

Marcus Care Homes Limited

Aspen Lodge

Inspection report

London Road
Sholden
Deal
Kent
CT14 0AD

Tel: 01304367985

Date of inspection visit:
05 January 2017

Date of publication:
06 February 2017

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 ●

Summary of findings

Overall summary

The inspection was carried out on 5 January 2017 and was unannounced.

Aspen Lodge provides care for up to 25 older people, some of whom may be living with dementia. On the day of the inspection there were 21 people living at the service. The service is located in the village of Sholden. On the ground floor there is one large communal lounge, a dining room and a small conservatory. Bedrooms are located on the ground and first floor. There is a secure garden and car park at the rear of the premises.

The service had an established registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. At the time of the inspection the registered manager was on extended leave. The service was being managed by the deputy manager.

At the last inspection in December 2015 we found breaches of regulations with regards to safe care and treatment, staffing, person-centred care and good governance. At this inspection improvements had been made in all areas.

Risks to people's safety were assessed and managed appropriately. Risk assessments identified people's specific needs, and contained the guidance and information for staff to support people to keep risks to a minimum. Some risk assessments could be further expanded to make them more specific to people's individual needs. Care plans contained the detail needed to show how all aspects of people's care was being provided in the way they preferred.

There were some activities provided for people. People said they would like to do more. They told us they sometimes got bored; the deputy manager agreed this was an area they could develop.

Before people decided to move into the service their support needs were assessed to make sure the service would be able to offer them the care that they needed. People said and indicated that they were satisfied and happy with the care and support they received.

People received their medicines safely and when they needed them. The staff were effective in monitoring people's health needs and sought professional advice when it was required. If people were unwell or their health was deteriorating the staff contacted their doctors or specialist services.

People felt safe in the service. Staff understood how to protect people from the risk of abuse and knew the action they needed to take to report any concerns in order to keep people safe. The management responded appropriately when concerns or complaints were made.

Staff understood people's specific needs and had good relationships with them. Most of the time people were settled, happy and contented. Throughout the inspection people were treated with dignity and kindness. People's privacy was respected and they were able to make choices about their day to day lives. Staff were respectful and caring when they were supporting people. When people became anxious staff took time to sit and talk with them until they became settled.

Staff were familiar with people's life stories and were very knowledgeable about people's likes, dislikes, preferences and care needs. They approached people using a calm, friendly manner which people responded to positively.

The management team and staff carried out regular environmental and health and safety checks to ensure that the environment was safe and that equipment was in good working order. There were systems in place to review accidents and incidents and make any relevant improvements as a result. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do. Fire safety checks were carried out regularly.

People were supported to have a nutritious diet. Their nutritional needs were monitored and appropriate referrals to health care professionals, such as dieticians, were made when required.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. DoLS applications had been made to the relevant supervisory body in line with guidance and had been approved.

The management made sure the staff were supported and guided to provide care and support to people. New staff received a comprehensive induction, which included shadowing more senior staff. Staff had regular training and additional specialist training to make sure that they had the right knowledge and skills to meet people's needs effectively. Staff said they could go to the registered manager and they would be listened to. Staff fully understood their roles and responsibilities as well as the values of the service.

A system to recruit new staff was in place. This made sure that the staff employed to support people were fit to do so. There were sufficient numbers of staff on duty throughout the day and night to make sure people were safe and received the care and support that they needed.

People, staff and relatives told us that the service was well led and that the management team were supportive and approachable and that there was a culture of openness within the service. The registered manager had sought feedback from people, their relatives and other stakeholders about the service.

Audits and health and safety checks were regularly carried out by the registered manager and these were clearly recorded and action was taken when shortfalls were identified. The provider visited the service regularly to check how everything was. They carried out audits and checks on different areas of the service. If shortfalls were identified action plans were then produced. The registered manager took the appropriate action to make improvements.

Services that provide health and social care to people are required to inform the Care Quality Commission,

(the CQC), of important events that happen in the service. This is so we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way. Notifiable events that had occurred at the service had been reported. Records were stored safely and securely.

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.

Potential risks to people had been identified and recorded and there was guidance in place to help manage the risks. The guidance could be further developed.

Regular checks were carried out on the environment and equipment to ensure it was safe and fit for use.

There was enough staff to keep people safe. Staff were checked before they started working at the service.

Staff had received training and knew how to recognise and respond to different types of abuse.

Medicines were managed safely and people received their medicines when they needed them.

