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Aarandale Lodge

Inspection report

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Essex
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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

Aarandale Lodge is a residential care home for up to 20 older people, some of who live with dementia. There is a lift to bedrooms on the first floor and the communal rooms are situated on the ground floor. There is also safe access to communal garden areas.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good as Aarandale Lodge met all relevant fundamental standards of care.

The service was safe. Staff and management recognised serious safeguarding concerns and responded immediately and appropriately to keep people safe. People's individual needs were assessed, risks were identified and minimised with effective care plans in place. Robust recruitment procedures ensured staff suitability for their role and the home manager made certain that staffing levels were sufficient by monitoring people's dependency levels. Medicines were stored, administered and managed safely.

The service was effective. Staff had adequate training to ensure people were supported and their needs were effectively met. The home manager and staff understood how to support people to have maximum choice and control of their lives. People were supported in the least restrictive way possible; the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were adhered to. People's specific dietary requirements were provided effectively and health care professionals were liaised with in order to manage people's change in health needs.

The service was caring. Staff were friendly and kind towards people living in a homely environment. Staff understood people and their personal preferences. People told us they felt their privacy and dignity was respected. People's end of life wishes were acknowledged to support people and relatives effectively.

The service was responsive. Care and support was planned with the involvement of people and their relatives. People were provided activities that they could take part in as much or as little as they wanted to. Complaints procedures were in place and made readily available to people.

The service was well led. People's views of the quality of the service were encouraged by the home manager. Staff felt supported by the home manager to provide a good service to people and further develop their knowledge and skills. The home manager had a visible presence within the service and people, relatives and staff used the open door policy effectively.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Aarandale Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 was a comprehensive inspection which means we looked at all of the fundamental standards of care.

We inspected Aarandale Lodge on the 30 December 2016, 4 and 9 January 2017 and the inspection was unannounced. The inspection was undertaken by one inspector.

Before the inspection we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also focused our reviews on safeguarding concerns reported to CQC.

Several people were unable to communicate with us verbally to tell us about the quality of the service provided and how they were cared for by staff. Therefore we spoke with relatives of people who use the service as part of our ongoing inspection. We also 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 four people who used the service, five relatives, six members of care staff, a district nurse and the home manager.

We reviewed four people's care plans and care records. We looked at the service's staff support records for four members of staff to check whether they were recruited safely. We also looked at the service's arrangements for the management of medicines and the quality monitoring system and auditing of the service.

Is the service safe?

Our findings

At this inspection we found the same good level of awareness from staff with regard to safeguarding issues as at the previous inspection and the rating continues to be good.

During this inspection the home manager shared information with the CQC regarding a serious safeguarding concern that had been escalated by staff to management immediately. Appropriate authorities had been contacted in line with the service policy. The information shared with CQC indicated that risk was responded to and managed effectively. Relative's consistently told us they were confident people were safely cared for at Aarandale Lodge and one person told us, "Oh yes I feel safe here, they [staff] are careful to make sure everyone is ok." A relative told us, "I know [person's name] is safe living here, when I'm not here I know they will call me if I need to know anything."

Staff were recruited safely. Staff files we looked at contained adequate recruitment documentation. Relevant checks were carried out before a new member of staff started working at the service. Staff we spoke with told us they had interviews and were supplied with all the relevant documents before starting work at the service.

We found that appropriate arrangements were in place to manage risks to people's health and safety. People's care records contained individual risk assessments specific to their own needs. For example we saw that some people were assessed to require equipment when they were being supported to move. We saw one person's care records detailed exactly how to use the equipment ensuring that staff used equipment safely. We also observed staff working well together to move people safely.

The home manager carried out daily health and safety checks of the premises. Equipment had been regularly serviced and Aarandale Lodge was clean in appearance. One person told us, "The place is very clean. It smells fine and the standard is good."

The home manager reviewed and analysed people's dependency levels monthly, which were recorded in people's care plans. This frequent analysis ensured that there were enough staff on duty with relevant skills to support people safely. One person told us, "I fell over once and pushed my buzzer, I didn't have to wait long. There is always someone near to help you." We saw that people's requests were responded to promptly by staff.

Medicines were administered and managed safely. Medication risk assessments were person centred and detailed how people needed and preferred their medicines to be administered. Where needed management response to concerns was robust and appropriate. Only trained and competent staff administered medicines. Records showed that the deputy manager carried out monthly medication audits to ensure; safe storage, that people received their medicines correctly and that staff had received up to date current training.

Is the service effective?

Our findings

At this inspection we found that people felt well supported by staff who understood their needs, as we found at the last inspection. The rating continues to be Good.

People received effective care from skilled and knowledgeable staff. The home manager told us that staff completed an induction process during the first 12 weeks of employment. Staff told us this induction period gave them time to understand people's individual needs and how to fulfil them by completing training courses, shadowing experienced staff and reading people's care plans. We saw that staff had their knowledge refreshed regularly by completing update courses.

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. We saw staff repeatedly ask for consent before providing care. The home manager understood that people's choices must be respected and documented decisions that had been made in people's best interests when they lacked capacity. One member of staff was seen respecting a person's choice to refuse their medications. The member of staff told us how they managed the situation effectively which was also recorded in the persons care records.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people had been deprived of their liberty appropriate applications had been made to the 'Supervisory Body' for a DoLS authorisation.

People were supported to maintain a healthy balanced diet by eating and drinking enough. People told us the food was tasty and we saw people enjoying their mealtimes together. Drinks were offered to people throughout the day. One person told us, "The food is decent and you can eat it in your room or the dining room it's up to you." A relative told us how their family member was supported effectively with their specific dietary requirements.

