

Mrs Aunjali Johar & Mr Navneet Singh Johar

# Aarandale Lodge

## Inspection report

2 - 4 St Vincent's Road  
Southend on Sea  
Essex  
SS0 7PR  
Tel: 01702 352096  
Website:

Date of inspection visit: 20 January 2015  
Date of publication: 20/03/2015

### 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

The inspection took place on 20 January 2015. Aarandale Lodge is a privately run care home for up to 20 older people who require support and personal care and may have care needs associated with dementia. At the time of our inspection 20 people were living at the service.

The service had an established registered manager in post. 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.

People felt safe. The provider had taken steps to identify the possibility of abuse happening through ensuring staff had a good understanding of the issues and had access to information and training.

The service ensured that people were cared for as safely as possible through assessing risk and having plans in place for managing people's care.

# Summary of findings

People were treated with kindness and respect by a sufficient number of staff who were available to them when they needed support. People and their friends and families were very happy with the care that was provided at the service.

Staff demonstrated knowledge and skills in carrying out their role. Staff were properly recruited before they started work at the service to ensure their suitability for the role. They received initial and ongoing training and support to help ensure that they had the right skills to support people effectively.

People's were supported with their medication in a way that met their needs. There were safe systems in place for receiving, administering and disposing of medicines.

Staff interacted with people in a caring, respectful and professional manner. Where people were not always able to express their needs verbally we saw that staff responded to their non-verbal requests and had an understanding of their individual care and support needs.

CQC monitors the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS), and reports on what we find. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these

are assessed by appropriately trained professionals. We found that the manager had knowledge of the MCA 2005 and DoLS legislation. They knew how to make a referral for an authorisation so that people's rights would be protected. People's rights and choices were respected.

People were supported to be able to eat and drink sufficient amounts to meet their needs. People told us they liked the food and were provided with a variety of meals.

People's care needs were assessed and planned for. Care plans and risk assessments were in place so that staff would have information and understand how to care for people safely and in ways that they preferred. People's healthcare needs were monitored, and assistance was sought from other professionals so that they were supported to maintain their health and wellbeing.

People had opportunities to participate in activities to suit their individual needs and interests. Care tasks were carried out in ways that respected people's privacy and dignity.

Systems were in place to assess and monitor the quality of the service. People's views were sought and audits carried out on a regular basis to identify improvements needed.

# 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

People who used the service felt safe. Staff knew what to do if they were concerned about people's safety and welfare. Risks were assessed and staff were aware of the risks and knew how to manage them.

There were enough trained and experienced staff to support people and keep them safe.

People's medicines were managed safely.

Good



### Is the service effective?

The service was effective

The service understood and met the requirements of the Deprivation of Liberty Safeguards.

Staff received training and support to help them carry out their roles effectively.

People were provided with a healthy diet and were supported to maintain good health.

Good



### Is the service caring?

The service was caring

People who used the service and their relatives were very happy with the care and support they received.

Staff were kind and respected people's dignity and privacy.

Staff were patient and worked at the pace of the people they were supporting and caring for.

Good



### Is the service responsive?

The service was responsive.

People were involved in planning and making decisions about their care.

A range of activities and opportunities were provided to ensure that the service was responsive and met individual occupational needs.

People were encouraged to raise any concerns or issues about the service. People were listened to and their concerns acted on.

Good



### Is the service well-led?

The service was well led

People, their relatives and the staff were positive about the management of the service and were given opportunities to give feedback.

The registered manager and the provider monitored the service to assess and improve its quality.

Good



# Aarandale 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.

This inspection took place on 20 January 2015 and was unannounced.

This inspection was undertaken by two inspectors 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.

Before the inspection we reviewed the information that we hold about the service such as notifications. These are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with two professionals and sought their views about the service.

As part of the inspection we spoke with 12 people who used the service, five relatives, eight members of care and support staff, the registered manager and provider of the service.

Not everyone who used the service was able to communicate verbally with us so we used observations, speaking with staff, reviewing care records and other information to help us assess how care needs were being met.

We spent time observing care in the communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

As part of this inspection we reviewed five people's care records. We looked at the recruitment and support records for five members of staff. We reviewed other records such as complaints and compliments information, quality monitoring and audit information and maintenance records.

