Orchid Care Homes Limited

Aisling Lodge

Inspection report

27 Church Street
St Neots
Cambridgeshire
PE19 2 BU
Tel: 01480 476789
Website: www.aislinglodge.co.uk

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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?	Good
Is the service well-led?	Requires Improvement

Overall summary

Aisling Lodge is registered to provide accommodation and care, without nursing, for up to 22 older people. The home is a converted vicarage and accommodation is offered on two floors. There are three lounge/dining rooms on the ground floor as well as some bedrooms. There is a passenger lift for access to bedrooms at the rear of the property and a stair lift for access to bedrooms at the front. There are three double bedrooms and 16 single rooms. Outside, a large walled garden provides a secluded and sheltered area for people to sit and walk in.

This inspection took place on 14 January 2015 and was unannounced. There were 17 people in residence.

The last inspection of this service was on 11 and 12 June 2014. The provider was meeting five of the seven regulations we inspected. At that time the provider was failing to ensure that people were cared for in a clean, hygienic environment and did not have an effective system in place to assess and monitor the quality of the service that people received. The provider sent us an action plan and told us that they would be compliant

Summary of findings

with all the regulations by 12 September 2014. During this inspection on 14 January 2015 we found that the provider was still failing to fully meet the requirements of these two regulations.

At the time of the inspection on 14 January 2015 there was a registered manager in place. 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.

Although people told us they felt safe at this home the standards of cleanliness and hygiene were not good enough to protect people from the risk of infection. Some parts of the accommodation and some items of furniture were not clean and there was an unpleasant odour in several areas. The system to audit the quality of the service had not identified the issues we found. This meant the quality monitoring process was not effective as it had not ensured that people received safe care to meet their needs.

Staff had been recruited safely, had undertaken a range of training topics to equip them to do their job well and were aware of their responsibility to protect people from harm or abuse. They told us they would be confident to report any concerns to senior staff. People were given their medicines safely and as prescribed by their GP and any potential risks to people were recorded and managed so that the risks were minimised.

The CQC monitors the operation of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS), which apply to care services. We found that the registered manager was knowledgeable about this legislation and guidance and demonstrated that people's capacity to make decisions for themselves had been assessed. However, not all staff had undertaken training in this area and some staff were not knowledgeable. This meant there was a risk that the rights of people not able to make their own decisions about aspects of their care were not protected.

People told us they were treated well by the staff team and there were good relationships between staff and the people living at the home. Staff showed they cared about the people they were looking after. Staff respected people's privacy and dignity at all times and encouraged people to be as independent as possible.

Care records contained detailed information for staff so that people received the care and support they needed, in the way they preferred. People told us they had never had to make a complaint but they would be happy to speak with the staff if anything was wrong.

People were given sufficient amounts of food and drink and were supported to make choices about their daily lives. Healthcare professionals visited people at the home, which meant that people were supported to maintain as good a level of health as possible. Activities and entertainment were provided.

Staff told us they felt well supported by the registered manager and received regular supervision and appraisal. People had been given the opportunity to complete a questionnaire and comment on the quality of the service.

We found a number of breaches of the Health and Social Care Act 2008(Regulated Activities) Regulations 2010 which correspond to breaches of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the 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?

Requires Improvement

The service was not always safe.

Not all areas of the home were cleaned to a hygienic standard, which meant that people who lived in the home were placed at risk of infection.

The provider had a recruitment process in place, which ensured as far as possible that only staff suitable to work in a care environment were employed. Staff had received training in a range of topics designed to equip them to do their job well.

Staff were knowledgeable about safeguarding people and demonstrated that they would recognise and respond to any signs of abuse.

Is the service effective?

Requires Improvement

The service was not always effective.

People were not always able to understand what staff were saying to them because some staff did not have a sufficient grasp of the English language. Records were not always written in a way that could be read or understood by other staff.

The registered manager had a clear understanding about protecting people's rights. However not all staff had received training and some staff did not understand the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This meant there was a risk that the rights of people who could not make their own decisions were not always protected.

People were offered sufficient amounts of food and drink and were supported to access health care professionals so that their health and well-being were monitored and maintained.

Is the service caring?

Good

The service was caring.

People told us that they were cared for by kind and caring staff who knew how to meet their needs. Staff were patient and discreet when providing care to people.