People's health was monitored and health care professionals were contacted when necessary if any interventions were required. One person told us how the district nurse visited them in the home every day to monitor their health. Relative's told us they were contacted if their family member was seen by any health professionals. One relative told us, "They [staff] contacted me while the GP was visiting [person's name] so I spoke to the GP directly about what was going on."

Is the service caring?

Our findings

At this inspection people told us that the staff were kind and caring as they had been during our previous inspection. The rating continues to be Good.

People and relatives consistently told us that staff were caring. We saw that positive relationships had been formed between staff and the people living at the service. One person showed us a photograph of themselves with a member of staff who they had developed a fond relationship with. They told us, "I've been here for years now, they are all lovely here." People had also formed close friendships with each other. We saw people holding hands and talking kind-heartedly together.

Staff interacted with people kindly and with patience when waiting for responses. Relatives told us they felt Aarandale Lodge had a homely, family feel to it. Two relatives separately echoed each other when they told us of their comparable experiences with larger care homes and how they felt Aarandale Lodge was homelier because it was a smaller service.

Staff cared for people and respected each of them as individuals. People told us they felt respected living at the service. One person said, "I like to spend time in my own room, they respect my privacy. They know me well."

People and relatives were involved in decision making about their care and treatment. They were aware of their own care plans which detailed how people and where necessary, appropriate persons, had been consulted about their care. Each person's care records contained information about their individual life history which helped staff understand the person's individual views and needs regarding their cultural or religious traditions.

People were supported effectively at the end of their life. Staff had good relations with palliative care teams and had gained the relevant information required to support people's wishes and their relatives through the end of their life in a caring and respectful manner. One member of staff told us, "My end of life training was useful as it helped me understand people's different cultures and beliefs."

Is the service responsive?

Our findings

At this inspection people told us staff were responsive to their needs as they had been during the previous inspection. The rating continues to be Good.

The home manager met with people and other health professionals to plan and discuss people's transfer to the service and how the service would be able to meet their needs. People and their relatives were encouraged to spend time at the service before moving in, this would allow them to see if it was suitable and if they would like to live there. People's needs were discussed with them and a support plan was then put in place before they came to live at the service. One relative told us, "If [person's name] goes into hospital, [home manager's name] will visit them and carry out another assessment to make sure their needs can still be met when they return home."

People received personalised care. Staff understood people well and knew their likes and dislikes. One member of staff told us, "You must take time to understand each person's likes and dislikes so you can support them exactly how they want to be supported. I treat people like they are part of my own family." Another member of staff told us that some people were unable to communicate verbally but their needs were understood by staff through body language and facial expressions.

Staff consistently knew people's requirements to maintain good health. Staff told us how they responded appropriately to people's health needs, for example, making certain they received the correct dietary requirements and repositioning people at regular intervals to mitigate against pressure sores. People's care records reflected the information staff told us from memory demonstrating that staff knew people well.

People were encouraged by staff to engage in activities and maintain relationships. One person told us, "We have a music man come in a lot to play to us and today there was an exercise class." We saw 9 people join in a yoga class during the inspection. Another person told us, "I don't like to join in classes I like to watch television in my room." A relative told us, "There are activities available to people and they take part in things as much as they want to." One staff member explained how many people's preference was to chat and reminisce and they felt staff had enough time to be able to do that with people. Two relative's told us how they visited most days and were treated kindly. One told us, "As soon as you walk in the door they [staff] ask you if you want a cup of tea. I wouldn't want [relative's name] to go anywhere else."

People and relatives told us they didn't have any complaints but were confident any complaints would be taken seriously and resolved promptly. One person told us, "[Deputy manager's name] is fantastic; they have their finger on the pulse." The complaints policy and procedure was clearly displayed with the signing in book in the entrance to Aarandale Lodge. The home manager told us that no complaints had been received. This meant we were unable to assess the effectiveness of the complaints procedure at this time.

Is the service well-led?

Our findings

At this inspection people and staff reported to us that the service was well managed. The rating continues to be Good.

Since the last inspection there was a new home manager in post who had a view to become registered manager. 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. The home manager had a good understanding of their legal responsibilities and sent us statutory notifications about important events in the home.

The home manager promoted a positive, person centred culture. They spoke to us passionately about their objective to provide a caring home for people. They also told us how they had an open door policy and we saw how people felt comfortable approaching the home manager in person. During the inspection we also recognised that the home manager had created good relations with relatives of people who were contacted frequently to have open discussions about the care and support provided to people. The relative's we spoke with repeatedly told us how the home manager was approachable and were very happy with how the service was managed.

Good leadership was present in the service. The home manager told us how they were supported well by the provider which allowed them to manage effectively. Staff reported to us how the home manager listened to their reasonable requests and responded positively to them. One member of staff told us, "[Home manager's name] is firm and fair, very supportive too." Two members of staff also spoke of how their confidence had increased with the support and guidance of the home manager. One staff member told us how they now felt that they could advance with their qualifications as they felt more self-assured. Staff were supported through regular staff meetings, formal and informal supervisions.

The home manager had robust quality monitoring systems in place to ensure good quality care was being delivered. Weekly and monthly audits were undertaken and analysed to identify any trends where improvements could be made. Annual questionnaires were distributed yearly to people, relatives, health professionals and staff. The home manager told us how the feedback received allowed them to use people's views collaboratively in order to recognise areas for improvement. The feedback from people and relative's was constructive and we saw action plans created from the responses of questionnaire feedback. The home manager spoke of their future plans and involvement with a scheme to further promote the integration between the community and Aarandale Lodge.