

Marcus Care Homes Limited

Aspen Lodge

Inspection report

London Road
Sholden
Deal
CT14 0AD
Tel: 01304 367985
Website: www.example.com

Date of inspection visit: 17 December 2015
Date of publication: 01/02/2016

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The inspection visit was carried out on 17 December 2015 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 19 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 and the provider were in the process of updating and changing the systems on how the service was run and

Summary of findings

managed. They were changing over to a computerised system which they anticipated would be more effective and efficient. At the beginning of the inspection the registered manager stated that because they were in the process of doing this, there were going to be shortfalls in some areas of the regulations.

Potential risks to people were identified regarding moving and handling and eating but full guidance on how to safely manage the associated risks was not always available. This left people at risk of not receiving the support they needed to keep them as safe as possible. We observed a person being moved incorrectly. When new risks had been identified the registered manager had taken immediate action to prevent them from re-occurring. They had updated risk assessments and passed the information to staff so that people would be safe.

Care plans lacked detail to show how all aspects of people's care was being provided. Care plans did not record all the information needed to make sure staff had guidance and information to care and support people in a person centred way.

People received their medicines safely and when they needed them and they were monitored for any side effects. On occasions medicine practices were not as safe as they could be. If people were unwell or their health was deteriorating the staff contacted their doctors or specialist services.

Accidents and incidents were recorded and appropriate action had been taken but the events had not been analysed to look for patterns or trends to prevent further occurrences.

Emergency plans were in place so if an emergency happened, like a fire the staff knew what to do. Checks were done to ensure the premises were safe, such as fire and health and safety checks. The checks for the fire alarms were done weekly and other fire checks were completed monthly. There was supposed to be regular fire drills at the service so that people knew how to leave the building safely. Staff told us that regular fire drills had taken place but this had not been recorded since April 2015. Safety checks on the water temperatures in people's bedrooms and bathrooms were supposed to be carried out monthly. The last check recorded was in August 2015 and this indicated that the temperature of

the water in some areas of the service was higher than recommended. No action had been taken to address this shortfall and the temperatures had not been re-checked. Equipment to support people with their mobility and skin care had been serviced to ensure that it was safe to use.

The registered manager did not have a system or tool in place to help them decide how many staff were needed to give people the care and support that they needed. On the day of the inspection staff were rushed but they did spend time with people when they could. Staff were not always deployed effectively. During the visit there was a period of time when people were left unattended in the lounge area which was a potential risk.

The staff had not received all the training and support they needed to carry out their roles effectively and safely. A system of recruitment was in place to make that the staff employed to support people were fit to do so. All the safety checks that needed to be carried out on staff to make sure they were suitable to work with people had been completed by the registered manager.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection the registered manager had applied for a DoLS authorisation and had been granted authorisations for five people who were at risk of having their liberty restricted. Not all mental capacity assessments were in place to assess if other people needed to be considered for any restrictions to their freedom. All of the people using the service needed to have their capacity assessed to make sure consideration was given to ability to consent to any possible restrictions to their freedom.

People felt safe in the service. Staff understood how to protect people from the risk of abuse and the action they needed to take to report any concerns in order to keep people safe. Staff were confident to whistle-blow to the registered manager if they had any concerns and were confident appropriate action would be taken. The registered manager responded appropriately when concerns were raised. They had undertaken investigations and taken action. The registered manager followed clear staff disciplinary procedures when they identified unsafe practice.

On the whole respected people's privacy and dignity. The care staff were attentive and the atmosphere in the

Summary of findings

service was calm and people appeared comfortable in their surroundings. Staff encouraged and involved people in conversation as they went about their duties, smiling and chatting to people as they went by. When people became anxious staff took time to sit and talk with them until they became settled. When people could not communicate verbally staff anticipated or interpreted what they wanted and responded quickly. Staff were respectful, kind and caring when they were supporting people. People were comfortable and at ease with the staff.

There were quality assurance systems in place. Audits and health and safety checks were supposed to be carried out. The registered manager had not identified and taken action to make sure the systems used by the service were checked regularly and that shortfalls were identified and improvements made. The service had sought feedback from people, their relatives and other stakeholders and made improvements following their feed-back.

Staff 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. Staff were clear about their roles and responsibilities and felt confident to approach senior staff if they needed advice or guidance. They told us they were listened to and their opinions counted.

