improved to Good.

Is the service caring?

Good ●

This service remains Good.

Is the service responsive?

Good ●

This service remains Good.

Is the service well-led?

Requires Improvement ●

This service was not consistently Well-Led.

Systems were in place to monitor quality assurance and drive improvements in the service. However, these did not always highlight areas that required further improvements to be made.

The provider obtained feedback from various people and staff in relation to the service. However, staff views about the service were not always accurately reflected in the overall analysis of those results.

The service worked in partnership with other organisations to ensure they kept informed of any regulatory or best practice updates.

Aberford Hall

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. The inspection took place on 15 and 18 May 2018 and was unannounced.

The inspection team consisted of two adult social care inspectors. Information was gathered and reviewed before the inspection. We requested feedback about the service from the local authority commissioning and safeguarding team. We reviewed information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with two people receiving a service and three visiting relatives. We spoke with two nurses, the registered manager and the regional manager.

We reviewed a range of records which included care plans and daily records for four people and four staff files. We checked staff training and supervision records and observed medicines administration. We looked at records involved with maintaining and improving the quality and safety of the service which included audits and other checks.

Following the inspection, we contacted a further three relatives, one senior care assistant, one care assistant and one kitchen assistant.

Is the service safe?

Our findings

Relatives told us they felt their loved ones were safe. One relative said, "Yes, I would definitely say [Name of person] was safe." The June 2018 survey had been returned by ten people and confirmed they all felt safe living in their home environment. One person's comment advised, 'I feel very safe and happy living at Aberford Hall.'

The provider had policies and procedures in place to protect people from avoidable harm. Staff completed safeguarding training annually and could tell us about the different types of abuse and how to report them.

Safeguarding incidents were detailed and included any further investigations and actions taken. Referrals and notifications had been sent to the appropriate external agencies such as CQC and the local authorities safeguarding teams. One member of staff advised, "I would report to the manager or nurse in charge and if I wasn't happy with the way it was managed I would refer my concerns to CQC."

Risks assessments were in place in people's care files and covered areas such as; falls, choking and skin integrity. We observed that people assessed as a higher choking risk were observed and assisted by staff when eating and drinking. Staff had access to guidance which supported them to provide safe care and support to people.

Checks were in place to ensure maintenance works and repairs were highlighted and monitored until completed. Certificates were in place for gas and electrical safety and equipment had been regularly serviced. Fire safety checks were in place to meet regulatory requirements. Records were in place to ensure the safe evacuation of people within the home. This ensured that the premises were maintained and people safely evacuated in the event of an emergency.

Infection control training was completed by staff. Staff offered clothing protectors to people during mealtimes and wore protective clothing themselves. Overall the service was clean and well laid out. However, we did observe some of the carpets in the stairwells were not clean. This was discussed with the provider so they could address this issue.

We observed sufficient staff on duty to respond to and meet people's needs. During the day of inspection, we observed regular drinks served to people and those in their rooms had drinks within reach on nearby tables. The service had a system in place to calculate the level of staffing required to meet people's dependency levels. Rotas confirmed these numbers were in place. However, feedback from relatives and staff was mixed. One relative advised, "When [Name of person] needs moving, sometimes it takes far too long for [Name] to be taken to the toilet and I have witnessed other residents having to wait. [Name of person] tells me they can be waiting in excess of half an hour to go to the toilet." A second relative told us, "Weekends are bad. We notice that hot and cold drinks don't come around often enough – we do it ourselves. [Name of person] is always thirsty, so in my mind there is something missing." A third relative said, "When I ask them [Staff] to do something they pretty much get to it. [Name of person] has no complaints. Never been a delay in anything we have needed." We discussed relative's these concerns with the area

director

who advised they would monitor the home to address these issues.

Systems were in place for the safe management of medicine. The nurse in charge on each floor was responsible for medicines administrations. Staff received regular training and competency checks to ensure they were administering medicines in line with best practice guidelines. Overall we found that medicines were administered, stored and disposed of safely.

The provider's recruitment practices were robust. Staff files recorded pre-employment checks, references and employment history. This meant that the provider had ensured staff were of suitable character to work with people that may be at risk of harm.

Is the service effective?

