

Aden House Limited

Aden View Care Home

Inspection report

Preseverance Street
Primrose Hill
Huddersfield
West Yorkshire
HD4 6AP

Tel: 01484530821

Date of inspection visit:
11 January 2024

Date of publication:
01 February 2024

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Aden View is a residential care home providing personal care to up to 46 people. The service provides support to older people, some of whom may be living with dementia. At the time of our inspection there were 42 people using the service.

People's experience of the service and what we found:

People were safe because systems were in place to make sure risks to people were assessed and actions taken to mitigate the risk. Medicines were managed safely.

Staffing rotas showed there were enough staff to keep people safe although some people felt there were occasions when more staff were needed.

We have made a recommendation that the provider monitors staffing levels to make sure people feel confident, at all times, there are enough staff to meet their needs in a timely way.

Staff received good support from the management team and followed a training programme that supported them in carrying out their roles.

People were protected from the spread of infection because systems and processes were in place. People spoke positively about the staff who cared for them.

People were involved in their care and we saw staff to be caring and attentive. People benefitted from staff working effectively with health and social care professionals.

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.

Auditing had been used effectively to identify and address issues.

Complaints about the service were managed well but documentation needed to reflect, in more detail, the actions taken in relation to responding to the complainant.

People, their relatives and staff felt involved in the service and there were systems in place to promote this involvement.

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 Good. Published 26 November 2019.

Why we inspected

The inspection was prompted by the date of the last inspection.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'All inspection reports and timeline' link for Aden View 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?

Good ●

The service was safe.

Details are in our safe 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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of an inspector, a regulatory coordinator 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

Aden View 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. 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

The inspection was unannounced

What we did before the inspection

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 reviewed information we had received about the service since the last

inspection. We sought feedback from the local safeguarding team, local authority commissioners of the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records. This included care and medication records for 8 people. We looked at a variety of records relating to staff training and recruitment, and the management of the service. We spoke with 12 members of staff including the registered manager, deputy manager, regional manager and divisional director and members of the care, housekeeping and catering teams. We spoke with 8 people who used the service and 4 relatives.

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 Good. At this inspection the rating remained Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

The provider used a tool to calculate the staffing needed to meet people's needs safely. Staff told us the manager and deputy helped out with care delivery during busy periods. Most people we spoke with said there were usually enough staff. One said, "I think there is enough staff" and another said, "They usually come quickly when I press my buzzer". However, one person said there were not enough staff and another person told us staff were kind but very busy and a relative felt there were times when more staff were needed.

We recommend the provider monitors staffing levels to make sure people feel confident, at all times, there are enough staff to meet their needs in a timely way.

The provider operated safe recruitment processes. References and Disclosure and Barring Service (DBS) checks were completed before staff started working with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

People were safeguarded from abuse and avoidable harm. Staff understood how to protect people from abuse and knew what to do if they thought someone was at risk. Referrals to the local authority safeguarding team had been made when needed. Most people and relatives we spoke with said they, or their relative, felt safe. One person said, "I feel safe because the staff are really kind." A relative told us, "Yes (person) is very safe because (person) is well looked after and treated well." One person told us there had been a situation in which they did not feel safe. The registered manager was aware of this and was working with the person to improve their feeling of being safe.

Assessing risk, safety monitoring and management

The provider assessed risks to ensure people were safe. The management team were in the process of reviewing risk assessments to improve the level of detail included. Recognised risk assessment tools for such as skin integrity, falls and nutrition were used as needed. Systems were in place to make sure the environment was safe.

Using medicines safely

People were supported to receive their medicines safely. Medicines were stored and administered safely. Good systems were in place to make sure time critical medicines were given appropriately and where people had medicines prescribed on an 'as needed' (PRN) basis, protocols were in place to support this.

When a PRN medicine had been administered, staff recorded a follow up detailing whether the medicine had been effective. Staff received training in the application of topical medicines.

Preventing and controlling infection

People were protected from the risk of infection as staff were following safe infection prevention and control practices.

The provider was taking action to address issues identified in a recent local authority infection control audit. All the people we spoke with were complimentary about the standards of cleanliness at the home.

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

People's needs were assessed, and care and support was delivered in line with current standards to achieve effective outcomes.

Assessments of people's needs were completed prior to them being offered a place at the home. This was so they could be confident that staff at the home had the skills needed to provide care for the person safely. People's changing needs were kept under review and where this meant the service was no longer able to provide care and support safely, staff worked with appropriate health and care professionals to support the person in moving to accommodation more appropriate to their needs.

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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

The provider was working in line with the Mental Capacity Act.

The registered manager maintained an overview of DoLS to make sure they were managed effectively.

Where DoLS included actions staff needed to make to comply with the DoLS (known as conditions) specific documentation was completed by staff to record these actions.

Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance. A visitor told us they were welcomed to visit when they wished.

Learning lessons when things go wrong

The registered manager maintained reviews of systems and practice within the home. For example, a review of the mealtime experience led to changes which resulted in less weight loss and better sleeping for people.

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 Good. At this inspection the rating has remained 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

There was a positive culture at the service and the provider had systems to provide person-centred care that achieved good outcomes for people.

Some people told us about how staff supported them to follow their preferred routines, but others felt routines were affected by staff availability. People and their relatives mostly felt involved and were able to give their views about the service through satisfaction questionnaires and regular meetings. The outcome of the most recent residents meeting had been collated and the registered manager had produced feedback for people in the form of a 'You said, we did' chart. Some relatives told us how they were kept up to date through emails and updates from the service. Staff felt involved in the service. They told us the management team listened to them, were open to ideas and suggestions and kept them informed about what was happening at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

The provider had recently introduced a new quality auditing tool developed by their quality team in line with CQC's new Quality Standards. The tool, to be completed by the registered manager with support from the regional manager, comprised audits for completion at various times through the year. The audits, which included a resident health audit, home manager twice weekly walk around and resident of the day were designed to generate actions in order to drive improvement. Additionally, members of the home's management team had their own areas of responsibility such as medicines management. The management team were open to discussion about how some aspects of their auditing system could be improved and made some additions during the inspection.

Complaints to the service were managed well but some improvements were needed in relation to related documentation.

People and their relatives had confidence in the registered manager. Their comments included, "The manager takes time to listen to you which is good", "The manager is approachable and you can talk to her" and "I know the manager and things I need she gets them for me."

Working in partnership with others

The provider worked in partnership with others.

The registered manager and staff team adopted a multi-disciplinary approach in care delivery by working closely with partner agencies. This included attending local home managers forums to keep up to date on any changes within the local authority, best practice and lessons learned from other providers. The provider was also providing placements to student paramedics to support them in their understanding of care homes.