# Is the service safe?

## Our findings

People told us that they felt safe living at the service. One person said, "There is never anything to worry about. You feel safe and secure here." A relative told us, "I never have any concerns and feel I can relax knowing that [name of relative] is in very safe hands." Information was available to people so that if they did have concerns they would know where they could get support and advice.

People were protected from harm by a staff team who had a good awareness of safeguarding issues and also whistleblowing. One member of staff told us, "If I have any safeguarding concerns, or any concerns at all about any of the people who live here I will tell the manager or person in charge straight away." Another member of staff said, "If I am worried about any service user I contact the manager, or the senior in charge if the manager is not here, I also record in writing what I have found and the action I took." Everyone had received training in adult protection. The registered manager told us that safeguarding was discussed at every one to one supervision to ensure that protecting people remained a high priority in the service.

The registered manager had a good knowledge of safeguarding procedures. This was supported by appropriate policies and procedures being in place. A recent safeguarding alert had been raised about the service. It was found to be unsubstantiated but the service had worked well with social services in looking into the concerns. This showed that the service had an open and honest approach to dealing with any allegations.

People told us that they were involved in decisions about their care and the risks they chose to take. Throughout our inspection we saw people were being given good levels of choice and having their independence encouraged. At the same time staff were alert to any concerns or dangers resulting from people's choices. We saw examples where people were able to follow their own routines even if they involved an element of risk. One person went out for a walk on their own. Staff offered support but the person's choice to go on their own was respected. Staff remained alert and ready to provide support if needed.

People told us that there were sufficient staff provided to meet their needs. One person said, "If I need help there is

always someone around." Throughout the day there were sufficient staff available to people. Staff were always pleasant and engaged in a natural, relaxed manner with people, relatives and other visitors to the home.

Staff told us staffing levels were acceptable and it meant they could meet people's day to day needs. Staff told us, "I think there are enough staff here at the moment and I think we work well together in supporting people" and, "If someone goes sick the manager may ask one of us already on duty if we can cover, if no one can then agency staff can be asked for."

The service had systems in place to assess the levels of staffing needed to meet people's needs. The registered manager explained that staffing levels were flexible to ensure that people's changing needs or additional needs such as hospital appointments would be accommodated.

People and their relatives spoke highly of the staff and said that they were skilled and competent. The service ensured that it employed suitable staff because a clear recruitment process was followed. This made sure that that staff were safe and suitable to work with people in a care setting. Relevant checks had been carried out including obtaining at least two references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). Staff told us the recruitment process was thorough. One member of staff told us, "When I applied for this job I came for interview, I had to give two referees and do a criminal record check, after I started I had to do induction training."

People received their medication as prescribed. Staff administered medicines to people in a way that showed respect for people's individual needs. Staff explained what was happening, sought people's consent and stayed with them while they took their medicines to ensure that all was well.

People received their medicines safely because the service had effective systems for the ordering, booking in, storing and disposing of medicines. Staff had received training in administering medicines and regular audits were undertaken to monitor and ensure that safe systems and practices were being maintained.

# Is the service effective?

## Our findings

People told us that they felt well supported by staff who understood their needs. One person told us, “The staff are marvellous, they almost know what you want before you know you need it because they understand you.” We received many positive comments about the care and support provided to people such as, “My [relative] is very well looked after,” and, “You cannot fault the care here.”

Staff received effective support through an initial induction programme, ongoing training, one to one support, team meetings and daily handovers. This ensured that they kept their knowledge and skills up to date. Staff told us they had received the right training for their roles. One person told us, “I get on-going training which helps me to meet the needs of the people here, If you name a training course I have probably done it here.”

Throughout the day staff demonstrated that they were skilled in their approach to supporting people in an individual and person centred way. For example, when one person shouted out on occasions, staff always responded in a calm and supportive manner, reassuring the person. They responded well to staff interventions and support.

The registered manager had a clear understanding of the principles and practice of the MCA and DoLS. They had used the process to apply for restrictions to people’s liberty when this was needed. The service had policies and guidance available to guide practice. Staff had received training and understood that they needed to respect people’s decisions. During the inspection we saw that staff always explained a procedure to people and asked for their consent to proceed. They were able to explain how they worked with others to support people to make decisions and make ‘best interest’ decisions for those who lacked capacity.