The service had a plan to improve the environment and the premises were regularly maintained to ensure that people lived in comfortable home. People's rooms were personalised to their individual tastes.

People had choices from a variety of food on offer and specialist diets were catered for. The cook was knowledgeable about people's different dietary needs, and ensured that people received food that was suitable for them. People's nutritional needs were monitored and appropriate referrals to health care professionals, such as dieticians, were made when required. People said they enjoyed the meals. However, on one occasion during the inspection peoples' mealtime experience was interrupted unnecessarily.

The complaints procedure was on display to show people the process of how to complain. People, their relatives and staff felt confident that if they did make a complaint they would be listened to and action would be taken. Records were stored safely and securely.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 not consistently safe.

Risks to people were assessed but there was not always clear guidance in the care plans to make sure all staff knew what action to take to keep people as safe as possible.

There were sufficient staff on duty to make sure people received the care they needed. But they were not always deployed to the right areas to make sure people were as safe as possible. Staff were recruited safely.

People's medicines were not always managed safely as they could be.

Not all safety checks of the environment had been completed.

Staff knew the signs of abuse and had received training to ensure people were protected from harm.

Requires improvement



Is the service effective?

The service was not consistently effective

Staff received induction training and on-going training in relation to their role but not all staff had completed specialised training such as training to support people with dementia. Staff felt well supported by the registered manager but had not received regular one to one meetings or annual appraisals.

Although best interest meetings had been held and Deprivation of Liberty authorisations had been applied for and granted, mental capacity assessment had not been completed in line with the Mental Capacity Act 2005.

People were supported to ensure their health care needs were met.

The service provided a variety of food and drinks so that people received a nutritious diet. On one occasion we found that people's dignity was compromised when they were eating a meal.

Requires improvement



Is the service caring?

The service was caring.

People were treated with respect and dignity, and that staff were helpful and caring. Staff communicated with people in a caring, 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.

Good



Summary of findings

Is the service responsive?

The service was not consistently responsive.

Families supported their relatives to be involved in their care planning. However, care plans lacked detail to ensure person centred care was being delivered.

People were involved in talking about their needs, choices and preferences and how they would be met. Staff were attentive to people who were at risk of social isolation. Staff supported and encouraged people to be involved in activities and their hobbies.

People and their relatives said they would be able to raise any concerns or complaints with the staff, the registered manager and provider, who would listen and take any action if required.

Requires improvement



Is the service well-led?

The service was not consistently well-led.

Systems for monitoring the quality of care provided were not effective. Shortfalls had not been identified and some checks had not been carried out.

Accidents and incidents were recorded and action taken, but these were not analysed to look for patterns or trends to reduce the risk of reoccurrence.

People told us the service was well led. The staff were aware of the service's ethos for caring for people as individuals and putting people first. The registered manager led and supported the staff in providing compassionate and sensitive care for people, and in providing a culture of openness and transparency.

People said that they felt listened to and that they had a say on how to improve things.

Requires improvement



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 17 December 2015 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 all of the people living at the service and talked with five 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 therefore 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 to 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 five members of staff, the cook, a housekeeper and the registered manager. We also spoke with three relatives and with two visiting professional who had regular contact with the service.

We reviewed four care plans of the people living at the service, 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 13 November 2013. There were no concerns identified at this inspection.

Is the service safe?

Our findings

People told us that the staff looked after them well and they felt safe. A relative told us that they were confident their relative was safe living at the service.

Risks to people had been identified and assessed but guidelines to reduce risks were not always available or were not clear. Risk assessments to support people with their mobility did not always have clear guidance about how to move people safely and consistently. The assessments did have some information such as how to move people safely from to and from their bed and what equipment was needed and how many staff were required to support them. Some people needed support to get in and out of their chair, there was no guidance in place to tell staff how to do this as safely as possible which left people at risk of not receiving the support they needed. During the inspection we observed a person being moved incorrectly and staff were not using approved manual handling techniques. We pointed this out to the registered manager who agreed that this was not the correct technique and they said they would address the issue with the staff.

Some people were at risk of choking when they ate. There was limited 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 no further information about whether the person needed support to eat, if staff needed to stay them when they ate. There was no instruction to say what to do for each individual if they did start to choke. People's needs were diverse. Some people were unable to stand so staff would have to respond very differently to each individual. Most of the experienced staff were able to say what they would do to make sure these risks were kept to a minimum but some staff were unsure and said they would look at the person's care plan. There was a risk that staff may not take the correct action as they did not have the necessary information in the care plans to give them direction.

