Orchid Care Homes Limited

Aisling Lodge

Inspection report

27 Church Street
St Neots
Cambridgeshire
PE19 2BU

Tel: 01480476789
Website: www.aislinglodge.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Aisling Lodge provides accommodation and personal care for up to 22 people, some of whom were living with dementia. The service is in a converted vicarage and accommodation is offered on two floors. There are three lounge / dining rooms on the ground floor. There is a passenger lift for access to rooms on both floors at the rear of the property and a stair lift for access to rooms at the front. Outside, a large walled garden provides secluded and sheltered areas for people to sit and walk in.

Our last inspection took place on 14 January 2015 and as a result of our findings we asked the provider to make improvements to the cleanliness of the home and quality monitoring systems. We received an action plan detailing how and when the required improvements would be made by.

This unannounced inspection took place on 5 May 2016. There were 16 people receiving care at that time.

We found that sufficient improvements had been made to ensure people were cared for in an hygienic environment. We also found quality monitoring systems had improved. However, we found that not all areas of the building had been sufficiently maintained to provide a safe environment.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were only employed after the provider had carried out comprehensive and satisfactory pre-employment checks. Staff were trained, and supported, by the registered manager. There were sufficient staff to meet people's assessed needs. Staff were aware of the procedures for reporting concerns and of how to protect people from harm.

People received their prescribed medicines appropriately and medicines were stored safely. People's health, care and nutritional needs were effectively met. People were provided with a balanced diet and staff were aware of people's dietary needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that there were formal systems in place to assess people's capacity for decision making. The registered manager had prioritised the applications that needed to be made to the authorising agencies for people who needed these safeguards and had an action plan in place for achieving this. Staff respected people choices and decisions. Staff had received training in the MCA and DoLS, but this knowledge needed embedding.

People received care and support from staff who were kind, caring and respectful to the people they were caring for. People had opportunities to comment on the service provided and people were involved in every

day decisions about their care.

Care records provided staff with sufficient guidance to provide consistent care to each person. Changes to people's care was kept under review to ensure the change was effective. There was a programme of events for people to join in with. However, there were missed opportunities for engagement.

The registered manager was supported by a staff team that included a deputy manager, team leaders, care workers, and ancillary staff. The service was well run and the registered manager was approachable. People and relatives were encouraged to provide feedback on the service in various ways both formally and informally. People's views were listened to and acted on. Concerns were investigated.

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 building had been sufficiently maintained to provide a safe environment.

People were cared for in a clean hygienic environment. There were systems in place to ensure people's safety was managed effectively. Staff were aware of the actions to take to report their concerns.

People were supported to manage their prescribed medicines safely.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient staff to ensure people's needs were met safely.

Is the service effective?

Good

The service was effective.

People received care from staff who were trained and supported.

People's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, they had been supported in the decision making process.

People's health and nutritional needs were effectively met and monitored.

Is the service caring?

Good

The service was caring.

People received care and support from staff who were kind, caring and respectful.

People were involved in every day decisions about their care.

Staff mostly treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's care records provided staff with sufficient guidance to ensure consistent care to each person.

A range of social activities and hobbies were available for people to access.
A complaints procedure was in place and people's concerns and complaints were responded to appropriately.

Is the service well-led?

Good

The service was well led.

The registered manager was experienced and staff were managed to provide people with safe and appropriate care.

People were encouraged to provide feedback on the service and their comments were listened to and acted on.

There were systems in place to continually monitor and improve the standard and quality of care that people received.

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 took place on 5 May 2016. It was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about.

We asked for feedback from the commissioners of people's care and Healthwatch Cambridge.

During our inspection we spoke with 11 people and one relative. We also spoke with the registered manager, the deputy manager, a team leader and three care workers. Throughout the inspection we observed how the staff interacted with people who used the service.

We looked at three people's care records, staff training records and other records relating to the management of the service. These included audits and meeting minutes.

Following our inspection we received feedback from three commissioners of the service. The registered manager also sent us additional information including minutes of staff meetings and photographs of decorative work that had been completed.

Requires Improvement

Is the service safe?

Our findings

At our inspections in June 2014 and May 2015 we found that people were not cared for in a clean, hygienic environment. This was a beach of the Regulation 12 (1), (2)(a) and (c)(i) and (ii) 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.