People told us that they very much enjoyed the food provided at the service. One person told us, “They are so good here they give you whatever you want.” Another person said, “You certainly never go hungry.” A relative told us, “My [relative] is on a [special] diet. It is very well managed and they are doing very well.”

People were supported to have enough to eat and drink because through experience, risk assessments and care planning the staff team were very aware of people’s individual needs. They provided the level of support and monitoring needed. Lunch time was a relaxed and positive experience for people. People were given an explanation of the food available and offered choices. Their individual needs were catered for, independence was encouraged and staff monitored and stepped in with support and encouragement when needed.

The cook told us that when people moved into the service they spent time with them to find out their likes, dislikes and any special needs. They told us, “My job is to do everything I can to make things nice for them so that they can enjoy their food.” They told us about the job satisfaction they got when people put on weight and their health improved after moving into the service.

When observations, assessments or care planning indicated the need for additional support in relation to people’s skincare and nutrition or fluid intake this was sought in a timely manner from other professionals.

People told us that they were well looked after and supported to keep healthy. Relatives commented on the good level of healthcare support provided and the improvements they had noted. One said, “My [relatives] care has been exceptional. They look better now than they have done for years. They have put on weight and look great.” Another relative commented that the service noted any signs of slight change and sought advice with no hesitation. A healthcare professional spoken with felt that they service provided good healthcare support.

Relatives told us that the service was very good at communicating with them and keeping them informed about their loved ones wellbeing or any changes. One person said, “We visit most days but they still ring us if they have any concerns, or feel we should be informed of something.” Another relative who was unable to visit the service said they felt reassured that they could have regular phone calls from the manager to keep them up to date about their relatives condition.

# Is the service caring?

## Our findings

Everyone we spoke with told us that the staff were kind and caring. One person explained to us that they had not wanted to move into residential care but said, "I can honestly say I can't think of any place where I would have settled better than here, because they genuinely care for us."

People were treated with kindness, care and compassion. Staff had a detailed knowledge of people's needs and their history and background. This knowledge was demonstrated in how people were supported and staff adapted their approach to different situations with different people. For example, giving more or less support at mealtimes and assisting people with mobility or giving them space to manoeuvre themselves. We saw a member of care staff offer to fetch a person some fruit which they then did. The person told us, "Everyone is always so thoughtful here; it's often the little things like that that make all the difference. It really is home from home."

People's individual styles and preferences had been supported so that they could retain their individuality. For example, choosing to wear jewellery or make up, preferring to have a handbag with them or not.

People were asked for their views and involved in their day to day care through being offered choice and autonomy as far as possible in their daily lives. Relatives we spoke with confirmed that they had been involved in care planning and felt their views were listened to and respected. One person told us, "We went through all the care plans and were consulted with about everything. It was very thorough and you felt that they really wanted to know [relative] and do their best for them."

The service sought advocacy support when needed to ensure that people had an independent voice. Advocates support and enable people to express their views and concerns and may provide independent advice and assistance. The manager told us that lay advocacy services were involved in supporting two people using the service.

People told us that staff treated them with dignity and respect. One person said, "They explain what is happening and never rush me, which is good." People's privacy was respected and they were able to spend time in their rooms or in communal area as they preferred. Personal records held electronically or as paper records were held securely to ensure that people's confidential information was protected.

Staff practice demonstrated a clear understanding of the need to treat everyone with dignity and respect and support their independence. For example, at lunchtime staff supported a person by staying with them to offer encouragement while they got started and had a mouthful or two. The person then continued independently. They spilt some food on the table and floor which was cleared up quickly and efficiently to ensure people's safety as well as the person's dignity. Attention was not drawn to the spillages so the person was not embarrassed. The member of staff later told us, "We know if [the person] has one mouthful of food with us there they will like it and can then be left to enjoy lunch on their own which they prefer."

People were able maintain contact and continue to be supported by their friends and relatives. People's relatives all told us that they were able to visit the service at any time without restrictions. One relative said, "You can come and go as you like."

# Is the service responsive?

## Our findings

People told us that staff were responsive to their needs. Throughout the day high levels of choice were given to people, including those who were frail or living with dementia. People were asked for their views and permission before any activity took place and their views were respected. This showed us that staff understood the need for people to have choice and control in their daily lives as far as possible.