Care and treatment was not provided in a safe way for people because the provider did not have sufficient guidance for staff to follow to show how risks to people were mitigated. This is a breach of Regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said that their medicines were given to them when they needed them. One person said, "Staff always make sure I have my tablets every day, so I don't have to worry about when to take them. I used to get in a bit of a muddle with them when I was at home. They put cream on my legs as well".

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'. 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 medicines administration records. 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. On two recent occasions the temperature of the room where the medicines were stored was slightly above the recommended level. When this happens it can reduce the effectiveness of medicines. This had not been reported to the registered manager and no action had been taken. Hand written entries of medicines on the MAR charts had not been consistently 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 registered manager 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 safe?

We recommend that the provider should take into account The Royal Pharmaceutical Society of Great Britain Guidelines with regard to the safe storage and recording of medicines.

The staff carried out regular health and safety checks of the environment and equipment. This made sure that people lived in a safe environment and that equipment was safe to use. Regular maintenance checks were made on systems like the electrics and gas supply. The hoists which were used to support people to mobilise had been serviced to make sure they were in good working order. The building was fitted with fire detection and alarm systems. Regular checks were carried out on the fire alarms and other fire equipment to make sure it was working. The checks for the fire alarms were done weekly and other fire checks were completed monthly. People had a personal emergency evacuation plan (PEEP) A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency.

There was supposed to be regular fire drills at the service so people knew how to leave the building safely. The last one that had been recorded was in April 2015. There was a risk that staff and people may not have practised the safest action to take in the event of a fire. Staff told us that regular fire drills had taken place but this had not been recorded. Staff were able to explain what they would do in the event of a fire. Safety checks on the water temperatures in people's bedrooms and bathrooms were supposed to be carried out monthly. The last check recorded was in August 2015 and this indicated that the temperature of the water was higher than the recommended temperature in some areas of the service. No action had been taken to address this shortfall and the temperatures had not been re-checked to make sure they were safe.

The registered person had failed to make sure that all aspects of the premises were safe for people to use. This is a breach of Regulation 12(2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that the staff always came quickly when they needed them. They said that there seemed to be enough staff around. One person told us, "The staff are busy; they have a lot to do. They always have a quick chat but it would be better if they could have a proper conversation. The staff felt that at certain times of the day they had enough time to talk with people and there were enough staff to support

people. They said at other times they were 'a bit rushed'. The registered manager had recently employed an extra member of staff to support people in the morning between 7:30 a.m. and 9:30 a.m. with their breakfasts and care. Staff felt the addition of another staff member in the mornings was an improvement and this had helped them make sure that people got the care and support that they needed when they needed it. One staff member told us, "It's better than it was. We do our best."

The registered manager did not use a dependency assessment tool to help assess the number of staff needed on duty at any one time. They did assess the dependency needs of each person and were aware of the level of care and support needs of the people. The registered manager stated that the current staffing levels were appropriate to people's needs and that they would not be taking on any more people who had higher care needs.

During the inspection staff responded promptly to people when they needed care and support. When people used their calls bells to alert staff that they needed something they were answered quickly. At lunchtime one person needed full assistance and but had to wait for their meal. They had their lunch about half an hour after everyone else because staff had been helping other people with their meal. On another occasion during the staff handover between the morning shift and afternoon shift there was a period of 18 minutes when there were no staff in the lounge area where the majority of people were sitting. This left people at risk of possibly falling or other unforeseen events.

People were left at risk 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. This is a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living at Aspen Lodge and would speak with the registered manager or a staff member if they were unhappy. People said, "I feel alright here, there is always someone around if you need anything" and "I am not worried about anything and I know I can always ask the girls anything".

People were relaxed and comfortable, chatting to staff and each other in a homely atmosphere. Staff knew people well. If people were unable to communicate using speech staff were able to recognise signs through behaviours and

Is the service safe?

body language, if people were upset or unhappy. Staff had received training in safeguarding adults; they knew the procedures in place to report any suspicions of abuse or allegations. They understood the whistleblowing policy, whereby staff should be able to feel supported to report concerns about other staff members in a way that did not cause them discrimination. Staff were confident to whistle-blow to the registered manager or the local authority safeguarding team. Staff told us they were confident that the registered manager would deal with any concerns they raised.