Our findings

During our last inspection we found that care plans did not contain appropriate and person specific mental capacity assessments to ensure the rights of people who lacked the mental capacity to make decisions were respected.

This had resulted in a breach of Regulation 11 Need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found improvements had been made and the provider met the requirements of Regulation 11.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider was following the MCA. When there were concerns regarding a person's capacity to make an informed decision about their care and support, care plans recorded that assessments had been completed. Where restrictions were needed to keep people safe, applications for DoLS had been submitted to the local authority for consideration and authorisation.

Records documented that health professionals and relatives or legal representatives of people living at the service were included in discussions about their care. One person's care plan required updating with signed records to state the family had obtained authorisation to make decisions on their behalf. This was a recording issue rather than concerns around compliance with the MCA. Staff had received training in the MCA and understood the importance of ensuring people's preferred choices were taken into account when making decisions on their behalf.

Staff knew about the importance of obtaining people's consent to care and treatment they were providing. Staff told us, "We always ask them in the first instance."

Staff received training the provider considered mandatory which included safeguarding, moving and handling, medicines management and equality and diversity. Records showed staff received annual refresher training to enable them to meet people's needs. One member of staff said, "We get regular training all subjects are refreshed every year." Records showed that the majority of staff training was up to date or scheduled to be completed.

Staff had supervisions every three months to discuss their training and development needs and any areas for improvement. Staff completed an induction to the home which included a period of shadowing experienced staff and discussions on the understanding of the providers policies and procedures. Annual appraisals had been completed for all staff.

People's dietary requirements and any known allergies were clearly recorded to support people's health

and wellbeing. One member of staff advised, "There is a choice of three main courses (one vegetarian) and two puddings during mealtimes. We have other options available in case anyone changes their mind and wants something different that's not on the menu."

Staff talked to us about people's diverse needs and how they supported them. One member of staff told us, "One resident used to have a specialist diet and could only eat certain types of food. We cooked everything they liked in the way they wanted to accommodate their taste and cultural beliefs."

People's records showed that staff made regular contact with outside agencies for support or advice and health professionals were asked to visit if needed. When asked if people were supported to access hospital or GP appointments a relative said, "Yes, absolutely - very good like that."

An orientation board with pictures was in the lounge area which displayed; time, date, day, weather, season and activities for the day. This provided a constant and reassuring source of information for people living with dementia or cognitive impairment.

Is the service caring?

Our findings

People's relatives told us their loved ones were well cared for. One relative said, "They (Staff) always invite [Name of person] out, they have jokes and chat. Staff are really personable with [Name of person]" and a second relative advised, "Yes, I think they do care."

We observed staff regularly interacting with people. Prior to carrying out personal cares staff discreetly spoke to people in a quiet manner. People were asked what they would like to eat, whether they wished to join in activities and staff encouraged people to socialise, supporting them when needed so they were able to join in and watch events.

Staff knew about people's level of care and support needs. We observed staff working together to support people to mobilise where two carers were required. In addition, staff knew which people had difficulty swallowing and needed thickened fluids to prevent choking. One member of staff told us, "We have people that are diabetic and some people enjoy a beer – we always try to accommodate everyone's needs."

Relatives felt that the staff promoted people's dignity and encouraged them to be as independent as they could be. One relative told us, "Whenever we visit if [Name of person] needs any personal cares they (Staff) make sure attended to and bring them back all spruced up." We observed nurses closing doors to protect people's privacy and dignity whilst applying prescribed creams.

Staff spoke positively about their roles. One member of staff advised, "I love them like they are my own family and I give them a cuddle. I love to see them smile, it makes my day feel complete."

We observed staff gave people choices and respected their decisions. For example, one person requested to be served lunch in their own room as they were not feeling up to socialising that day. Staff accommodated them and checked they were ok.

Staff and relatives told us they felt welcomed by the staff and management at the home. The registered manager told us there were no restrictions on visiting times, which relatives confirmed.

Information was available on notice boards about local advocacy services. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them.

The provider had taken measures to ensure people's personal information was held securely and that only those authorised had access to view records. Computers were password protected and sensitive documents were kept in locked cabinets and offices.

Is the service responsive?