Staff respected people's privacy and dignity and encouraged people to retain their independence for as long as possible. Staff were knowledgeable about people's care and support needs.

Is the service responsive?

Good

The service was responsive.

Care plans gave staff detailed information on how to support people and keep them safe and the plans were reviewed and updated regularly.

Summary of findings

People were offered activities and entertainments.

People were comfortable with raising concerns with the staff if they needed to and were confident their concerns would be addressed.

Is the service well-led?

Requires Improvement

The service was not always well led.

There was a registered manager in place. People and staff were complimentary about the registered manager and staff told us she was supportive.

People and their relatives were given opportunities to air their views about the service.

The system in place for auditing and monitoring the quality of the service being provided was not effective as it had not always identified issues or ensured the issues were addressed.

Aisling Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was carried out on 14 January 2015 by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at information we held about the service and used this information as part of our inspection planning.

The information included notifications, which the provider had sent to us. Notifications are information on important events that happen in the home that the provider is required by law to notify us about.

We saw how the staff interacted with people who lived at Aisling Lodge. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with seven people who lived at Aisling Lodge and one relative contacted us after the inspection. We spoke with twelve care staff (some face to face and some over the telephone) and one housekeeper. We looked at four people's care records as well as other records relating to the management of the home, such as staff recruitment files; residents' meeting minutes; audits; and records relating to health and safety checks. We also spoke with the registered manager.

Requires Improvement

Is the service safe?

Our findings

Following our inspection in June 2014 we issued the provider with a compliance action because people were not cared for in a clean, hygienic environment. We found that there was an unpleasant odour in a number of areas of the home. The provider had sent us an action plan, detailing the actions they were taking to rectify the matter. They said they had changed the carpet shampoo and the air fresheners used; they would introduce an audit plan; complete staff observation and competency assessments; and they would focus on monitoring and auditing the systems and practices in the home. They stated they would be compliant by 29 August 2014. The registered manager told us that chairs were gradually being replaced and quotes had been obtained to replace some carpets.

During our inspection on 14 January 2015 we found that the provider had not made sufficient improvements and the actions they had taken had not been effective. We found that some areas of the home had an unpleasant odour. Most notably the entrance hall and ground floor corridor, an area of the corridor upstairs, two bedrooms and a bathroom. Some of the chairs in the hall and lounges were old and dirty and some of the over-chair tables had not been wiped clean. Some of the carpets were worn and stained. There were areas, particularly in the corridors, in one of the bathrooms and in the laundry, where a lack of maintenance was apparent. This meant that chipped paintwork, cracked flooring, holes in the plaster and a damaged bath panel, along with dust and cobwebs and a build-up of lime-scale in the bath, did not meet standards required to prevent the spread of infection.

These matters were a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 (2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All seven people we spoke with told us they felt safe living at Aisling Lodge. One person stated, “I feel safe living here. It’s the reassuring staff that makes me feel safe.” Another person said, “I feel safe living here, the building is secure and the staff make me feel safe.” We saw that staff spoke kindly and politely to people and treated them in a respectful manner.

People told us that staff were kind to them and had never raised their voices. One person said, “Staff have never shouted at me, or anyone else I’ve heard and they are gentle when supporting me.” During our discussions with staff, they demonstrated that they had a good understanding of safeguarding. They showed that they would recognise abuse and were aware of their responsibility to report any concerns they identified. They told us they had undertaken training in safeguarding adults and senior staff were clear about the external agencies they should report to, such as the local authority. One member of staff told us, “I have not seen any safeguarding concerns. I would report to the supervisor or manager.” We saw that contact details for the local authority safeguarding team were on a notice board in the office.

There were systems in place to reduce the risk of people being harmed. Care records for people who lived at the home showed that any potential risks to people, such as pressure areas, falls, mobility, nutrition and hydration had been assessed. Plans had been put in place so that staff had guidance on how to minimise the risks.

People we spoke with felt that there were enough staff on duty to meet their needs for personal care and that staff had the correct skills to care for them. One person said, “Staff are very good and there is always enough on duty.” Another person told us, “There seems to be enough staff on duty, there’s always someone around.” A third person reported, “Generally there are enough staff on duty and I feel they have the skills to care for me. My call bells are answered within reasonable times and I’m able to get up and go to bed when I want.”

