

Aberdeen House Care Limited

Aberdeen House

Inspection report

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Date of inspection visit: 6 May 2015
Date of publication: 05/10/2015

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 

Overall summary

We carried out an unannounced inspection of the service on 5 May 2015.

Aberdeen House provides accommodation for up to 18 people who require personal care. On the day of our inspection 18 people were using the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

During our last inspection 5 August 2013 we asked the provider to take action to make improvements to protect people living at the home. The provider was not meeting two Regulations of the Health and Social Care Act 2008. These were in relation to people's care and welfare and maintaining people's privacy and dignity. During this inspection we found that improvements had been made and the provider was meeting the regulations.

Some areas of the premises and environment required maintenance or upgrade in order to maximise the safety and comfort of people who used the service. The provider had commenced a programme of refurbishment.

Summary of findings

People told us they felt safe and staff knew how to recognise the signs of abuse and the correct action to take should they suspect this. Risks were assessed and management plans were in place.

People told us there were enough staff on duty to meet their needs. Safe recruitment procedures were followed so that only staff considered to be suitable to work at the service were employed.

People had their medicines administered and managed in a safe way. Records for this were up to date and accurate and medicines were stored correctly.

All new staff received induction training when they first began working at the service. Ongoing training was also provided including nationally recognised qualifications in care. People told us that staff were competent and knew how to meet their needs.

Consent was obtained before staff carried out care and support and people were offered choice. Where people had their liberty deprived in order to keep them safe, applications had been made to the appropriate supervisory body. At the time of our inspection some staff had not had training about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, but they were scheduled to attend training.

People told us they received sufficient amounts to eat and drink and that they were happy with the food choices. We observed people were supported where required with their meals and drinks and snacks were frequently offered. People had access to the healthcare services they required. Staff followed the advice provided by doctors and community nurses.

Staff respected people's privacy and dignity and interacted with people in a kind and caring way. They understood people's individual needs and communicated with people in an effective way. People were able to pursue the hobbies and interests. Staff knew about people's unique backgrounds and interests and the things that were important to them.

People said they felt comfortable talking to staff and to the managers. They said if they made a complaint then staff would listen and take action.

People had confidence in staff and in the management team. They told us the management team were approachable and accessible. Managers and staff understood their roles and held a shared vision and values. Staff were supervised and supported. The quality of care and support delivered was monitored. There was limited evidence of people's views and experiences being used for change and improvement. The registered manager agreed to formalise and record these processes.

Summary of findings

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.

Staff knew how to recognise and report abuse..

People told us they felt safe and their medicines were administered and managed in a safe way.

The premises had been upgraded to make the home environment more comfortable and safe.

Good



Is the service effective?

The service was effective.

Staff had received most of the training they required to meet people's needs and communicate effectively.

Consent to care and support was obtained. Most staff received training about the Mental Capacity Act 2005. Those who had not were scheduled to attend training soon after the inspection.

People had access the healthcare services they required.

Good



Is the service caring?

The service was caring.

People said they liked the staff and they were kind and caring. Staff understood people and knew how to communicate. People were able to make choices and staff responded in a flexible way.

Good



Is the service responsive?

The service was responsive.

People had their individual needs met. People were able to pursue their hobbies and interests.

People felt confident making a complaint and told us that staff would listen and take action.

Good



Is the service well-led?

The service was well led.

People had confidence in the management team and staff. Staff were supported and supervised.

The quality of service provision was monitored. People were able to express their views and give feedback which was acted upon.

Good



Aberdeen House

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 inspection took place 6 May 2015 and was unannounced.

The inspection consisted of two inspectors.

Before the inspection the provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service,

what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We also contacted commissioners who had funding responsibility for some people who used the service.

On the day of the inspection we spoke with seven people who used the service about their experience of the service. We also spoke with the registered manager and three care staff.

We looked at all or parts of the care records for four people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

Is the service safe?

Our findings

Our previous inspection found that the provider had not always met people's care and welfare because there was not always enough staff on duty to meet people's individual needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following the legislative changes of 1st April 2015 corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found this breach in regulation was met.

People told us there were enough staff on duty. One person said, "There is always someone there when you need someone". We observed staff spending time with people in the communal areas and saw that people were given time and not rushed. We spoke with the registered manager about how staffing levels were calculated so that people had their needs met. People's dependency needs were assessed on a weekly basis and this was used to calculate numbers. We looked at the staffing roster and saw that staffing numbers were adjusted where required. Staff told us there were enough staff to meet people's needs. They said they had time to meet people's individual needs. However, during our inspection we saw one instance where a person did not have a need attended to in a timely way. Staff took action as soon as we pointed this out.

Staff recruitment procedures were in place so that all new staff were checked for suitability to carry out the role and had the necessary experience and character.

People told us they felt safe living at Aberdeen House. One person said, "They (staff) are always checking that I am okay. Another person said, "I could tell them if I had any concerns. I get on well with the staff, they're a good bunch." All staff had received training about protecting people from abuse and keeping people safe. Staff we spoke with knew

how to recognise the signs of abuse and what action to take should they suspect this. This included reporting any concerns to other agencies outside the organisation such as the local authority safeguarding team or the CQC.

