

Aura Care Living LTD

Kings Lodge

Inspection report

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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

About the service

Kings Lodge is a residential care home providing personal care to 24 people aged 65 and over at the time of the inspection. The service can support up to 64 people. The home is one adapted building separated in to four different units. One of the units specialises in providing care for people living with dementia.

People's experience of using this service and what we found

In the previous inspection a breach was identified of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 in relation to consent. People had not been correctly assessed and relatives were consenting to restrictions on people without the appropriate legal authority paperwork being reviewed. This had now been addressed, and enough improvement had been made for the service to no longer be in breach of regulation 11.

Recommendations made following the previous inspection had been acted upon and addressed.

People told us that the staff made them feel safe and they treated them with kindness and respect. People were safeguarded from harm by suitably trained staff who were confident about their knowledge of safeguarding, knew how to identify different types of abuse, and how to report any incidents accordingly.

Any risks posed to people were assessed, monitored and minimised in a suitable way. Staff were trained and the registered manager followed safe recruitment processes. There were enough staff to meet people's needs.

People received their medicines when they needed them in a safe way. Medicines were managed in line with best guidance and competent staff knew their responsibilities in relation to their receipt, storage and management of all medicines. People also had access to healthcare professionals when required and referrals were made in a timely way.

People were supported to eat and drink enough to meet their needs and nutritional value. People were encouraged to enjoy food and options were given to people where possible. People took part in meaningful activities.

Care plans were person-centred and detailed how people liked to receive their care. This was also supported by interactions seen between staff and people. Staff were kind, considerate and treated people with respect and dignity and people were treated as equals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff took part in regular supervisions and appraisals so any issues could be addressed quickly. Staff were

also asked for feedback during regular staff meetings. People also had the opportunity to provide feedback through survey questionnaires and resident meetings held within the home.

The registered manager understood their legal responsibilities and had shared information with us and other key professionals when required to do so.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Requires Improvement (published 28 November 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of any regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Kings Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and a specialist nurse.

Service and service type

Kings Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the nominated individual, registered manager, deputy manager, senior care workers, care workers and maintenance staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to

the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and a business continuity plan.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we recommended that the provider and manager ensure staffing levels and deployment of staff remained under review and adjusted, based on people's needs, and as the number of people living in the home increases.

At this inspection we found that this had been addressed.

- People told us that there were enough staff to meet their needs. One person said, "There's always staff around, if I ever need anything there's always someone to help."
- During observations it was seen that there were enough staff to meet people's needs. Staff were seen to be calm and relaxed and told us that they thought there were enough staff employed at Kings Lodge at any one time. One staff member said, "If anyone was off sick or last minute holiday the shift would be covered. We are never rushed or it never seems that we're understaffed."
- The registered manager followed a safe recruitment process to ensure new staff members were suitable to support the people living at Kings Lodge. This included reference checks with previous employers, interview, checks with the Disclosure and Barring Service (DBS). These checks confirmed whether the potential staff member was known to the Police and had been arrested or received a caution in the past.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Kings Lodge. Quotes included, "I feel completely safe here, it's secure and I know the staff are good at keeping us all safe." "It's so safe here, I've never worried about my safety ever."
- People were kept safe from avoidable harm and the risk of abuse. Staff were trained in safeguarding and told us they felt confident about identifying and reporting a safeguarding. Staff had a good understanding of identifying the different types of abuse and how to report them.
- The provider had a safeguarding policy and records showed that any safeguarding concerns were investigated thoroughly through the correct processes.

Assessing risk, safety monitoring and management

- Risk assessments in care plans were thorough and specific to each person's individual risks. These assessments identified risks and advised staff on how to minimise these risks. For example, one person who was at risk of falls as he had reduced mobility and required support from staff with moving around the home had a risk assessment for falls in place, as well as manual handling and a mobility care plan.
- Staff were seen to be attentive throughout the day supporting people with a range of needs. Examples of this were staff ensuring people at risk of pressure sores were comfortable on their pressure relieving

cushions, and people with mobility issues were supported correctly to transfer from chairs to walking aids.

- There were regular reviews to ensure any change in need was documented and correctly recorded in care plans. This enabled all staff to be aware of a person's complete up to date support and care needs.
- People had personal emergency evacuation plans (PEEP) in place which set out the support they would require if they needed to be evacuated from the building. This helped to minimise risks to people in an emergency, such as a fire.
- There were maintenance staff who were responsible for ensuring people's safety in relation to carrying out checks on health and safety equipment. An example of this was regular testing of emergency exit lighting and the fire detection system to ensure no faults were present.