Care records were maintained on a computerised system which was straightforward to use and enabled staff to have access to the information they needed. All records were up to date. Care staff told us that they found the system easy to use. Hard copies of the electronic records along with other information were also maintained in case of computer failure. This also made it easier for people or their families to review the documentation if they wished.

Care plans and assessments showed that individual preferences, needs and aspirations had been identified through discussion with people and/or their families. One relative told us that the service had taken great care to liaise with them about their relative's healthcare needs, taking time to write detailed descriptions of their medical history and other preferences. People's care plans were kept under regular review and updated to reflect people's changing needs. One relative had commented in a recent compliment to the service, "The care plans reflected exactly what was going on, what treatment was taking place and any changes."

People were supported by staff who knew them well and so could be responsive to their individual needs. Staff were

always able to tell us about people's lives, families, hobbies and interests. This was supported by care planning elements such as 'This is Me' documentation. Interactions throughout the day showed that staff adopted a person centred and individual approach to providing care.

People had the opportunity to take part in activities such as reminiscence, quizzes, music, film nights and physical activities. Individual preferences were also supported such as going out for a walk, having a chat or having a pamper session. The manager told us that although structured activities were provided they tried to be person centred in their approach, and be led by people's preferences at any given time. This showed in practice as we saw people doing individual things such as drawing, interacting with soft toys and enjoying looking at and discussing a magazine.

People were encouraged to raise any concerns or complaints that they had. A complaints procedure was readily available to people with a pictorial version also in place throughout the home to assist people's understanding. A notice advised 'If you are unhappy about anything please tell a member of staff who will help to sort out your problem.' A suggestions box was in place for people to make any comments. A relative told us that any issues that they had raised had been dealt with very promptly and they felt that they were always listened to.

Staff knew about the services' complaints procedure and explained what they would do if someone complained to them. We saw that complaints made had been well recorded, investigated and outcomes and any actions needed noted. This showed us that the service was responsive to people's concerns and acted to resolve any issues quickly.

# Is the service well-led?

## Our findings

People told us that the service was well led and managed. One person told us, “I like [name] the manager. We always see her and she knows what goes on here. I would say that she is strict with her staff, by that I mean that she likes things done properly. I think that’s good. It might be an old fashioned way of doing things but it suits us.” A member of staff also said, “Things are done properly here and the manager is very good and supports us well.” A relative told us, “The staff are very friendly and the manager is wonderful.”

Throughout the inspection we saw that the provider, registered manager, and care and support staff had positive and caring relationships with people living in the service.

The culture in the service was positive and promoted an open and caring approach for both people living in the service and amongst the staff team. A member of staff told us, “I am very happy working here. It’s a happy home to work in, and I think that makes it a happy home to live in.” There was a friendly atmosphere in the service with lots of laughter and banter between staff and residents.

The ethos of the service was made clear to people through their Mission Statement and Philosophy of Care being available. This told people how they should expect to be treated. Staff had a clear understanding of the standards and values people should expect and enacted them in their daily practice.

There was good teamwork in the service and staff provided good support to one another. Regular staff meetings occurred and handovers took place three times a day. This ensured that communication within the team was good,

and that staff were kept up to date with current information about the service and people’s needs. The manager told us that handover often incorporated brief training elements to reinforce understanding or aspects of practice.

People felt that the manager was approachable and acted on the things that staff might discuss with her. People had the opportunity to comment on the service through one to one discussions with staff, regular residents meetings and periodic surveys being undertaken. People had been involved in individual decisions such as the re-decoration of their rooms, and general decisions such as the use of CCTV in some areas of the service.

The registered manager had been in post for some time and was aware of the responsibilities of their role. The manager took these responsibilities seriously and did everything possible to ensure that a quality service that met the needs of people was provided.

To ensure that people received a good service the manager carried out a range of regular audits to assess the quality of the service and drive continuous improvement. These audits included medication systems, infection control and health and safety checks. Risk assessments relating to the premises were undertaken to ensure people’s safety. Information from audits was analysed by the provider and action points to be addressed identified. These were signed off when completed.

The quality of the service was also monitored by the provider. They visited the service at least twice a week and carried out regular more formal visits to assess the effectiveness of the service. Their action plans were also used to continually drive improvement of the service for people.