Following our inspection in May 2015 the provider sent us an action plan that detailed the improvements they planned to make. They told us these improvements would be made by 1 September 2015.

Following this inspection on 5 May 2016 we found that sufficient improvements had been made to ensure the home was clean and people were cared for in a hygienic environment.

People made positive comments about the home. One person told us, "I have a very pleasant room." Staff were familiar with procedures to keep the service clean and prevent infections. For example, staff told us about the cleaning schedules they followed, effective hand-washing and the use of protective clothing.

We found that daily cleaning schedules were in place that showed the home was regularly cleaned. Audits showed that the registered manager carried out 'spot checks' of the cleanliness of the home. Overall, we found the home was clean and smelled fresh. However, we noted that the registered manager continued to address a malodour in one person's bedroom.

Since our last inspection action had been taken to improve the environment people lived in. This included the replacement of all the armchairs and some of the flooring in some areas of the service. The new armchairs and flooring were much easier to keep clean. However, we noted that in two bedrooms further work had been undertaken, but not completed. This meant the these areas could not be effectively cleaned. Following our inspection the registered manager sent us evidence to show that this work had now been completed.

We found that not all areas of the building had been sufficiently maintained to provide a safe environment. We saw that in excess of 10 window frames, doors and door surrounds throughout the service were in poor condition where the wood had rotted. In some areas of the service we saw that gaps in the rotten wood, or between the wooden window frame and the window pane, were covered by tape. We saw that the provider had agreed for this work to be carried out, but arrangements had not been made for the work to be completed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People receiving the service said they felt safe using the service. One person told us, "I do feel safe and happy here." Another person said they felt safe because "[Staff] keep an eye on you in here."

We saw posters around the service explaining how people, relatives and staff could raise concerns. Staff told us they had received training to safeguard people from harm. They demonstrated that they had understood how to recognise, report and escalate any concerns to protect people from harm. Staff told us they felt confident that their manager's would act on any concerns they raised. This showed that staff understood the support people needed to keep them safe.

People's risks were assessed and measures were in place to minimise the risk of harm occurring. Risk assessments had been incorporated into people's care plans. These had been reviewed and updated. These included risks such as poor skin care, falls and poor nutrition. Appropriate measures were in place to guide staff on how to support people with these risks. For example guidance on safe techniques to assist people to move and ensuring people's foot wear was in good condition to reduce the risk of falls. Staff had also liaised with other professionals, for example the Assisted Technology Team, for advice and assistance in reducing risks people faced, such as falls. Staff were aware of people's risk assessments and the actions to be taken to ensure that the risks to people were minimised.

Staff considered ways of keeping the environment safe. For example, there was clear signage to warn people of hazards and precautions. For example, we saw signs about fire precautions and warning people to beware of slippery surfaces.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. Accidents and incidents were recorded and acted upon. For example where a person had fallen, the manager reviewed the accident report and put measures in place to reduce the risk of recurrence. This included reassessment of the person's needs and introducing bedsides to help the person remain safe when in bed.

Staff considered ways of planning for emergencies. Each person had a recently reviewed individual evacuation plan within their care plans. This helped to ensure that appropriate support would be given in the event of an emergency, such as a fire at the service.

Staff told us that the required checks were carried out before they started working with people. One staff member told us, "I wasn't allowed to start [work] until [my checks] were back." Staff described the checks to us as: written references, proof of identity as well as their employment history and a criminal records check. This showed that there was a system in place to make sure that staff were only employed once the provider was satisfied they were safe and suitable to work with people who used the service.

There were sufficient staff on duty to meet people's needs. One person told us that when they call for staff, a staff member responded, "pretty quick." Staff members also told us there were sufficient staff to meet people's needs. One staff member said there were enough staff so they could be "flexible about when people get up and go to bed."

The registered manager told us they did not use a formal recognised tool to assess people's dependency and the number of staff needed to care for them. She told us, that she and the deputy manager sometimes provided care and therefore continuously assessed how many staff were required to meet people's needs. The registered manager said that they occasionally used agency staff to cover staff annual leave or sickness, but that on these occasions the agency staff were usually familiar with people's needs. The registered manager told us the provider supported their decisions about when to change staffing levels if people's needs changed.

We saw that concerns were addressed and that the registered manager had used the staff disciplinary procedure appropriately when staff had not followed the provider's policies.