Using medicines safely

- People told us that they were supported with their medicines when they needed them. One person said, "The staff are very helpful when it comes to my medicines, they always make sure I don't forget."
- Staff had been trained to administer medicines and had regular competency checks that ensured they were administering medicines in the appropriate way.
- Medicines were received, stored, managed and administered safely in line with best guidance. There were regular medicines audits to ensure any errors were quickly identified.
- Detailed guidance was in place to support staff when giving medicines prescribed on an "as and when required" basis (PRN).
- Medicine Administration Records (MAR) were completed thoroughly and accurately with no gaps identified. This showed people received their medicines as prescribed.

Preventing and controlling infection

- People were kept safe from the spread of infection. The home was clean and regular domestic staff were employed to work every day at Kings Lodge to ensure the home was kept clean to help reduce the spread of infection.
- Staff showed good knowledge in protecting people from the spread of infection and regularly used their personal protective equipment (PPE), such as disposable gloves, when handling food or supporting people with personal care.
- There was an infection control policy in place and staff received regular infection control training to ensure people remained at the lowest risk of spread of infection as possible.

Learning lessons when things go wrong

- The registered manager analysed accidents and incidents to ensure any preventative measures could be identified and put in place where possible. An example of this was looking for trends and patterns and identifying people that may need additional falls risk assessments.
- The registered manager acknowledged that before the new management team had come to the home some records were not of a good standard. They had implemented new ways of recording and shared this knowledge with staff to have a more efficient record for priority files. For example, all historic safeguarding records were being looked at retrospectively to see if any additional learning could have been gained, and this was then being shared with staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Information. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At the last inspection consent to care forms were signed by relatives with no mental capacity assessments completed and no evidence that the relative held the legal powers to consent on the person's behalf. This constituted a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 was identified.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care files now contained all relevant MCA and best interest decisions around all individual restrictions and proof of relatives legal powers were also documented in care plans.
- People told us staff always asked for their consent and their permission. One person said, "The staff are very good, they're very good at always asking me if I'm happy with them to help me. For example with my bath or helping me get changed in the morning."
- We observed staff asking people for their consent before they provided any support. This included asking people if they needed any assistance with their meal at lunch or whether staff could support a person to the toilet.
- Staff showed good knowledge and understanding of the MCA and the need to ask for consent. Staff confirmed they had received training in relation to MCA.

Adapting service, design, decoration to meet people's needs

At our last inspection we recommended that the provider and manager ensures that the environment and furniture is made as accessible as possible and meets the needs of the older people who will live there.

At this inspection we found that this had been addressed.

- Since the last inspection we found that the wing for people living with dementia had been moved to the first floor from the ground floor. It was explained that this was to ensure they had enough facilities to fully meet the needs of the people living with dementia, it was then established that since the last inspection the wing had been completely designed and decorated to meet people's needs.
- The area for people living with dementia had been completely re-decorated to be interactive for the people that lived there. The corridor was designed like a street and all of the bedroom doors were designed as a front door of a house, this was to assist people to orientate them to their room. There was a library room which had an interactive table for people with extra sensory needs to benefit. There was also a sensory room and memory boxes so people living with dementia had lots of choices to interact with. We saw people interacting with these during the inspection.
- Throughout the building there were several quiet seating areas and lounge areas. This gave people the opportunity to be as involved as they wanted to be with activities. Some people were seen to rest in quiet areas with books, or chatting one to one with staff. Others were seen sitting in lounge areas watching television or listening to music and socialising with other people that lived in the home.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection we recommended that the provider deployed the kitchen staff to serve people their food quicker and get direct feedback about their food.

At this inspection we found that this had been addressed.

- People had access to enough food and drink to meet their nutritional needs. The home provided a varied menu and catered for people's individual preferences, likes and dislikes. For example, at core meal times there were different options if the main meal was not to people's preferences.
- People on specialist diets such as pureed diets were well catered for. Staff were seen to encourage people to eat and drink throughout the day. People that were nutritionally at risk were monitored through regular weight charts and food and fluid charts were kept when necessary.
- Meal times were made to be an enjoyable experience where staff would encourage people to socialise with other people that lived in the home and other members of staff. During lunchtime observations people were offered a range of different beverages and different choices of meals.
- People told us they enjoyed their mealtime experience. One person told us, "It's very social, it's enjoyable and makes you want to join in the dining room and not stay in your room. They always have my favourite glass of wine and I always get a choice of meal which means I eat more. It is good for my weight, as I was starting to lose weight before I moved in here, but now it's levelled out."