There were systems in place to recruit new staff. The registered manager carried out the interviews and used set questions to ensure that they only employed staff that were suitable to work in a caring environment. Staff completed an application form and any gaps in employment were checked and discussed. Information about staff's conduct in previous employment had been obtained. Disclosure and Barring Service (DBS) criminal records checks had

been completed. (The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services). Information about candidate's physical and mental health had been requested and checked. Other checks, including identity checks, had been completed.

Accidents and incidents were recorded, and appropriate action had been taken. Plans were in place to safely evacuate the building in the event of an emergency and personal emergency evacuation plans for each person were in place so that staff would be aware of peoples' individual needs in an emergency situation.

There were records to show that equipment and the premises received regular safety checks and servicing, such as checks of the hoists, boilers, electrical system and nurse call system. The registered manager also made checks of the service to identify and action repairs and maintenance.

Is the service effective?

Our findings

People told us the staff looked after them well and the staff knew what to do to make sure they got everything they needed. People and their relatives told us that they received good, effective care. They said that staff had the skills and knowledge to give them the care and support that they needed. Visiting professionals told us that staff contacted them promptly if there were any concerns and acted on their advice or changes to people's care and support.

Relatives told us that they thought the staff received the training they needed. They told us that communication with the staff was very good and they were kept up to date with their relative's changing needs.

People had a wide range of needs. Some people's conditions were more complex than others. There were shortfalls in staff training, in particular in training related to people's specific needs. Staff had not received the required training to provide them with the skills and knowledge they needed to look after people in the best way. The registered manager kept a training record which showed when training had been undertaken and what training needed to be completed. This included details of some courses related to directly to people's health and support needs like dementia and mental capacity and DoLs training. Some staff had not completed these training courses and were unable to explain the impact that these areas had on people. There was a risk that people could receive inconsistent care and support as staff did not have the knowledge, training and understanding in these areas. Staff training had fallen behind. The registered manager had recently changed training providers so that staff would receive more effective and meaningful training. However, staff had to be enrolled on a large number of courses which meant they had a lot of training to do. The registered manager was monitoring the training but was mindful of not overloading the staff with too much too quickly. Training shortfalls were going to be discussed with staff at their next one to one meetings in the New Year. Staff said that they did feel supported by the registered manager with their training and realised the shortfalls.

The registered person had not ensured that all staff were suitably qualified, competent skilled and experienced to work with people. This is a breach of Regulation 18 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had not had regular one to one meetings with the registered manager or senior member of staff. The last supervisions had taken place in August 2015. The next supervisions were not planned until January / February 2016. Supervisions had fallen behind at the beginning of 2014 and the registered manager had addressed this shortfall but had then fallen behind again. When supervision took place staff said it gave them the opportunity to talk about training, what issues impacted on their work and what support staff felt they needed. Staff did tell us that even though had not received regular supervisions they did feel supported by the registered manager and could go to them at any time.

Some staff told us that they had not had an appraisal and others told us they could not remember. There were no records available to show that staff had received an annual appraisal. Staff did not have the opportunity to privately discuss their performance and identify any further training or development they required. The performance of the staff was not being formally monitored according to the company's policies and procedures.

The staff had not received the supervision and appraisal they needed to fully support them to carry out the duties there were employed to perform. This was a breach of Regulation 18 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received an induction when they started work at the service to help them get to know people and understand their roles and responsibilities. The induction included looking at the systems and processes used at the service, so staff could familiarise themselves with the routines of the service. New staff worked along experienced staff to help them build relationships with people and get to know how they wanted to be supported. New staff had either completed or were working towards the Care Certificate (which is an identified set of standards that social care workers adhere to in their daily working life). A new member of staff told us that they felt they had been given the support they needed when they started work at the service.

Is the service effective?

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 to 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. There were five people who had a DoLS authorisation in place and the registered manager had made further applications to the supervisory body and was awaiting their decision. The conditions on authorisations to deprive a person of their liberty were being met. Authorisation had been sought from the local authority and the support plans clearly showed that the assessments and decisions had been made properly and plans were in place to support people in the least restrictive way. Staff told us that they supported people to make their decisions by giving them time to understand the situation.

Some staff were not aware of the relevant requirements of the Mental Capacity Act as they had not completed the training. However, all the staff we spoke with understood the importance of asking people for their consent before they provided care and support. 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. One staff member said, “We encourage people to make decisions on a daily basis. This helps them to be more independent”.