Is the service effective?

Good ●

The service was effective

Staff received an induction, training, and supervision to support people effectively.

Some people had Deprivation of Liberty Safeguards (DoLS) in place. Staff had an understanding of DoLS and the Mental Capacity Act (MCA).

The service provided a variety of food and drinks so that people received a nutritious diet.

People regularly saw healthcare professionals. There was guidance in place to ensure people were supported with their health needs

Is the service caring?

Good ●

The service was caring.

People were treated with respect and dignity, and staff were

helpful and caring. Staff communicated with people in a dignified and compassionate way.

People and their relatives were able to discuss any concerns regarding their care and support.

Staff knew people well and knew how they preferred to be supported to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

Assessments were completed before people moved into the service. People's care plans were updated regularly when their needs changed.

There were some activities taking place. People would benefit from more activities.

Complaints were investigated in line with the provider's policies and procedures.

Is the service well-led?

Good ●

The service was well-led.

The management team led and supported the staff in providing compassionate care for people and encouraged an open and inclusive culture with people and their relatives.

All staff understood their roles and responsibilities.

Staff, people and their visitors were regularly asked for their views about the service. Staff had a clear vision of the service and its values and these were put into practice.

Quality assurance and monitoring systems ensured that any shortfalls or areas of weakness were identified and addressed promptly. The provider was undertaking visits and checks at the service.

Aspen Lodge

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.

The inspection took place on 5 January 2017 and was unannounced. It was carried out by 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 other information we held about the service. We looked at previous inspection reports and notifications received by CQC. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

We looked around areas of the service. We met most of the people living at the service and talked with six of them. Conversations took place with people in their own rooms, and in the lounge areas. We observed the lunch time meal and observed how staff spoke and interacted with people. Some people were not able to explain their experiences of living at the service to us due to their dementia. We used the Short Observational Framework for Inspection which is a way of observing care to help us understand the experience of people who could not talk with us. During our inspection we observed how the staff spoke with and engaged with people and their visiting relatives. We looked at how people were supported throughout the day with their daily routines and activities

We spoke with six members of staff, and the deputy manager. We also spoke with four relatives. We spoke on the telephone with a visiting professional who had regular contact with the service.

We reviewed five care plans, and looked at a range of other records, including safety checks, records kept for people's medicines, staff files and records about how the quality of the service was managed.

We last inspected this service on 17 December 2015. Breaches in the regulations were identified at this

inspection.

Is the service safe?

Our findings

People told us they felt safe living at the service. They were relaxed in the company of staff and staff responded quickly if people became upset or anxious. People said, "I really like it here. I don't want go anywhere else. It feels like home" and "I feel safe. There is always someone to talk to and someone with me when I walk around as I can be a bit unsteady on my feet".

Relative said that they were confident and trusting of all the staff to keep their relatives safe and well cared for. One relative said, "I really could not wish for anywhere better. They have looked after (my relative) much better than I could ever have done".

At the last inspection risks to people had been identified and assessed but guidelines to reduce risks were not always available or were not clear. The provider sent us an action plan telling us how they were going to improve. At this inspection improvements had been made. Risk assessments to support people with their mobility contained clear guidance about how to move people safely and consistently. The assessments had information about what equipment was needed and how many staff were required to support them. People said they were supported to move around the building. One person said, "They use a special chair to help me in and out of the bath. The girls always explain what they are doing and I feel safe". People were supported to move safely from one place to another during the inspection.

Some people were at risk of choking when they ate. There was information and guidance available for people to tell staff how to prevent this from happening. One person's care plan said 'to puree food and give a soft diet'. The risk assessment gave further information about what support the person needed to eat. However, there was no instruction to say what to do for the person if they did start to choke. Further guidance would further reduce the risk. There had been no incidents of people choking and staff were able to explain clearly what they would do if this occurred. This is an area for improvement.

There were risk assessments for people whose skin was at risk of becoming sore. The assessments identified the level of risk and plans were in place to keep the risk to a minimum. People had equipment like special mattresses and cushions to protect their skin when they were sitting or lying down. Staff made sure people's skin was protected with special creams and sprays. If any concerns were identified these were reported and specialised advice and input was requested from district nurses.

If people were identified as at risk of falling over, there was guidance in place to keep this to a minimum. For example, people had walking aids, which staff ensured were used when people wanted to move around the service. Risk assessments were in place for people who had conditions like diabetes. There was guidance about what action the staff should take if a person's condition became unstable and the signs they should look for. The staff were aware of these and knew what action to take.