Risks were assessed and management plans were in place to reduce the risk. For example, where people had an identified high risk of developing a pressure sore, staff had taken appropriate action such as repositioning the person at regular intervals. Staff had also received additional training from the community nursing team about pressure sore management. Risk management plans were in place for the management of behaviour that may present risk. Records of accidents and incidents were maintained and appropriate action was taken such as referral to an appropriate healthcare professional.

During our visit we found that areas of the premises and environment were undergoing upgrade or had been upgraded in order to maximise the safety and comfort of people who used the service. Some rooms had been redecorated and two new wet rooms had been installed. Other work included fitting window restrictors to all first floor windows, replacing carpets and floor covering and further redecoration. Records showed that equipment such as mobility hoists and electrical equipment had been appropriately maintained and safety tested.

People told us they received their medicines at the right time and as prescribed by their doctor. We observed staff administering medicines to people in a safe way. Records were maintained and audits were carried out to check that safe procedures and prescriptions were being followed. Storage of medicines was safe and met requirements. Staff had received training but not all had been assessed for continued competency in this area. The provider's medicines policy did not include variable dosage protocols. The registered manager agreed to update their policy to include variable dosage protocols. They have since informed us that this has now been done.

Is the service effective?

Our findings

People told us they felt that staff were trained and knew how to meet their needs. People said they liked the staff and had confidence in them. We spoke with a visiting community nurse who told us that staff had been very effective in meeting the needs of a person who had recently moved in and this had increased and improved the person's quality of life.

All new staff received induction training when they first began working at the home. This meant they were made aware of best practice guidelines within the sector. Staff training was delivered using a combination of practical training with a trainer, DVDs and distance learning methods. The provider had links with a college to access formal training courses. We were informed that all staff would be required to undertake the new 'training certificate' following the introduction of new legislation from April 2015. All staff had achieved a nationally recognised qualification in care. Additional training was also provided on an on-going basis. Staff told us about the training they received and training that was planned to take place and said they felt equipped and supported to do their job.

Staff told us there was a thorough handover for staff between each shift and that changes in people's needs were communicated. A staff communication book was also used for that purpose. This helped staff understand people's daily needs.

All the staff we spoke with said they were well supported by the management team and the provider. Staff received supervision from their line manager so they could discuss learning and development needs. There were staff meetings but no minutes or records of those meetings were available.

People told us they were able to make choices about the care and support they received. They told us staff asked them before carrying out any activity. We observed staff offering people options and respecting people's choices throughout the day.

The Mental Capacity Act (MCA) 2005 is legislation that protects people who do not have mental capacity to make a specific decision themselves. We saw mental capacity assessments had been completed for people who lacked capacity to make decisions about their care and treatment.

Deprivation of Liberty Safeguards (DoLS) is legislation that protects people where their liberty to undertake specific activities is restricted. We were aware that the registered manager had made applications to the supervisory body that had responsibility for assessing if authorisations to restrict people were necessary. We saw examples where staff took the least restrictive action when providing care and support and where applicable involved people's relatives in the decision making process. Not all staff had received the training they required about MCA and DoLS. This training had been booked to take place the week following our visit.

People told us they enjoyed the meals provided. One person said, "I like my breakfast best of all". Another said, "The cook makes the best cheesecake". People told us they could ask for a snack or drink whenever they wanted one. There was a daily menu choice but people told us they could ask for an alternative meal and we saw that this was the case. At the lunch time meal people were encouraged to try something else if they did not eat their meal. For example, one person asked for ice cream and another a sandwich and crisps and these were provided. The cook was knowledgeable about people's dietary needs and food preferences. Menu records showed that a varied and balanced diet was available.

People had their risk of malnutrition assessed and action was taken when risk was identified. Some people had their food fortified with extra calories when there was risk of malnutrition. Food and fluid charts were used to monitor intake where this was required and people had their weights monitored. Snacks and drinks were available to people throughout the day of our inspection.

People told us they had access to the healthcare services they required such as their doctor or community nurse. Staff were able to recognise signs of deteriorating health and how and when to access healthcare professionals. Records confirmed that staff requested healthcare advice as soon as this was required. We also saw that staff were following the advice and guidance provided by doctors and community nurses and communicating any changes to health and wellbeing.

Is the service caring?

Our findings

Our previous inspection found that the provider had not always protected people's privacy, dignity and their independence had not always been promoted. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following the legislative changes of 1st April 2015 corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found this regulation was met.

People told us that staff were kind and treated them with respect. One person said "They are very nice here and very kind" Another person said "They look after me beautifully". We observed that staff were kind and respectful when interacting with people.

Some people had communication difficulties and staff knew the most effective way to communicate and how to meet people's individual needs. Throughout the day staff spent time with people chatting and encouraging engagement and activity. It was evident that people felt at ease and comfortable expressing themselves to staff members and had positive relationships with them. During interventions such as assisting people to eat or drink, staff encouraged people to talk about things that were important to them or things they enjoyed talking about such as families and the local area. Staff spent some of the lunchtime sitting and eating with people. The atmosphere was calm and relaxed and made into a social occasion.