Some people did not have formal mental capacity assessments in place to determine whether they had the capacity or not to make decisions and give consent, but people’s mental capacity was considered throughout the planning of their care. The registered manager was aware that this was ongoing work and that more aspects of people’s care and support needed to be considered under the Mental Capacity Act. People’s consent to their care and treatment was discussed with them or with their next of kin or representative. The registered manager was aware of the

need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions the registered manager involved relatives, health professionals, advocates and social services representatives to make sure decisions were made in the person’s best interest. Some people lacked full capacity to make complex decisions about their care and were given the right support.

We recommend that the registered manager seeks advice and guidance from a reputable source, about the Mental Capacity Act 2005 and mental capacity assessments.

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 as 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. 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. Visiting professionals who visited the service on regular basis said that they were confident the staff would call them if there were any concerns and staff often contacted them for advice and support. They said the registered manager and deputy manager understood about people’s health needs.

People and their relatives said that the food at the service was good. One person told us, “The meals are superb, absolutely superb. They are always hot and I really enjoy them”.

Another person said, “Well there’s plenty for me. I have no complaints”. People told us there was a choice of food and drink. One person said, “If I don’t like what’s on the menu they will make something else for me”. The provider had recently purchased a trolley to keep all the food hot while people were served and supported with their meals. Staff were aware of what people liked and disliked and gave people the food they wanted to eat. Staff respected people’s choices about what they did eat. Each person was asked individually what meal they would like. The food was

Is the service effective?

fresh and appetising. It was served promptly with attention paid to the appearance of the food on the plate. People were not rushed and ate at their own pace. No-one had any complaints about the food.

The staff encouraged people to sit with others at meal times if they wanted to, so they could chat and socialise while eating, this also encouraged people to eat their meals. We did observe an incident at lunch time when people were not fully respected and their dignity was compromised. Some people had chosen to have their meals in the lounge and staff were supporting them to eat.

The house keeper started vacuuming the lounge area and was vacuuming around peoples' feet while they were eating their meal. We were told this was because the housekeepers were preparing for the Christmas party the following day and this was the only time they had to clean the lounge area. People and staff said that this did not happen regularly but it is an area for the registered manager to monitor and improve.

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.

Is the service caring?

Our findings

People said they were well cared for and this was confirmed by their relatives. People said, “The staff are exceptional. The girls always remember their manners. They are very polite and caring”. “They are all very friendly and it is not a forced friendliness, you can tell they mean it”. “I have decided that this will be my last home because I am very happy here”.

Relatives told us, “My relative is very happy and contented here. The staff really get to know people and how they liked to be looked after” and “They always let us know immediately if my relative is unwell or has had a fall”. One relative told us that they had a bad experience with another care service, but felt quite satisfied with this one so far. They said, “Aspen Lodge has met all my relative’s needs. ‘(My relative) had been in another service but they were not able to manage. Here the staff are brilliant. They have taken time to get to know my (relative). They speak to (my relative) properly. They listen to what (my relative) has to say and respect their wishes”.

Staff understood about the importance of treating people with dignity and respect. Staff said: “People can choose whether they want a male or female carer”. “When I ask people if they want to use the bathroom, I always ask quietly, because people don’t want everyone to know”. “Sometimes we have to use the hoist in the lounge and we have a privacy screen, so people’s dignity is respected”. “I will always knock on someone’s door and close the curtains when giving personal care”.

Staff and relatives told us that visitors were welcome at any time. 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. Staff had knowledge of people’s needs, likes and dislikes. People were called by their preferred names and the staff and people chatted together and with each other.

The staff treated people and visitors with respect and dignity. They were polite and courteous. They listened to what people said and asked and responded to their requests. When people did not want to do something the staff respected their wishes. One person did not want to eat their lunch time meal, the person was offered several other choices to try and persuade them to eat but they still

refused. Staff respected this but highlighted it as a concern and that the person’s diet needed to be monitored. They went back to the person later in the day and offered them something else to eat which they accepted.

Staff stopped to chat with people as they carried out their duties and they attended to people’s needs promptly. Every time they walked by people they spoke to them to see if they needed anything. Staff spoke with people quietly and sensitively. 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. 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.

