

Aaron House Care Home Care Home Service

Beeslack House
Edinburgh Road
Penicuik
EH26 0QF

Telephone: 01968 677095

Type of inspection:
Unannounced

Completed on:
19 March 2024

Service provided by:
Aaron House Limited

Service provider number:
SP2016012815

Service no:
CS2016351694

About the service

Aaron House Care Home is a care home for older people situated on the outskirts of Penicuik, approximately ten miles from Edinburgh city centre. The home is situated off the main road within its' own grounds and has private parking.

It is currently registered to provide a care service to a maximum of 66 older people. The provider is Aaron House Limited.

Accommodation for residents is provided within Beeslack unit in the original Mansion House building and Errington and Cowan units in the extension, built in 2009. Accommodation in Beeslack unit is arranged over two floors. Errington and Cowan units are located within the ground floor extension.

About the inspection

This was an unannounced inspection which took place on 13 and 14 March 2024. The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with people living in the home and their relatives
- Spoke with staff and management
- Observed practice and daily life
- Reviewed documentation
- Spoke with visiting professionals

Key messages

- People benefitted from warm and positive relationships with staff.
- People had opportunities to remain active throughout the day.
- Staff worked well together as a team to help meet people's health and wellbeing needs.
- Managers had good oversight of the current standards across the home.
- Staff were trained and supported, with the skills and knowledge to support people well.
- Managers were proactive in supporting staff, promoting shared learning and reflective practice.
- The design of the home promoted smaller group living and gave people a variety of shared and private spaces to use.
- People and their families had input into how care and support was provided and had regular opportunities to give feedback to the home.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	5 - Very Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff were respectful to people living in the home and showed compassion. People told us staff were 'wonderful', 'kind' and 'can't do enough for us'. Staff offered people privacy when they needed, for example when having medication.

We spoke to the manager about some interactions we observed which were very task focused. The management team had also observed this and improvements were made during the duration of our inspection. Overall we concluded, people benefitted from warm and positive relationships with staff which helped achieve their personal outcomes.

Staff were proactive in offering people choices throughout the day. We saw that people made key decisions, for example where to spend their time and which activities they wished to participate in. This gave people control of their care and support in a way which was meaningful to them.

A range of interesting and varied activities was organised and available every day. Activities were focused on various themes and based on people's likes and interests, such as music, spiritual worship, gardening and day trips. One to one time was spent with people in their own rooms if this was their preference.

We suggested minor improvements to help increase connections between people living in the home, particularly where they had shared interests. The management team had recognised this need and was in the process of redeveloping smaller, communal areas for people to spend time together. People could be confident of having opportunities to remain active throughout the day and were supported to achieve their wishes.

Personal plans were written respectfully and in a way which illustrated individual's personalities and preferences. The provider was using new systems for personal plans and was continuing work to improve information about people's life stories. This would give staff more knowledge of people's histories, to stimulate interesting conversations, enrich social contact and promote positive relationships for people.

The management team met senior staff in daily meetings, which were useful in highlighting key issues and actions to be addressed in all areas of support. The meetings were positive and constructive and sensitive information was shared in a confidential manner. People could be assured of staff working well together as a team, to help meet their health and wellbeing needs.

People's health needs were well documented in their personal plans and essential monitoring took place to ensure wellbeing outcomes were met. There was awareness of best practice guidelines and this was seen to influence care. Health professionals we spoke to were confident in the provider and their positive response to recommendations.

We examined medication processes to check that medicines were stored, handled and administered safely in line with best practice. Medication audits were completed regularly and staff were clear about their responsibilities. People could be confident their medicines were managed well and they were supported safely.

People told us they enjoyed the meals and snacks provided. Alternatives were provided if people wanted something different and people's preferences were used to shape menu planning. People were offered a choice of food and drink and dietary requirements to meet people's health outcomes were catered for. Dining rooms was set out to promote social contact and a relaxed environment. We observed meals which were unhurried and staff assisted individuals with dignity.

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Managers had a high presence within the home and people felt they were approachable. The manager had a good understanding of what was working well and was proactive in seeking feedback from people and their families. New ideas were being developed to support people to achieve positive social and wellbeing outcomes. People felt listened to and their needs and wishes were central to change.