Some people sometimes became upset or agitated. There was clear guidance to explain to staff how they should support people consistently in a way that suited them best. Staff were able to say how they would support people and we observed this at the inspection. Staff went to people and re-assured them. They

stroked their hand and spoke with them quietly and calmly. They stayed with them until they felt better.

At the last inspection we asked the provider to take action as fire drills were not taking place and safety checks on the water temperatures in people's bedrooms and bathrooms had not been carried out monthly. Following the inspection the provider sent us an action plan to tell us of the improvements they were going to make.

At this inspection improvements had been made and regular fire drills had taken place with all staff. The water temperatures had been recorded and monitored. Records showed that the water temperatures were within the safety range to reduce the risk of scalding.

Regular safety checks of the premises and equipment ensured that people lived in a safe environment. These included checks on the electrical system, water supply, and gas appliances. Equipment such as hoists and the lift were regularly serviced to ensure they were in good working order. Weekly and monthly checks were carried out on the fire alarms and other fire equipment to make sure it was working. There was guidance for staff to follow in the event of an emergency, such as fire or flood.

Staff reported any accidents or incidents and these were recorded and action had been taken to reduce the risk of further events. One person had fallen out of bed and a device had been used to alert staff when this person was getting up so they had an opportunity to support them and reduce the risk of them falling.

At the last inspection in December 2015 we asked the provider to take action as there were times when staff on duty were not deployed to make sure people were safe and received the care and support that they needed when they needed it. Following the inspection the provider sent us an action plan to tell us of the improvements they were going to make.

At this inspection improvements had been made and additional staff were on duty. There was an additional 'breakfast assistant' to ensure that people were supported to eat and did not have to wait. Staff told us that this had worked well and people were now responded to in a timely way. The staff rota showed that staff were always replaced in times of sickness and annual leave and this had been consistently maintained.

An assessment dependency tool had been introduced which enabled the provider to assess the number of staff needed on duty at any one time. The deputy manager and staff told us that the current staffing levels were appropriate to meet people's needs. They did say they had concerns that when the number of people living at the service was reduced, staffing levels would be reduced also. The deputy manager said they would monitor this situation and report back to the provider if they had any concerns. There was an on call system to ensure that staff could contact a manager out of the office hours for support. Staff told us that this worked well and managers were responsive to their calls to give them guidance and support.

New staff were recruited safely. Staff completed an application form, gave a full employment history, and had a formal interview as part of their recruitment. Two written references were obtained, proof of identity and checks were carried out with the Disclosure and Barring Service (DBS) before employing any new member of staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff understood what they needed to do if they suspected abuse and had received training on how to keep people safe. They told us they would report any concerns to the management team and were confident that appropriate action would be taken. They were aware of whom to report abuse to outside of the service such as the police or local safeguarding authority. Staff told us they would not hesitate to report any poor

practice that they observed to the management team and were aware that staff would be protected under the whistle blowing policy.

People were protected from financial abuse. There were systems in place to manage people's finances. This included a record of all monies spent and received together with receipts for any purchases. All transactions were signed by two staff members and people could access the money they needed when they wanted to.

People said that their medicines were given to them when they needed them. Medicines were given to people at their preferred times and in line with the doctor's prescription. People said that staff asked them if they were in pain and if they needed any 'pain relief'. Records showed that people were given medicines for pain when they needed them. Staff observed that people had taken their medicines. Medicines were recorded on medicines administration records (MAR). Records included a photograph of the person to confirm their identity, and highlighted any allergies. Medicines were stored in a locked room and were administered from a medicines trolley. The medicines trolley was clean and tidy, and was not overstocked. There was evidence of stock rotation to ensure that medicines did not go out of date. Bottles of medicines were dated when they were opened so staff were aware that these items had a shorter shelf life than other medicines, and this enabled them to check when they were going out of date. When staff gave people their medicines they signed the MAR. The medicines given to people were accurately recorded. Some items needed storage in a medicines fridge. The fridge and room temperatures were checked daily to ensure medicines were stored at the correct temperatures.

Hand written entries of medicines on the MAR charts had been countersigned to confirm that the information was correct and to reduce the risk of errors. Regular checks were carried out on medicines and the records to make sure they were given correctly. If any shortfalls were identified the management team took immediate action to address them.