People were supported to make choices. They told us that staff always offered them choices such as what they wanted to eat or wear. People chose where they wished to be in the service, either in their room or the communal lounges. People were also supported to go out into the garden when the weather was good. People could decide whether or not they wanted to participate in activities. Some people joined in and others preferred to watch. Some people preferred to stay in their bedrooms. People were encouraged to stay as independent as possible. Staff knew what people could do for themselves; what assistance was needed and how many staff should provide the support.

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 told us how they supported people to maintain their dignity, privacy and confidentiality. Staff knocked on people’s bedroom doors and waited for signs that they were welcome before entering people’s rooms. They

Is the service caring?

announced themselves when they walked in, and explained why they were there. People were clean and

smartly dressed and their personal hygiene and oral care needs were being met. People's nails were trimmed and gentlemen were neatly shaved. This helped to promote people's personal dignity.

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.

A relative said, “(My relative) lost some weight, but staff sorted it out and they have put weight back on. I am very happy with the care they get”.

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.

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 information and guidance in the plans varied. Some parts of the plans contained clear directions and guidance for staff on how to care and support people safely and effectively. The care plans gave the information on how people liked their personal care delivered and how to keep their skin healthy and the plans were being followed by the staff. We saw people sitting on special cushions and had special mattresses on their beds to protect their skin. However, other information in people’s care plans was not always clear, easy to follow or was missing. The care files contained a lot of information and were cumbersome. It was difficult to find information quickly and easily. Some people were identified as having behaviours that could be difficult to manage. The behaviours had been identified but there was no guidance in place on what staff had to do to manage behaviours consistently and safely. Other people were given medicines covertly, that is, hidden in food or drink. This decision had been made in accordance with the Mental Capacity Act and DoLS and the decision had been

made by the right people and in the person’s best interest. However, there was no guidance in people’s care plans on how staff were to administer the medicines covertly in a way that suited the person

Some people were at risk of losing weight and they had been seen by the dietician. Supplement drinks had been prescribed and the staff had been advised to monitor their fluid and dietary intake. Their care plan had not been updated to reflect this. The care plan did not identify how much fluid people should be aiming to drink daily. Staff were recording when the person had drinks but this was not added up at the end of each day to monitor if the person had enough drink. Staff also had not included the supplement drinks the person had been prescribed and given on the fluid intake chart.

A staff handover was completed at the beginning of each shift. The handover was detailed and thorough. There was a communications book which was used in conjunction with the handover. Staff said that they made notes in the book during each shift and that this made sure staff were aware of any changes in people’s health or support needs. The information about peoples’ changing needs was not always transferred their care plans.

The registered person had not ensured that care plans were regularly reviewed or updated. This is in breach of Regulation 9(1) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

One person told us, “Staff always come when I need them. They are very prompt”. Staff were responsive to people’s needs throughout the inspection and responded to people’s needs quickly. When people asked for anything from staff they responded as quickly as they could. People were not kept waiting when they asked for something. Staff responded to peoples’ changing needs, for example, if people were unwell they contacted the doctor. On the day of the inspection a district nurse requested a visit from the podiatrist for a person. Staff immediately contacted the podiatrist and they visited the person that afternoon to deal with the issue.

Staff spoke about respecting people’s rights and supporting people to maintain their independence and make choices. People were supported to keep occupied and there was a range of activities on offer to reduce the risk of social isolation. Staff were aware of the risks of social isolation and the importance of social contact and so

Is the service responsive?

encouraged people to be involved. When people were in their bedrooms, because of their health conditions or because it was their preference, staff regularly went in to check they were alright and chatted with them. On the day of the inspection people took part in arm chair exercises in the afternoon. People who wanted to joined in and enjoyed the activity while others preferred to sit and watch

Some people said, "I look forward to the social events and there are things to do. I enjoy reading and I always have plenty of books and newspapers". Other people said "The staff are very good but they don't always have time to sit and have a chat. They do when they can". One person told us, "I always have something to do. You can have a laugh with the staff, I like it here. I help the staff out by laying the tables".

Staff supported people to take part in some household activities such as laying the table and cleaning up after meals. People went to local day centre if they wanted to. There were visits from the clergy and members of the local church.

People's rooms were personalised and furnished with their own things. The rooms reflected people's personalities and individual tastes.