Staff we spoke with had mixed views about whether there were enough staff. They used words such as ‘normally’, ‘generally’, ‘usually’ when we asked if there were enough staff. Two staff said that there were enough but a third staff member told us, “Sometimes we are short staffed but most of the time it is OK”, and another said, “There are not enough staff, it’s very busy all the time.”

The registered manager told us that they did not use a formal tool to assess people’s dependency. She said, “It’s a small home so we know what’s going on.” During the day, we saw that staff were very busy carrying out the tasks they were required to do. Nevertheless, people’s requests for

Requires Improvement

Is the service safe?

assistance were responded to promptly and people who needed it received assistance to eat their lunch. We judged there were enough staff to meet people's physical care and support needs.

We looked at three staff recruitment files and found that the provider had a robust process in place, which meant that all the required checks had been carried out before new staff started work. Staff we spoke with confirmed this. This meant that the provider had taken appropriate steps to ensure that only staff suitable to work in a care environment were employed.

We looked at the way medicines were managed. Medicines were stored securely in a locked cupboard and records showed that the temperature of the cupboard had remained within acceptable limits so that the medicines remained effective. Staff told us that only senior staff who had completed training in administering medicines were able to give people their medicines. Records showed that, following their training, staff were assessed frequently by the registered manager until she deemed them competent to give people their medicines safely. Staffs' competence to give medicines was re-assessed every six months. Records showed that staff had recorded medicines that were received into the home and those that were disposed of. They had also recorded when medicines had been given to people. This showed that people had been given their medicines safely and as they had been prescribed.

Requires Improvement

Is the service effective?

Our findings

People told us that they liked living at Aisling Lodge. One person said, "Living here is peaceful and relaxing for me" and another person said, "I'm quite comfortable here." People said they thought the staff had the correct skills to care for them.

Staff told us, and the registered manager confirmed that care staff had received an induction when they first started working at the home. They had also undertaken further training in a range of topics relevant to the work they were employed to do. Staff said that training courses were delivered as a mixture of computer-based courses and classroom-based courses. These included topics such as health and safety, safeguarding, moving and handling, food safety and first aid. Staff told us they were encouraged to undertake a recognised care qualification. This meant that staff had had the training they required to fulfil their roles.

Staff told us that they received regular supervision, when they were able to discuss their work and any issues they might have had, and they had an annual appraisal. Records we looked at confirmed this. The registered manager told us she judged whether staff were putting their training into practice during supervision and by watching them work. This meant that staff were supported and the effect of their training was monitored.

Not all staff had the skills to communicate effectively with people, due to their weak grasp of spoken English. We saw one care worker asking what people would like for their lunch. They did not use any communication aids, such as pictures or plates of food. We watched as people struggled to understand what the care worker was saying for the second choice. We saw three people ask them to repeat the word several times but they said they still did not understand. These people opted for the first choice because they recognised the word. The registered manager told us that several staff were attending English classes. However, we found it very difficult to understand two of the staff we spoke with and they were not able to understand nor answer some of our basic questions relating to their job. For example, one staff member was completely unable to answer any questions about safeguarding or consent. When we asked another care worker about the Mental Capacity Act and Deprivation of Liberty Safeguards, they told us they wanted training "in dementia".

Staff wrote daily notes to record how each person had spent their day. In some instances the notes gave a good picture of how each person had spent their day. However, we found several entries that were extremely difficult to read. This was because some members of staff had not written legibly or had not used understandable English. We asked the team leader and registered manager to decipher the notes for us and they also had difficulty. In one instance, none of us could work out what one sentence meant at all. This meant that there was a risk that important information about people might have been missed or misinterpreted by other staff.

We spoke with the registered manager about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). She told us that she and the senior staff had undertaken training relating to this legislation. The registered manager demonstrated a clear understanding of their responsibility to protect the rights of people who were not able to make their own decisions. She explained that it was recorded in each person's care plan whether people had been assessed as having the capacity to make specific decisions. The registered manager was also clear about, and quoted examples of, the involvement of advocacy services when needed. No applications for authorisations under DoLS had been made.

However, none of the seven care staff we spoke with and only two of the five senior staff were able to demonstrate any knowledge about the MCA or DoLS. The registered manager confirmed that training had not yet been made available to all staff. This meant that the rights of people who were not able to make their own decisions might not always have been protected.