People were satisfied with the way staff supported them to take their prescribed medicines and said they received these in a timely manner. One person said, "Staff give [my tablets] to me in my hand and then I swallow them with water… [staff] wait until I swallow them."

We saw that people were safely supported with the administration of their medicines. There were appropriate systems in place to ensure people received their medicines safely. Staff told us that their competency for administering medicines was checked regularly. We found that medicines were stored securely and at the correct temperatures. Medicines were administered in line with the prescriber's instructions.

Appropriate arrangements were in place for the recording of medicines received and administered. Where people required topical creams to be applied, there were body maps to show exactly where staff should apply the individual creams. Guidance was also in place for staff to refer to where medicines were prescribed to be given 'when required'. Checks of medicines and the associated records were made to help identify and resolve any discrepancies promptly.

Good

Is the service effective?

Our findings

People told us they liked the staff who worked at the service and that their care needs were met. One person said, "They're good [staff] here."

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 found that the registered manager had a good understanding of the principles of the MCA. Staff had received training in, and were aware of, the MCA and DoLS. However, they needed to embed this knowledge.

Where people had been assessed as not having the mental capacity to make specific decisions, we saw that decisions were made in their best interest. Records showed that the views of appropriate people had been taken into consideration. This included people who knew the person well or the person's legal representative. We saw the registered manager had obtained copies of any legal representatives authorisation, such as power of attorney. This showed that consideration had been taken to ensure the service provided was in people's best interest and was provided in the least restrictive manner.

The registered manager told us she had prioritised making DoL applications to the local authority. We saw that one application had been made and the registered manager told us the remaining applications would be made in the next four weeks.

Staff told us they were trained in the subjects deemed mandatory by the provider such as assisting people to move, fire safety and safeguarding people from harm. Staff made positive comments about the training they had received. One staff member said about the training to assist people to move, "I didn't know how to use [any of the equipment. The training has meant] I'm confident to use equipment."
Another staff member told us the manager sources training when they need it. They told us, "We're always training… If you mention training [the registered manager] picks it up and it comes along."

Staff had also had the opportunity to receive training in other areas relevant to the needs of the people they were supporting. For example, some staff told us their training included dementia awareness. One staff member told us this was, "really good. I learnt about different parts of the brain and what happens with different forms of dementia. It gives you more understanding."

The registered manager supported people to access training that led to qualifications. We noted that 18 of

the 26 staff held or were working towards a health and social care qualification. For example, a National Vocational Qualification (NVQ) or a Qualifications and Credit Framework (QCF).

Staff members told us they felt well supported by the registered manager and received regular, formal supervision.

We found that people's nutritional and hydration needs were met. People told us they liked the food provided. One person said, "The food is very nice and we can pick what we like." Another person said, "The food is good."

People were offered a choice of what they would like to eat and drink in a way they could understand. Menus showed two choices available at mealtimes. In addition, we noted that some people requested and received meals which were not on the menu.

People were supported to have enough to eat and drink. In addition to meals, we saw that a range of drinks and snacks were available throughout the day and night. The registered manager said, "It's an unwritten rule here. If people are awake they can have drink or food anytime."

Staff offered people help with their meals and drinks, if they needed assistance. We saw that staff gave each person the time they needed to eat and drink, and did not try to rush them. There were good interactions between staff and people using the service at lunchtime. We saw staff reminded people what their meal was when they presented it to them and encouraged them to "enjoy" their meal. People could choose where they took their meals. One person told us, "I can stay in my room and have my meals in here, I rarely go downstairs. It's my choice." Another person told us, "[The] staff are lovely. I can have my breakfast [in the lounge] or in my room. [Staff] even take you into the garden to eat it if you like." Staff members knew peoples likes and dislikes and this was recorded in their care plans

People had access to health care professionals and were supported to manage and maintain their health. One person told us, "[Staff] are very good at calling a doctor or nurse, they call them straight away."

Records showed that people's weights and health conditions were monitored. We saw that staff referred people to their GP for onward referral to healthcare specialists where appropriate, for example to a dietician or community nurse. People told us and records also showed that people were supported to access a range of healthcare professionals such as opticians and chiropodists. This meant that people were supported to maintain good health and well-being.

Good

Is the service caring?