A system to receive, record and investigate complaints was in place so it that it would be easy to track complaints and resolutions. One person told us, "The staff listen to what I have to say. I would go to the registered manager if I was worried about anything, they would sort things out". The service had a written complaints procedure. The complaints procedure was on display on a wall in the dining area. The complaints procedure was not easily accessible for the people living at the service and was not written in a format that would make it easier for people to understand. The writing was very small and there was a lot of information. The registered manager told us she would address this. People and relatives told us that they did not have any concerns about the standards of care, and said they knew they could talk to the registered manager or any of the staff if they had any worries. The registered manager and staff were approachable and said they would definitely listen if people or their relatives had any concerns. People were confident that any concerns or complaints would be listened to and properly addressed.

Is the service well-led?

Our findings

The service had a registered manager who was supported by a deputy manager and care staff. People were able to approach the registered manager when they wanted to. Staff told us that the registered manager was available, accessible and they felt they could approach them if they had any concerns. Staff told us if they did have any concerns the registered manager acted quickly and effectively to deal with any issues. Staff said that they felt supported by the registered manager and said that on the whole the staff team worked well together. The registered manager demonstrated a good knowledge of people's needs.

The registered manager and deputy manager audited aspects of care both weekly and monthly such as medicines, care plans, health and safety, infection control, fire safety and equipment. People were at risk of receiving unsafe care and support because the audits had not identified the shortfalls that were found at the inspection. Audits had not identified that all the fire safety checks had not been completed at the required intervals. They had not identified that the water temperatures were higher than recommended and had not been carried out at the required intervals. Audits had not identified that care plans and risk assessments did not contain the information needed to make sure people received safe personalised care and support. The registered manager told us that the past year had been difficult but said that they were now working closely with the provider to introduce more effective and efficient systems that would identify shortfalls and drive improvements.

Accidents and incidents within the service were recorded by staff, and action was taken to ensure the wellbeing of each person. While each accident and incident was recorded, the registered manager had no system in place to audit incidents and accidents which would enable them to identify trends, patterns or concerns across the service to reduce the risk of further re-occurrence.

The registered person had failed to identify the shortfalls at the service through regular effective auditing. This was a breach of Regulation 17 (1) (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There had not been regular staff meetings at the service but staff felt their views were listened to and acted on. They

said that they had very detailed handovers at the end of each shift when staff could raise concerns and discuss any ideas. On occasions the registered manager had also sent staff memos to highlight any changes that were being implemented. For example, changes to people's care, changes to staff training and supporting new members of staff.

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. People told us that the registered manager was open and approachable. They demonstrated a good knowledge of the people they supported. Throughout the day people were able to chat to the registered manager and anyone else they wanted to talk to. A staff member said "You can approach the manager at any time". Staff knew and understood the culture of the service. Staff said, "It is like coming into your own home with a warm family atmosphere" and "This is a friendly home and very welcoming".

People had the opportunity to discuss any concerns, what was going well and what they would like to improve. People said that they felt listened to and their views were taken seriously. If any issues were identified they said these were dealt with quickly.

People, relatives, staff and visiting professionals had been sent a quality survey to feedback about the service being provided in 2014. Feedback had been positive and included comments like, "Cleanliness has improved", "Staff know clients well. They keep staff who know the clients". The registered manager had acted on individual suggestions to improve the service. They had not undertaken a full analysis of the results and informed people of the outcome and the actions they were going to take to improve the service. This was an area for improvement.

Staff were clear about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing structure ensured that staff knew who they were accountable to.

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 meant we could check that appropriate action had been taken.

Is the service well-led?

The registered manager was aware that they had to inform CQC of significant events in a timely way. We had received notifications from the home in the last 12 months. This was because important events that affected people had occurred at the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided in a safe way for people because the provider did not have sufficient guidance for staff to follow to show how risks to people were mitigated.</p> <p>The registered person had failed to make sure that all aspects of the premises were safe for people to use.</p> <p>This is a breach of Regulation 12 (2) (b) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>People were left at risk 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.</p> <p>The registered person had not taken all the necessary steps to make sure all staff were suitably qualified, competent skilled and experienced to work with people.</p> <p>The staff had not received the supervision and appraisal they needed to fully support them to carry out the duties there were employed to perform.</p> <p>This is a breach of regulation 18 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p>

This section is primarily information for the provider

Action we have told the provider to take

The registered person was not ensuring that person centred care and treatment was meeting the needs of people. The registered person had not ensured that care plans were regularly reviewed or updated.

This is in breach of Regulation 9(1) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Regulated activity

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had failed to identify the shortfalls at the service through regular effective auditing.

This is in breach of Regulation 17 (1) (2) (b)