The staff recorded accurately and consistently when people had creams and sprays applied to their skin to keep it healthy and intact.

Is the service effective?

Our findings

People and their relatives said that the staff knew what they were doing and they had confidence in them to make sure they were getting everything that they needed. One relative, "The staff are brilliant with (my relative). I totally trust them to look after them much better than I would be able to".

At the last inspection in December 2015 we asked the provider to take action as the registered person had not ensured that all staff were suitably qualified, competent skilled and experienced to work with people. The staff had not received the supervision and appraisal they needed to fully support them to carry out the duties. Following the inspection the provider sent us an action plan to tell us of the improvements they were going to make.

At this inspection improvements had been made. A full training programme was in place and staff had received supervision and an appraisal.

Records showed that staff had received appropriate training to carry out their role. All staff were in the process of updating their training and had completed on line and face to face training sessions. The training included competency tests to ensure that staff had understood the training and would have the skills and knowledge to support people with their specific needs. Staff had received basic training, like moving and handling people safely, infection control and first aid. In addition, staff had completed mental capacity training, dementia training, bereavement training, person centred care, pressure area care and medicine training. Staff told us about different types of dementia and how they gave each person the support they needed. Staff were knowledgeable about people's needs.

Staff were receiving regular one to one meetings with their line manager. The deputy manager told us that a programme of supervision was in place and all but three members of staff had received an appraisal. These appraisals had been booked for the near future. Staff told us that they had received an appraisal and discussed their training and development needs for the future. They said they all worked closely as a team and if they had any worries or concerns they would not hesitate to speak with a senior member of staff.

New staff had completed an induction when they started work at the service to help them understand their roles and responsibilities. They also shadowed experienced staff to gain the skills and knowledge to support people with their individual routines. Staff were supported to complete the Care Certificate to gain and improve their skills. The Care Certificate consists of a period of assessed practice and is designed to ensure that all care workers have the same introductory skills, knowledge, and behaviours to provide compassionate, safe, and high quality care and support. 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 Act 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 so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The deputy manager and staff had good knowledge of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and were aware of their responsibilities in relation to these. Staff had been trained about the principles of the Mental Capacity Act 2005 (MCA). Staff asked people for their consent before they offered support. People's capacity to consent to care and support had been assessed and assessments had been completed. The deputy manager and staff knew people well and had a good awareness of people's levels of capacity.

When people lacked capacity staff followed the principles of the MCA and made sure that any decision was only made in the person's best interests. When a person was unable to make a decision, for example, about medical treatment or any other big decisions, then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest.

If people refused something this was recorded and respected. Staff told us that they supported people to make decisions by giving them time to understand the situation. Staff were aware that some decisions made on behalf of people who lacked capacity should only be made once a best interest meeting had been held.

Some people were constantly supervised by staff to keep them safe. Because of this, the registered manager had applied to local authorities to grant DoLS authorisations. Applications had been considered, checked and granted for some people ensuring that the constant supervision was lawful. During the inspection we saw people being supported to make day to day decisions, such as, where they wanted to go, what they wanted to do, and what food or drink they wanted.

Relatives said they were always informed if their relative was unwell and if they needed a visit from doctors or nurses. Relatives told us that the staff responded promptly when their family member needed to see a doctor or to attend any other health related appointments. One relative said, "My (relative) recently had to go to hospital by ambulance. The staff were really kind and helpful they helped me get to the hospital so I could be with my (relative)".

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. When people had problems eating and drinking they were referred to dieticians. If a person was unwell their doctor was contacted. People were supported to attend appointments with doctors, nurses and other specialists if they needed to see them. Visiting professionals like district nurses went to the service on regular basis and were available for staff if they had any concerns.

People and their relatives said that the meals were good. People and their relatives told us that they enjoyed the food and people received the support they needed to eat and drink enough to keep them healthy. Relatives said, "Not only do they spoil my (relative) they spoil me rotten too. I am always offered tea, coffee and dinners when I come to visit and I visit every day. The meals are very tasty" and "I always visit at meal times to help my (relative) with their meals. I like to do it. I feel like I am doing something". One person told us, "The food is great. I like fish and they always ask if I would like to have it".

People enjoyed their lunch time meal and the atmosphere was relaxed, with people chatting to staff and each other. People could choose where they had their meals. Some people ate in the dining room and

others choose to stay in the lounge or have their meals in their bedrooms.