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

- Care plans recorded assessments that had been completed prior to people moving in to the home. This ensured that the home could meet all the care needs of the person.
- This initial assessment formed the basis of the person's care plan. This then gave staff guidance in how to meet everyone's individual support needs. When staff were asked about people's individual needs, the information documented in the care plans were corroborated by staff. This showed that staff had a good knowledge of the people living in the home and how they like to receive their care.

Staff support: induction, training, skills and experience

- People were supported by trained staff. Staff told us, "The training is good and regular, I always feel prepared for my role and if I wanted extra training I would just ask, and they would sort it."
- A training matrix was monitored by the registered manager to ensure all staff were up to date with training. This also identified if any member of staff was out of date or their training was about to expire the registered manager could follow up any training needs.
- Staff received regular supervision, where they could put forward ideas, share concerns or suggest training for themselves. One staff member told us, "The supervision is helpful as the management are really easy to speak to, they really make you feel that they want to help you to improve in every area."
- The registered manager had an induction programme in place that prepared new staff for their roles and familiarised them with the company policies. The induction process also included a period of time where new staff "shadowed" an experienced member of staff to ensure they felt comfortable with all of the tasks that their roles entailed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff understood people's health needs and knew how to access additional support if this was needed.
- Staff worked with other agencies to ensure the best outcomes for people they were supporting. Evidence was seen of staff following advice from other health professionals such as the Speech and Language Therapist (SALT) team.
- Staff supported people to be weighed monthly to analyse whether any extra attention was needed to their diet or lifestyle. People that had been identified as losing weight or underweight were weighed weekly and supported to eat more to stabilise their weight.
- Records of professional healthcare visits or appointments were recorded in detail in people's care plans. And people's changing needs were communicated to their relatives.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff. People told us, "Oh, they're all lovely, they're a great bunch, not one bad apple. They really treat me like family." Staff that were spoken with referred to the people they support as "a second family" and genuine caring exchanges were seen between staff and people.
- Staff had received training in equality and diversity and staff told us how important this was. One staff member said, "It's all about treating people exactly how you would like to be treated or how you would like your family member treated. We're all equal here, and that's what makes this place a great place to work. All the staff feel the same."
- Staff were seen throughout the day to speak to people in a caring manner. Staff were seen to hold people's hands and move to people's eye levels to speak with them.
- Staff communicated effectively with people, it was evident that staff understood people's communication needs well and ensured that they had understood people correctly.

Supporting people to express their views and be involved in making decisions about their care

- People were involved with the planning of the care. This was shown through documentation in care plans and people confirmed that this was the case. One person said, "I was very involved in the beginning to make sure they knew exactly what I wanted and how I wanted their help. They involve me with all the reviews, and they always listen to any of my suggestions or if I want any changes. It will be changed straight away for me."
- Where people were unable to express their views, relatives and advocates were involved to ensure the person's views were as best represented as possible.
- There was a person who lived in the home that had been elected as the resident's representative. This was a way for people that may not be confident to speak to staff or communicate via a feedback form to put their views across.

Respecting and promoting people's privacy, dignity and independence

- Staff showed respect for people's privacy by always knocking on people's doors. One member of staff was seen sitting in the corridor outside of the bathroom. She said "I'm just giving [person] some time to himself in the bath to relax and enjoy." A few minutes later the staff member ensured the person was comfortable, reassured them they were still in the corridor when they were ready for support and seen to continue to wait in the seating area.
- Staff were seen to encourage independence throughout the day continually asking people to make decisions to meet their preferences. Examples of this, were staff asked people where they wanted to sit,

whether they wanted to join in activities and how they wanted to spend their day.

- If people wished to speak with us, staff respected people's right to speak with us privately.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Since the last inspection improvements had been made to detailed life stories for people living with dementia and an activities co-ordinator had been recruited and there were now a range of activities for people to access.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person-centred and contained thorough, meaningful details about people and how they wanted to be supported.
- Care plans were detailed with people's likes, dislikes and preferences. Staff showed that they were knowledgeable in these likes and dislikes through exchanges seen throughout the day. One staff member had removed particular food from someone's plate as they knew they did not like it, another staff member knew a person's favourite drink to have with dinner so offered the person this and another staff member was seen to chat with a person in detail about things that were important to them.
- People's care plans clearly explained how they liked to receive their care and advice for staff on how to support them. People's care plans also detailed their strengths and areas of independence. For example, where people could complete elements of their personal care independently, this was clearly recorded in their care plan.
- The service regularly reviewed care plans to ensure all information was accurate and up to date. This ensured any changing needs were captured to ensure the care provided to the person was always meeting their needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People with communication challenges were supported in a respectful, kind way. The registered manager confirmed that the chef is currently in the process of taking photographs of all meals to comprise a pictorial menu. People currently have the option of large print menus or show plates dependent on the person's communication needs. The registered manager also confirmed that other relevant paperwork was also available in large print.
- People's care plans had detailed records of what their individual communication needs were. Staff showed good knowledge in people's individual communication needs. One staff said "It's just about going through the care plan and really spending time with the people with higher communication needs to really