Our findings

People and their relatives were complimentary about the staff. One person said, "[The] staff are very caring. I like it here." Another person said, "[The staff] do look after you in here. They are very caring."

We saw the service had received several written compliments from people and their relatives over the past year. Typical comments thanked staff for "all your care and patience." Another person thanked staff for their, "care and kindness." A third thanked staff for their "dedication and good work." A person who had stayed at the service thanked staff for "caring for me so well."

All the staff we spoke with told us they would be happy with a family member being cared for by this service. One staff member told us this was, "Because [the service is] smaller you get to know each resident and their ways." Another staff member said, "I would recommend [the service]. It's more than basic care and go. We talk to them, have jokes, get to know them."

Throughout our inspection we saw staff interact with people in a kind and compassionate way. Staff called people by their preferred name and spoke in a calm and reassuring way. Staff took time to listen to what people had to say, and responded appropriately. One person became distressed and we saw staff reassure the person and gently steer them away from the cause of their distress. The staff member subtly changed the subject and encouraging them to focus on something else, only moving on when the person had calmed.

From people's reactions we could see that they had developed good relationships with staff. Staff members clearly knew people well. We saw they knew about people's interests and history and were able to engage people in conversations that interested them. One person had limited verbal communication, but staff were clearly able to understand what this person was telling them and were able to hold a lengthy conversation with them.

We saw examples of where people were treated with respect and dignity. For example, people looked well cared for: their clothes and glasses were clean, their hair was combed. We saw a staff member discreetly help a person to adjust their skirt when it became rucked up on the chair. However, we also saw examples when this was not case. For example, on two occasions during our inspection we saw staff take biscuits from a container using their bare hands and placed the biscuits on a table-top. The staff members did not offer the people a choice or offer a plate or napkin. One of the people didn't eat the biscuits. We also saw that there were no curtains at the windows in one person's bedroom. Staff told us that the person had repeatedly pulled the curtains down. This meant that there was no screening at the window and the person's dignity was not maintained when they were getting changed in the room. Following our inspection the registered manager sent us evidence to show that film had been attached to the lower portion of the windows to obscure people's view into the room and preserve the person's dignity.

People were consulted about their day to day lives and decisions. For example we saw a staff member come in from the garden with a person. They asked the people in the lounge if they would like the door left open

for a while. All except one person said they would. The staff member negotiated with this person to leave the door open for a while to see whether it was too cold and draughty or not. A commissioner of the service told us that the registered manager supported people with the decisions they made. For example, they told us that the registered manager had listened to a person who wanted to go back to their own home after staying at the service. They said the registered manager's "tenacity" had helped to make this happen.

People who required advocacy were supported in a way which best met their needs. For example, relatives and people who knew the person well were consulted about people's care. Information was available in the service if people wanted or needed more formal advocacy. 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

A commissioner of the service told us that staff identified and understood people's needs and met those needs in a person centred way. Another commissioner said that people were always well cared for at this service.

People's care needs were assessed prior to them moving to the service. This helped to ensure staff could meet people's needs. This included people's life history, preferences, support needs and their hobbies and interests. This assessment formed the basis of people's care plans which provided guidance for staff on how to meet people's needs consistently. For example, there were clear instructions as to how to care for a person who was at risk of developing pressure ulcers. This included information on the person's diet and how frequently they should be repositioned. We saw this care plan was being followed.

We found that staff were knowledgeable about people's needs and preferences. Staff told us that they were familiar with people's care plans and that these were updated regularly and when people's needs changed. Although we saw care plans were updated to reflect people's changing needs, these updates were not always signed or dated. This meant we could not tell who had authorised these changes and when they became effective.

Prior to our inspection the registered manager told us people were consulted about the activities and events that took place and minutes of meetings verified this. They said there were weekly chair based exercise sessions, a fortnightly visit from local churches, monthly musical entertainment and visits from Pets as Therapy (PAT) dogs. They told us that people were encouraged to be involved in activities of daily living such as laying tables and folding laundry. They also told us that staff involved people with activities such as manicures, craft activities and quizzes. The minutes of meetings also showed that people had the opportunity to take short trips out. For example to local churches or the pub. This was as well as occasional longer trips. For example to the seaside.

A commissioner of the service told us the service had a pleasant and homely feel and that they had seen lots of activities going on during their visits.