Staff discreetly helped people to eat and enjoy their meal. They sat beside them chatting, and encouraged them to eat. People chatted to staff about daily things, such as the weather or what was happening in the world. The staff made sure the meal time was unhurried to give people the opportunity to socialise in a relaxed comfortable atmosphere. The meals were appetising with ample portions. People told us they always had a choice of drinks.

People who had difficulty swallowing were seen by the speech and language therapists to make sure they were given the correct type of food to reduce the risk of choking. Some people needed a pureed diet. These meals were well presented so people could see what they were eating. People had special aids in place, like plate guards and adapted knives, forks and spoons so they eat independently.

Staff monitored people's weight to ensure it remained stable. If people were at risk of not eating or drinking enough their dietary intake was monitored and they were referred to their doctor or the dietician. When people were losing weight they were encouraged to have supplement food and drinks.

Choices of hot and cold drinks were given throughout the day and people were encouraged to drink to make sure they remained hydrated.

Is the service caring?

Our findings

Relatives had commented at a recent quality survey, "The staff are always happy to help, there is a positive atmosphere at Aspen Lodge". "We are so pleased with my relatives care and the dignity and respect afforded them". Relatives told us, "The staff are very kind and patient" and "They are brilliant. My (relative) is always comfortable. I want my (relative) to stay here until they die. We don't want them to go anywhere else. They staff are like our second family. They really care about my (relative) and me".

Staff knew people well and had built up strong relationships with them. There was information in people's care plans about their families and their personal histories so staff were able to talk to them about their lives when they moved in. This helped staff get to know people and build up relationships with them.

Staff greeted people as they went about their duties, such as "Good morning, how are you, do you need anything". People responded with a smile and chatted to them in a relaxed manner. Staff explained things gently, sensitively and clearly to people. Staff were 'warm' and 'affectionate' towards people. They put their arms around them and held their hands to offer people comfort and support. Staff guided people sensitively and kindly to areas of the service they wanted to go to. People responded positively to these interactions and were smiling and relaxed in the company of staff.

When staff spoke with people they bent down so they would be on the same level as them. There was a calm atmosphere in the service throughout the inspection. When people did become distressed or agitated, staff spent time with them to find out what was the matter and gave them reassurance. When one person was upset a member of staff spoke to them patiently and clearly which resulted in the person becoming calm and engaging in a conversation. Staff listened to what people had to say and responded to them. Staff had skills and experience to manage situations as they arose.

The staff team knew people well and knew how they liked to receive their care and support. Staff were attentive and anticipated the needs of people when they could not say what they wanted or needed. People and staff got on well together. People told us and indicated that the staff looked after them well and the staff knew what to do to make sure they got everything that they needed. The staff had knowledge of people's medical, physical and social needs. Staff were able to tell us about how they cared for each person to ensure they received effective individual care and support.

The staff and people chatted together and with each other. The interaction between people and staff was positive, caring and inclusive. Staff consistently took care to ask permission before intervening or assisting. They explained to people what they were going to do. There was a lot of engagement between people and staff. People, where possible, were able to express their needs and received the care and support that they wanted in the way they preferred. When people were unable to communicate fully using speech, staff were able to interpret what they needed from their body language and behaviours.

Staff understood the importance of treating people with dignity and respect. When staff asked people if they want to use the bathroom, they asked quietly and discretely. Staff knocked on doors and waited before

entering the room. Staff were able to describe how they made sure people received the privacy and dignity they needed by closing doors and curtains.

Staff and relatives told us that visitors were welcome at any time and people were supported to stay in touch with family and friends. During our inspection there were a number of relatives who visited. They told us that they visited whenever they wished. Staff were welcoming and polite and spent time updating people about their relatives. Relatives we spoke to said they were always kept well informed about any changes to the health and welfare of their loved one. One relative said, "They always let me know what is happening. They ring me and I can ring them at any time".

Staff had knowledge of people's needs, likes and dislikes. One person's care plan stated 'I like to sleep with my bed-side light on at night another care plan said, 'I like to sleep with my socks on'. A relative confirmed that this did happen. People were called by their preferred names. Peoples preferences were respected and they had they received support in the way they had chosen.

People were encouraged to be as independent as possible. People's care plans contained information about what they could do for themselves and the areas that they needed supported. One person's care plan stated the person could wash themselves when given direction and prompting from staff. The plan stated that staff were to encourage the person to do as much as possible for themselves and just 'step in' if they requested.