Our findings

People a care plan which included details of support required for personal cares, communications and mobility. Each person's care file included a recent photograph and detailed information about people's lives, what was important to them and how they would like to be cared for. Care plans were reviewed every three weeks or sooner if there were any significant changes. This ensured information remained person centred and contained up to date details of people's changing needs.

One person had been assessed as requiring supervision to eat and drink. The staff were aware to ensure this person's fluids were thickened to lower the risk of choking. A risk assessment had been completed for choking and a referral had been made to the speech and language therapist. We observed staff supporting this person to drink. The person started to choke and coughed. The staff were immediately aware of the correct procedures to follow and patted the person on the back, keeping them in an upright position until they settled. This showed us staff knew people's needs and the actions to take to lower any risks associated with their health conditions.

Daily records were used to record information including, personal care support, and activities people had completed. Handover documentation was completed during each shift and detailed any changes or concerns about people. This meant that staff were aware of any significant changes as soon as their shift commenced.

Records of resident's monthly meetings showed that people felt able to raise any concerns to the management or staff team. One person commented " [The person] knows if they have any concerns they can speak to staff and management" and a second person said, "No concerns. The care staff are very nice to me and attend to my needs." People had requested different activities and changes to the menu and these had been accommodated. This showed us the provider was responsive to addressing people's needs and took action to ensure their requests were actioned.

People who used the service were supported to engage in activities and interests they enjoyed. The activities co-ordinator was passionate about their role and staff were keen to provide regular contact to those people in their rooms so they didn't feel isolated. One relative said, "[Name of person] likes to take part in exercise. Someone will take them to the lounge and carers encourage involvement. If [Name of person] doesn't get involved it is usually their own choice." Another relative advised, "[Activities co-ordinator's name] is absolutely spectacular. They are wonderful and come up with great things for people to do." We observed people enjoying a singer who was performing in the lounge area. In the adjoining dining room pictures and decorations such as bunting were displayed, which had been made by people living at the service. Staff told us there was a church service and animals were brought into the service for people to interact with.

The provider had a complaints policy in place and records showed us that the provider responded to all complaints in line with their own policies and procedures. One relative advised, "I can speak to the home manager." This relative told us the response to previous concerns was very good and their loved one's concerns had been taken into account.

Where people had discussed their wishes and preferences for end of life care, this and any advance decisions had been documented in detail in their care plans.

Is the service well-led?

Our findings

There was a registered manager in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager understood their regulatory requirements and had submitted notifications to inform CQC of important events that had occurred within the home.

Staff we spoke with told us they felt supported by management and were enthusiastic about providing good care and support to people. One member of staff advised, "[Name of registered manager] is approachable. I can go to them about anything."

The provider completed regular audits and quality assurance checks to comply with regulatory requirements and maintain standards. However, these did not identify some of the issues highlighted during our inspection which included unclean carpets and recording evidence that relatives had obtained appropriate authorisation to discuss decisions around people's health and welfare. One audit dated 9 May 2018 had been scored as 100 percent compliant. However, there was no umbrella outside to protect people from the hot weather and no reference to odours which were present in one area of the home. The staff survey analysis in 2017 noted feedback was positive. However, some staff had made comments that they did not have enough time to carry out tasks and concerns were raised that night staff were not completing work. This was not reflected in the analysis and no action plan was in place to investigate and drive improvements in the home. These concerns were discussed with the registered manager who advised they would review the audits to ensure analysis were reflective of the feedback and action plans put in place to address the issues we had identified.

The provider maintained links with other health professionals. The registered manager was a nurse and kept their training regularly updated to maintain their registration. They also worked closely with other organisations to improve the quality of the service. The local pharmacy completed regular supportive audits of the medicines and the Clinical Commissioning Group (CCG) had supported the provider to implement improvements with their medicines management. The local authority visited the service in October 2017 to complete a general audit of the home. An action plan had been put in place to monitor improvements; the majority of these had been actioned and improvements had been acknowledged.

The provider consulted with people, staff and relatives about the service. Feedback was sought using an annual questionnaire and during monthly resident, relative and staff meetings. However, some relatives did advise that they were unable to attend the meetings as they were always held during working hours. We discussed this with the provider and they advised that they would work with relatives to ensure everyone had an opportunity to attend.