One person told us that staff regularly took them out into the local town where entertainments were available. They told us that staff were taking them out to vote at the general election.

People said that staff maintained their privacy and dignity. Where people shared a room they were positive about this arrangement. People told us that staff knocked on their door before entering and maintained their privacy during personal care. One person explained the arrangements for having a shower and said they could have a shower whenever they wanted one. They said, "I get on ever so well with the staff member who helps me". Staff used signage to alert other staff when they were delivering personal care so that they did not enter the room during this time.

Staff were proud and positive about the relationships they had with people. A staff member said, "I love my job and I treat people in the way I would like to be treated". Staff told us they would use the service for a family member or person they cared about should they need to.

While there was no formal or recorded evidence of people being actively involved in making decisions about the care and support they received, people told us that that care and support met their needs and preferences. We were informed that the menu had recently been changed in response to a discussion with people who used the service. People had been involved in choosing the décor for the new bathrooms. People were given choices about how they spent their day and their preferences were respected. People's families were consulted where this was applicable and were kept informed and updated about any changes. People relatives were made to feel welcome and there were no restrictions on visiting times.

Is the service responsive?

Our findings

People had their needs assessed before they began using the service. People and or their families were involved and consulted during the assessment process and this information was used to develop a plan of care. Care records were personalised and instructed staff about how to meet people's needs and how to keep people safe. Some care plans had not been reviewed for a long time and there was little evidence of people's ongoing involvement. We discussed this with the registered manager who agreed to carry out reviews with people and or their families.

Information about people's social and life history and the things that were important to them were recorded. This included people's hobbies and interests and religious needs. People were able to pursue their hobbies and interests. People told us about the things they liked to do. One person said they liked to play cards and dominoes with the staff. Staff knew about the things that were important to them such as their previous occupations or important family members.

There was an accessible computer which people had used to maintain contact with their family. One person had spent their working life farming and continued to hold this as an interest. Staff had arranged a live stream of a farmers market for this person. Another person had been able to access a local motoring event because this is what they were interested in. Other people were also assisted to access the local community facilities such as shopping in the local town or coffee mornings. One person told us they

occasionally attended their chosen place of worship. Pupils from a local school regularly came into the service to spend time chatting with people and participating in activities such as games and quizzes.

Staff knew how to communicate with people in an effective way. One person had difficulty communicating because of their condition and often became anxious and distressed because of this. Staff knew about the things that may trigger this person's distress and the things that helped them relax. For example, staff warmed the person's night clothes on the radiator before getting them ready for bed because they knew the person found this comforting.

Where people had a preference about the gender of the staff member providing care and support this was respected.

People told us they knew how to make a complaint should they need to. They told us that staff would listen to them and take action. One person said, "If you make a complaint they put it right for you". The provider had a complaints procedure which informed people about how to complain and the timescales for investigation and outcome. We looked at records of complaints and saw that there had not been a complaint recorded since November 2014. The action taken to resolve the complaint was also recorded. There were no formal arrangements in place for gathering feedback from people and their relatives. The management team were accessible to people and their families on a day to day basis. There was limited evidence of complaints and feedback being used to make improvements. The registered manager agreed to maintain records about the feedback they received and the action they had taken in response.

Is the service well-led?

Our findings

People told us the manager was approachable and accessible. The provider visited the service at least once a week and was also accessible to people, their relatives and to staff. While there had not been any formal meetings for people who used the service, the registered manager spoke with people on a daily basis and took their views and experiences into account.

The atmosphere at the service was open and inclusive. We saw that the manager and staff were flexible in their approach to providing care and support so that people's individual and changing needs could be accommodated. These values were shared and understood by staff. People told us that the manager often came to see them in their rooms to check on their wellbeing or otherwise. One person said, "You can see how happy we are you don't need to ask us anything".

Staff were aware of the provider's 'whistle blowing policy' they were confident that any concerns would be listened to and acted on. They told us they did not have any concerns about the practice or behaviour of any other staff members.

A staff survey had been carried out and staff were asked to provide feedback and ideas. We saw that action had been taken in response. There had not been a survey for people who used the service or their relatives, but people's views were sought in less formal ways through regular dialogue. The registered manager said they would introduce a survey for people using the service. We spoke with the local

authority commissioning unit. They shared their latest quality monitoring report and this showed the service was meeting their requirements and working towards improvement.

There were no minutes or records available for staff meetings. Staff told us there was a thorough handover for staff between each shift and all changes were communicated. There was also a communication book for staff. All the staff we spoke with said they were well supported by the management team and the provider. Staff received supervision from their line manager so they could discuss learning and development needs.

The registered manager and deputy manager had worked at the service for 27 and 30 years respectively. The manager was aware of and met the CQC registration requirements.

Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

Staff also understood their role and worked within expected standards. Staff had access to the provider's policies and procedures and were able to describe these and how they were followed.

The service had quality and safety assurance systems in place. Audits were undertaken to check that staff training and care records were up to date and equipment was in good working order and safe. The provider had commenced a review of quality assurance processes to ensure that the views and experiences of people who used the service were recorded and acted upon.