People's bedrooms were decorated to their own taste. Bedrooms were personalised with pictures and items that were of importance to them. One person said, "I like my room it is very nice". As staff went about their duties they asked people if there was anything they needed and if they were warm enough. People were supported to go to their rooms when they wanted to and were monitored by staff to make sure they were safe. People who had chosen to share a room had curtains to divide the space to maintain their privacy.

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially. When we asked questions about people staff answered in a quiet voice so not everyone was able to hear.

Is the service responsive?

Our findings

People told us that they received the care and support that they needed. They said that this had been discussed with them prior to coming to live at the service and during the time they had been living there. People had a wide range of needs. Some people's mental and physical conditions were more complex than others.

At the last visit the registered person had not ensured that care plans were regularly reviewed or updated. At this inspection improvements had been made.

People received the care and support they needed and staff were responsive to their needs. When people became distressed or anxious staff reacted quickly and spent time with them to give them reassurance. Staff held people's hands and spoke quietly and softly until they felt better. When call bells rang in bedrooms staff went quickly to see what care and support people needed. People said, "There is always someone around. I don't have to wait long if I ask for something". A relative said, "My (relative) gets everything they need. They couldn't do anymore".

Each person had a care plan. These were written to give staff the guidance and information they needed to look after the person in the way that suited them best. The plans had been rewritten and updated since the last inspection and they were concise, clear and easy to understand.

The plans contained clear directions for staff on how to care and support people safely and effectively. People received their personal care in the way they had chosen and preferred. There was information in their care plans about what people could do for themselves and when they needed support from staff. Care plans contained detailed information about all aspects of a person's health, social and personal care needs to enable staff to care for each person. They included guidance about people's daily routines, behaviours, communication, continence, skin care, eating and drinking.

Some people were unable to mobilise by themselves and needed assistance. People's care plans contained guidance about how to move people safely using specialist equipment like hoists and slings. There was guidance and information about how to keep people's skin healthy and the plans were being followed by the staff. People sat on special cushions and had special mattresses on their beds to protect their skin. Some people had behaviours that could be difficult to manage. The behaviours had been identified and there was guidance in place on what staff had to do to manage behaviours consistently and safely. When people had conditions like diabetes there was guidance in place so staff knew what to signs and symptoms to look for if their condition became unstable and what action to take.

When people's needs changed their care plans were reviewed and updated and all staff were informed of the changes. A staff handover was completed at the beginning of each shift. The handover was detailed and robust. There was a communication book which was used in conjunction with the handover. Staff were aware and updated of any changes in people's health or support needs.

People had assessments before they came to stay at the service. People said that they were involved in planning their own care. They told us that they talked with staff about the care and support they wanted and how they preferred to have things done. Assessments reflected their previous lifestyles, backgrounds and family life. It also included their hobbies, and interests, as well as their health concerns and medical needs. These helped staff to understand about people and the lives that they had before they came to live at Aspen Lodge. The assessments also included information about how people wanted to remain independent with specific tasks and the areas where they needed support. Staff asked people and their family members for details of their life so they could build up a 'picture' of the person.

There was no one employed to specifically support people's hobbies and interests so this was left for the staff to do, which meant they had to fit in activities between their caring roles which could be difficult.

The staff and people told us that they did some activities but it depended on what else the staff had to do. People said that they liked sitting and having a chat with staff but often staff did not have the time. One person said, "It's lovely when the girls have a minute. We can sit and have a laugh and a joke. They always seem to enjoy listening to my stories. They tell me about what is happening in the world".

Some staff said they would like to do more activities with people and this was an area they would like to develop. Staff were keen to do more with people. One person did tell us that they had previously visited a bird park and had gone on a trip to the sea-side where they played on the slot machines. They said they really had enjoyed this as it had reminded them of 'their younger days'. They said they did not know when they would be going out again. Other people said they would just like to go out for a walk and get a bit of 'fresh air'. Another person told us they were bored at times as there was not much to do.

During the morning of the inspection a person from the church came to lead a short service that people were invited to. The people from church also met with people in private at their request. We observed no other activities being offered. Developing and providing meaningful activities that people can participate in is an area for improvement.

People did say that they sometimes played bingo and there had recently been a computer simulated 'Day at grey hound racing'. People said they enjoyed this and had won a prize if their dog came first. People regularly saw a visiting hairdresser. One person went shopping regularly with a member of staff and another person regularly attended an Age UK day centre. Regular activities from outside entertainers were arranged, like music for health, singers and musicians.