The management team maintained a range of quality audits and checks to cover all areas of the service. The checks were thorough and carried out regularly and actions were tracked to ensure improvements and changes were implemented. The processes in place gave managers good oversight of the current standards across the home.

The provider had an improvement plan in place which was well structured and issues were prioritised. Timescales for development were realistic and actions had been reviewed. We found however, there were some identified issues which had not been included in the plan. For example, supporting staff to develop improved engagement with people whilst carrying out more functional tasks.

We look forward to seeing how the provider further develops their quality assurance processes in future, to sustain and build on current standards. This would give people confidence in the provider's commitment to continual improvement.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The provider had a clear plan in place to support staff learning and development. Most staff were trained in key, mandatory topics and other areas of training relevant to people's needs were made available to staff. Staff were supported to obtain relevant qualifications to promote career development. We were assured staff had the necessary skills and knowledge to help people meeting their needs and outcomes.

Staff had opportunities to meet with a supervisor for one-to-one supervision. A good range of discussions was held and meetings were used positively for support and personal development. Managers had good oversight of supervision to ensure all staff had dedicated time.

A variety of staff meetings was held monthly to ensure good communication and sharing of information. Meetings were used to discuss issues such as adult support and protection, policies, activities and infection prevention and control.

Managers were proactive in spending time with staff after significant events, encouraging improved practice through group discussion and reflection. This demonstrated a very good commitment to promoting shared learning and improved outcomes for people.

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Aaron House had been adapted and extended to provide accommodation to suit people with a variety of support needs. The home was split into three separate units which helped promote smaller group living. A good variety of shared and private spaces was available for people to use.

At the time of the inspection one of the communal rooms was being refurnished with a vintage theme. This would provide a smaller space for people to share time together, stimulate memories and promote reminiscence.

People could meet their family and friends in their own room, therefore giving them privacy. Individuals' bedrooms were personalised with their own possessions and in some cases, people had their own furniture. This made people feel more at home and comfortable in their own space.

The home was clean and well maintained, with dedicated housekeeping and maintenance staff present to address any issues promptly. The laundry was organised and worked effectively, with clear segregated areas for safe management of clean and used items. We found some areas which needed attention to detail in relation to cleaning which we raised with the manager. We were assured that immediate action was taken to rectify matters.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People should be confident staff have sufficient and accurate information to deliver their care and support safely and in line with their wishes. Personal plans were in place for everyone, with information and guidance about the individuals' needs, preferences and planned outcomes. Risks were assessed, giving staff information about how to keep people safe.

Personal plans were regularly reviewed and updated. Anticipatory care plans were in place, reflecting people's wishes for future care and where appropriate, people's representatives were involved in developing these. This meant staff were familiar with people's preferences if they experienced significant changes in their healthcare needs.

It was good to see clear communication took place with external professionals and these conversations were well documented. People and their families could be confident the provider linked with other agencies to access up to date advice and specialist recommendations.

Regular review meetings were held and personal plans were updated in line with any discussions which took place. We found that feedback from people in review meeting documentation was very general however and could be more personalised. We spoke to the provider about identifying creative ways to maximise people's input. This would help improve people's roles in leading the development of their own care and support.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To improve outcomes for people, the manager should ensure important information about people's health and wellbeing is shared with their representatives, and they have the opportunity to be involved in significant decisions about their care and support.

This is to ensure care and support is consistent with Health and Social Care Standard 1.12: I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.

This area for improvement was made on 29 September 2023.

Action taken since then

Individual notes about people's health and wellbeing were maintained by nurses and care staff. The manager ensured that important information was shared with appropriate representatives. We spoke with people's relatives who informed us they received regular updates about their family member and they were happy with the frequency of contact.

Relatives told us they were involved in key decisions and this was reflected in care review meeting notes. We saw people and their relatives were consulted and encouraged to share their views including about potential changes to their care and support.

We were assured the manager had made the necessary improvements to ensure key information was shared with people's representatives and facilitate their involvement in significant decision making.

This area for improvement is met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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