People confirmed that there was always a choice of two main meals at lunchtime but they had mixed views about the quality of the food, describing it as "good", "good most of the time" and "reasonable". One person said, "I get enough to eat although the food is nothing special" and another person told us the food could be better. We saw that hot drinks were served during the morning and the afternoon and cold drinks were also offered. One person reported that staff would always make them a drink and a sandwich if they asked. The registered manager told us that people requiring special diets were catered for. Assessments of risk to people relating to their food and fluid intake were carried out. The registered manager

Requires Improvement

Is the service effective?

stated that food and fluid intake charts would be used if a person was assessed as being at risk of malnutrition or dehydration. This meant that people's nutrition and hydration needs were monitored.

The discussions we had with people, and the care records we looked at showed that people had access to a range of healthcare professionals when required. These included GPs, district nurses, opticians and community psychiatric nurses. One person told us, "The GP comes quickly when I need them" and another person said they were confident they could see an optician or dentist whenever they needed to. A relative told us, "The manager always errs on the side of caution and a GP is called without delay, which greatly sets my mind at rest". Care records showed that staff sought advice when it was needed and followed the advice they were given, such as nutritional advice from the dietician. This meant that people's health was monitored and people were supported to maintain their health.

Good

Is the service caring?

Our findings

All the people we spoke with made positive comments about the staff and told us that staff always treated them with respect. One person said, "The staff are very good, they will help me in any way they can." Other people described the staff as "gentle" and "kind" and several people said that staff were always polite. A relative described the care as "excellent" and said, "I want my [relative] to feel loved and the staff do that by way of a hug and kind words."

We saw that people had warm, friendly relationships with the staff and staff treated people in a kind and caring way. Staff spoke with people when they were assisting them to move, explaining what they were about to do and reassuring them. We saw that staff were very patient with one person who was nervous about using the stair lift. Staff spent a lot of time reassuring the person and making sure they were as comfortable as possible. A relative said, "I have never heard a member of staff be rude to a resident" and that they had "never witnessed poor care standards at Aisling Lodge."

During lunchtime we noted that the dining room and tables were attractively set out, the food looked appetising and there were warm, friendly interactions during the meal between people who were having their lunch and the staff supporting them.

Staff were proud of the work they did. One told us, "Staff care about the residents and do all they can. The care is second to none." Another said, "The care here is good" and several staff told us they would be happy for a relative to live at Aisling Lodge.

The registered manager was very knowledgeable about each person who lived at Aisling Lodge. She told us about people's preferences relating to where they liked to be at different times of the day and she knew all their medical and social needs. Staff too knew about people's individual needs and people confirmed this. One person said, "They [the staff] seem to know me quite well."

We saw that people were offered choices, such as what and where they wanted to eat and drink and whether they wanted assistance. Staff respected people's choices. Care records we looked at emphasised what people could do for themselves so that staff could support people to retain as much independence as possible.

People told us that staff respected their privacy and dignity. One person said, "They will always knock on my door before entering and always use my first name." The way staff behaved during the inspection confirmed this. We saw that staff supported people with their personal care needs in a discreet way and bedroom doors were kept closed when staff were assisting people with personal care.

The registered manager was knowledgeable about local advocacy services and was clear that people would be offered the support of an advocate should they want or need one. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

Good

Is the service responsive?

Our findings

People told us that staff knew their needs and provided care and support in the way the person wanted them to. One person said, “Staff are polite and seem to know my likes and dislikes” and another told us, “Staff care for me in the way that I want them to.”

Care plans we looked at were comprehensive and provided staff with detailed guidance about the care and support that each person wanted and the ways they preferred their care and support to be delivered. We saw that care plans were reviewed regularly and changes made when the person’s needs changed. We watched as staff assisted one person to move. This was done exactly as described in the care plan, with two care workers using the correct equipment and in the way the person found the most comfortable.

A relative told us that they liked the way all staff were “expected to integrate and provide them [people] with meaningful activities.” However, three out of the seven people we spoke with said that staff did not have time to spend with them. One person said, “It is rare that they spend time to chat with me.” Another person felt that staff could take a little time to sit and talk with them. A third person said, “Sometimes staff will have a chat with you if there is enough time between their duties.” Some of the staff told us they did not have enough time to spend with people. On the day of the inspection it was only much later in the day that we saw that staff found short periods of time to sit and talk with people. This meant that staff had little time to spend with people to provide companionship and stimulation.