People knew how to make a complaint and were confident that any complaints would be acted on. People were provided with information to tell them what to do if they wanted to complain. This information was also made accessible to visitors as it was on display in the service.

People told us, "The staff listen to what I have to say" and "I would go to the manager if I was worried about anything, they would sort things out". People were encouraged to express their views at residents meetings although not many people took part in this process. At the previous meeting in November 2016 only one person attended. They were satisfied with the service and said, "I am happy with the meals, I think it's fantastic here".

One person said they did not have any complaints but would tell a member of staff if they were unhappy. There were arrangements in place to record complaints and what action had been taken about resolving the issues of concern. Complaints had been logged in a file, investigated, responded to and resolved. The provider had a policy which gave staff guidance on how to handle complaints, which was also available in

large print if people needed support to read this. The service had received one complaint, the action taken was to remind staff of the organisation's code of conduct and the importance of staff remaining professional at all times.

Is the service well-led?

Our findings

Staff told us, "There is a good atmosphere here. Everyone, staff and residents get on well together. The manager has made a lot of improvements. We all know what we are doing now". and "The staff team is stable. A lot of us have been here a long time, so that says something. We all work well together".

A relative said, "A lot of places I visited would not take my (relative). The manager here said they would give it trial and see how things went. The manager has been brilliant. They gave my relative a chance and they have settled really well. They like it here and they are very happy. Happier than they have been in a long, long time".

Relatives had commented in the recent quality survey that the manager and staff were very approachable. They said, "Staff are very friendly and appear to understand my relative's needs". "The service is well managed".

Before going on extended leave the registered manager had complied with the requirement notices made at the previous inspection. Action had been taken to ensure the premises were safe, staffing levels had been increased, appropriate training, supervision and appraisal, had been carried out, improved care planning had been implemented, and there were clear auditing processes in place to check the quality of service being provided.

At the last inspection in December 2015 we asked the provider to take action as they had failed to identify the shortfalls at the service through regular effective auditing. Following the inspection the provider sent us an action plan to tell us of the improvements they were going to make.

At this inspection improvements had been made. Regular audits were being carried out and action had been taken when shortfalls were identified.

Audits were carried out both weekly and monthly such as medicines, care plans, health and safety, infection control, fire safety, health and safety and equipment. When the environment had been checked it was found that areas of the cellar required attention, this had been repainted with a mould deterrent to reduce the risk of further damage. Care plans had been audited monthly and were robustly updated to ensure that staff had the current guidance to care for people effectively. The medication audit had identified that some staff had not been signing the medicine records, there was clear records to confirm appropriate action had been taken to address this issue. Staff has been made aware of these issues and advised that these omissions could lead to additional training or in some cases disciplinary action being taken. The registered provider visited the service regularly to assess the quality of care being provided which was discussed with the management team should any improvements be identified.

Accidents and incidents within the service were recorded by staff, and action was taken to ensure the wellbeing of each person. Each event had been analysed and measures were put in place to reduce the risk of re-occurrence, however, further analysis was required to record what time the accidents took place, what

staff were on duty to identify any further patterns or trends. This was an area for improvement.

Staff were encouraged to question practice and to voice their opinions to improve the quality of the service. Regular staff meetings were held to give staff an opportunity to raise any issues with the service. Staff told us that the management team listened and acted on what they said. Records showed that all aspects of the service were discussed at the meetings, such as the deployment of staff, night staff duties, staff breaks, laundry etc. There were also shift handovers to ensure that staff were kept up to date with people's current needs. Staff told us that communication was good and they worked well as a team to ensure that people received the care they needed. They emphasised the importance of team work and an open door policy. They said that the management team were very approachable and supported and guided them when they needed to.

Our observations and discussions with people, staff, visiting professionals and relatives, showed that there was an open and positive culture between people, staff and management. Staff understood the values of the service. They said: "We ensure that people have a good quality of life". "We provide everything that people need, we want them to have a happy life, to keep their independence and as much control over their daily lives".

People, relatives, staff and visiting professionals had been sent a quality survey to feedback about the service being provided in October 2016. The outcome of the surveys was positive and the registered person had fed back the results to people to show that their views and comments had been listened to. Any comments that required action had been noted and discussed at the staff meetings such as having the carpets professionally cleaned and plans to repaint the dining room in January 2017.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered person had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.