Some people told us they enjoyed some of the activities available. For example, one person said, "[Name] the keyboard player comes once a month. I really enjoy that. He makes my day." However other people told us they did not want to join in with anything. One person said they were, "Fed up… doing nothing all day."

During our inspection we did see some staff engage people in some meaningful activities. For example, the registered manager walked in the garden with two people and a staff member did some manicures. We saw some staff members respond to people's requests. For example, one person asked a staff member to dance and they obliged. The person looked delighted, smiling and laughing with the staff member. We saw other staff try to involve people in games such as dominoes and hula hoop, but people were not interested in these. However, we saw numerous missed opportunities for engagement and people spent long periods of time in lounges with the radio or television on. Neither of which engaged them, leaving people looking

around or dosing. The registered manager told us that staff may have been reluctant to engage people in activities during our visit in case they prevented people from speaking with us.

Information about how people could complain, make suggestions or raise concerns was available in the reception area of the service. Staff had a good working understanding of how to refer complaints to senior managers for them to address. We found that complaints were investigated and dealt with appropriately and thoroughly within the timescales stated in the complaints procedure.

Good

Is the service well-led?

Our findings

At our inspections in June 2014 and May 2015 we found that there were not effective procedures in place to monitor the quality of the service provision. This was a 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.

Following our inspection in May 2015 the provider sent us an action plan that detailed the improvements they planned to make. They told us these improvements would be made by 1 September 2015.

During this inspection on 5 May 2016 we found that sufficient improvements had been made to monitor the quality of the service.

The registered manager sought feedback from people in various ways. We saw feedback was also requested through surveys. We noted that people's views were listened to and action taken. For example, a relative had suggested staff wear name badges. We saw this had been introduced and staff were wearing these during our inspection.

We saw three meetings had been held for people using the service in the last year. People had the opportunity to discuss issues including activities, events and trips out. We saw suggestions had been made and followed up. For example, people had asked if children from a school could visit the service and sing. We saw this had happened over the Christmas period and minutes showed people had enjoyed this. The registered manager told us that they had tried hosting relatives meetings but that invitations had been declined.

The quality of people's care and the service provided had been monitored in various ways. The registered manager and deputy manager explained the importance of spending time with the people who receive the service and the staff who provided it, working alongside them providing care. They told us this helped them to ensure that staff were providing care to the expected standard.

The provider's representative visited the service regularly and spoke with people who received the service and the staff who provided it. They used this opportunity to gain their views and check the environment and audits met the required standards.

The registered manager carried out various audits to monitor the quality of the service provided. These included asking visitors their views of the service, monitoring of cleaning schedules and care records and visiting the service at different times of the day and night. We saw the registered manager had taken action to address concerns and bring about improvement. This included additional staff support and the use of the disciplinary procedure.

Regular audits of the environment had been carried out and showed improvements had been made. For example, the replacement of the flooring in some area of the home and the replacement of armchairs. We

noted that the provider had agreed to some work being carried out but that this was outstanding with no planned date for action. This work included the replacement of several window frames, doors and door surrounds throughout the home. We saw this work had become increasingly necessary and we noted that tape was being used to block some of the gaps where the wood work had rotted.

The service had a registered manager in place. The registered manager was supported by a staff team that included a deputy manager, team leaders, care workers and ancillary staff. Staff were clear about the reporting structure in the service. From discussion and observations we found the registered manager and staff had a good knowledge and understanding of the care needs and preferences of the people receiving this service.

People told us they knew who the registered manager was. A commissioner of the service told us, "I have always found [the registered manager] to be very approachable, and a manager who has her fingers on the pulse of the home. If I go to her for information regarding anyone placed in the home, she knows exactly who I am talking about, and can give me an up to date view of the situation."

All the staff we spoke with were familiar with the procedures available to report any concerns within the organisation. They all told us that they felt confident about reporting any concerns or poor practice to more senior staff including the registered manager. Staff all said that the manager was approachable. We saw the registered manager had held three staff meetings in the last year where various topics were discussed. These gave the registered manager and staff an opportunity to discuss various issues. These issues included health and safety and training.

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 CQC as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the registered manager had an understanding of their role and responsibilities.

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 RA Regulations 2014 Safe care and treatment Not all areas of the building had been sufficiently maintained to provide a safe environment. This was a breach of Regulation 12(2)(d)