understand their individual way of communicating. What expression they make when they're happy, when they're fed up."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us that they enjoyed the activities at the home. One person said, "Sometimes we go out, sometimes there's music, sometimes there's exercise, there's always something going on, you can be involved as you want to be."
- Kings Lodge employed an activities co-ordinator that organised a range of activities to meet the hobbies and interests of the people living in the home. On the day of inspection three separate group activities of a quiz and music sessions were seen to happen in the home, with varied attendance.
- People that did not want to join activities were seen to receive regular one to one support to ensure they were comfortable and happy.
- Staff encouraged people to maintain relationships with relatives and close friends. One relative said, "The staff are so lovely, always smiling when I come in, they always make me feel welcome, even when I come really early in the morning or late at night, they're always offering me cups of tea. It's a really nice atmosphere."

Improving care quality in response to complaints or concerns

- People told us that they had confidence to raise a concern if they had any problems. One person said, "I know all the staff would sort any problems straight away, I have no doubt in that."
- There was a complaints policy and procedure at the home that had a clear investigative procedure. Where any learning that could be gained from any complaints was documented and shared with staff. The process also showed how the home strived for the best outcome for the person concerned.

End of life care and support

- Although the home was not supporting anybody with end of life care, there were clear details in care plans of people's wishes and preferences if they entered this stage of their life.
- The registered manager and staff showed good knowledge as to their responsibility to work closely with hospices and health professionals to ensure the best result for the person if they entered this stage of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Since the last inspection a registered manager had been successfully recruited in to the post, improvements had been made to communication and gaining feedback from people and relatives, resident meetings had been arranged and were being documented. Feedback received from people was now being acted upon.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us that they enjoyed living at Kings Lodge and enjoyed how staff knew so much about them. One person said, "It's the personal touches that I like, the staff really care about learning about your life and chatting to you about it."
- Staff morale was high which created a happy atmosphere for people to live in. During the inspection we heard laughter and jovial exchanges between the management, staff and people that lived in the home.
- The registered manager and the deputy manager were visible in the home and responded to people's day to day issues. People appeared to know the registered manager well. One person said, "She [registered manager] is lovely. Always around chatting to people, she gets things done."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The management team and staff had a good understanding of the duty of candour requirements. Staff told us, "It's about being open, honest and apologising when we are at fault."
- There were systems in place to monitor standards and address any shortfalls. In addition to formal audits the management team spent time with people seeking their views and observing care. Examples of this were seen through small changes made as a response, such as a different activity introduced.
- The registered manager and the provider continually reviewed quality assurance audits to ensure they were effective. They used these to identify any improvements they could make to the care provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and the provider were clear on their responsibilities to ensure the service provided to people met their needs, however, also met the legal and regulatory requirements.
- The registered manager understood their responsibility to notify CQC and other authorities of specific events and incidents, this was confirmed by the correct notifications that had been received by us.
- The registered manager shared best practise with staff regularly so they were aware of their responsibilities within their roles. This was done through various means, including "message of the month"

that was distributed with pay slips.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were resident meetings where people could voice concerns or ideas about things such as activities, new meals on the menu and improvements to be made to the home. Actions were set as a result of the meetings and results provided at the following meeting to show what changes had been made as a result. An example of this was shown with an increase of one to one activities following suggestions made.
- There were feedback questionnaires that were sent out to people and relatives so people could be involved with changes and improvements in the home.
- Regular staff meetings were organised where minutes were taken that showed the registered manager thanking staff for efforts, recognising good work and sharing best practice guidance

Working in partnership with others

- The registered manager and staff worked well with health and social care professionals where necessary to ensure the best outcome for the people living at Kings Lodge. An example of this was documented contact with the Speech And Language Therapist (SALT) team who worked closely with the home to offer guidance and support to a person who had to have a pureed diet introduced.