On the day of the inspection we found that there was a lack of organised activity and people were not encouraged and supported to pursue their own hobbies and interests. We asked four people to tell us about what was provided for them to do during the day and all four said there was nothing other than watching television. One person said, “There could be more activities during the day. I just sit and watch TV all day.” Another person told us, “We sit and watch TV during the day, there are no activities for us to do.”

During the 40 minutes of our observation in one of the lounges, there was only one five minute period when staff were in the room. During this five minutes a member of staff asked each person what they wanted for lunch, another asked if people would like the television on or music and the registered manager asked if anyone would like a drink. One person who spent a lot of time in their room told us they liked to read but they did not have any books. We went to the home’s library and gave the person some of the books.

However, following the inspection the provider informed us that a wide range of activities was offered to people, including refilling bird feeders; baking; laundry folding; quizzes; knitting; reading newspapers; discussions about news/events/past lives; and accessing the community for shopping and walks to feed the ducks. There was a weekly chair-based exercise class; monthly church service; and a monthly sing-along session by a visiting entertainer. The provider also said that some activities were taking place on the day we inspected the home. These included hand massages, manicures and dancing.

The provider had a complaints policy and procedure, and people told us that they would be happy to talk to the staff if anything was wrong. They all said that they had never had to raise any concerns or complaints. One person told us, “I’ve never had to complain. Staff seem to understand my needs.” Another person said they felt confident that staff would help them if they had any concerns.

Requires Improvement

Is the service well-led?

Our findings

During our inspection in June 2014 we found that the provider did not have an effective system in place to regularly assess and monitor the quality of the service that people received. We made a compliance action and the provider sent us an action plan in which they stated they would achieve compliance with the regulation by 12 September 2014.

Our inspection on 14 January 2015 found that although some improvements had been made to monitor and audit the quality of the service, the system in place was still not effective. Regular audits of medicines were carried out and staffs' competence to give medicines was assessed. The registered manager said that wheelchair checks were done weekly and a monthly audit of cleanliness was in place. Following the inspection the provider told us that a health and safety audit and weekly checks of hoists, equipment and alarms were also carried out. However, the monthly audit of the cleanliness of the home had failed to identify the issues we found. There was no evidence that the provider carried out any regular audits of the service in order to support the registered manager and ensure they were doing their job properly.

These matters were a continued breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A relative made positive comments about the service their family member received at Aisling Lodge. They said, "I trust the manager implicitly to care for my [family member] and…I have never lost faith in the care they provide." They added, "I'm not saying that everything is perfect at Aisling Lodge….there is always room for improvement but from discussions I have had with the manager I know she is aware of where the improvements need to be made and is working towards them." We found that there was a positive culture in the home and that the registered manager was very approachable.

None of the people we spoke with could remember ever having been asked, either formally or informally about the quality of the service they were provided with. However, the registered manager showed us that in August 2014 people who lived at the home had been asked to complete a survey giving their views about the service. The responses had been collated into a report and an action plan put in place to, where possible, make improvements that had been suggested.

Staff told us that they were well supported by the registered manager and enjoyed working at Aisling Lodge. They said that team working was good. All except one of the staff we spoke with made positive comments about the registered manager and senior staff. Staff who had left had completed exit questionnaires and their responses indicated that they had left for a number of reasons but not because they were not happy at Aisling Lodge. One said it had been a pleasure working at this home, another said how helpful the registered manager had been and a third thanked the registered manager for their support.

Records we held about the service, records we looked at during our inspection and our discussions with the registered manager confirmed that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about.

The registered manager explained that she had a number of ways to ensure she was up to date with best practice. She regularly read information provided by the CQC on their website; she had subscriptions to a number of 'care' magazines; she attended 'provider meetings' arranged by the local authority whenever possible; and she undertook any relevant training.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control People were not cared for in a clean, hygienic environment. Regulation 12 (1), (2)(a) and (c)(i) and (ii) which corresponds to Regulation 12 (2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision The registered provider had not ensured that there were effective systems in place to monitor the quality of service provision. Regulation 10 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014