

Aquarius Lodge

Aquarius Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

We inspected Aquarius Lodge on 04 and 05 December 2017 and the inspection was unannounced.

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

Aquarius Lodge provides accommodation and personal care for up to 17 older people, some of whom are living with dementia. The property is a three storey detached building and bedrooms are on all three floors. There are communal lounges and a dining room. At the time of the inspection there were 14 people living there.

At the last comprehensive inspection in April 2017 the overall rating for the service was Inadequate. Four breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014 were identified. The provider failed to mitigate risks to people and ensure that medicines were managed safely. They had not made sure that the premises were clean and suitable for the people who lived there. The provider had failed to carry out the relevant recruitment safety checks on staff. Records were not complete and accurate. The systems and processes used to improve the service were not effective.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, effective, caring, responsive and well-led to at least good.

At this inspection we found some improvements had been made and two breaches of Regulation had been met. There were still improvements to be made and embedded to ensure improvements were sustained. However, we found three continued breaches of Regulations.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

A registered manager worked at the service each day. 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.

Care was not consistently safe and staff did not always reduce risks to people by using the correct equipment to help keep them safe. Staff did not always record accurately and at the time it should be written.

Some improvements had been made to the environment. Air purification equipment had been purchased by the provider to eliminate offensive odours and help control infection. However, there were still areas of the service which smelled of urine. There was dementia friendly signage around the service. People had access to communal areas and the gardens.

The providers and registered manager completed checks and audits to make sure the service was providing safe and effective care.

Risks to people, including the risks of abuse and discrimination, were assessed, monitored and reviewed. Any accidents and incidents were analysed by the registered manager to make sure people were referred to the right health professionals if needed. Lessons were learnt when things went wrong and advice from health care professionals was acted on. People's medicines were stored, managed and disposed of safely. Staff understood their responsibilities in relation to hygiene and infection control, completed training about this and wore personal protective equipment, such as gloves and aprons.

People were supported by staff who had been recruited safely and there were enough staff on duty to keep people safe. Staff completed an induction and regular training to keep their skills and knowledge up to date. They met with senior staff on a one to one basis to discuss their performance and personal development.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's physical, mental, emotional and cultural needs were assessed and reviewed. They were encouraged to eat healthily and to drink plenty. Staff supported people to stay as healthy as possible and worked with health and social care professionals; following any advice they were given.

People were treated with kindness and compassion. Their privacy, dignity and independence were promoted and maintained. Staff treated people as equals with their own individuality and showed a concern for people's physical and emotional well-being. Records containing people's personal information were stored securely to protect their confidentiality.

People were supported to be as involved as possible with the planning and reviewing of their care. When this was not possible people's representatives were consulted to make sure care and support was provided in a way that suited the person best. People's needs and choices were assessed, monitored and reviewed regularly. People were encouraged to maintain relationships with those who were important to them. Their friends and family were able to visit when they chose and there were no restrictions on this.

People's care plan's detailed guidance for staff about people's preferences and gave information about their life history. Staff spoke with people and their representatives about their choices and preferences for their end of life care so their wishes could be respected.

Staff knew people well. People were supported to remain active and took part in activities both in the service and in the local community. People told us they would talk to staff if they were unhappy about anything. They and their relatives knew how to complain if they needed to. Staff understood how to deal with any concerns and were aware of the provider's whistle-blowing policy.

There was an inclusive culture which was promoted by the registered manager and staff. Staff told us they enjoyed working at Aquarius Lodge and were supported well by the registered manager. Their views, and those of people, relatives and health professionals were sought to make sure they were involved in making

improvements at the service.

The registered manager and staff worked with the local authority and health and social care professionals to ensure people's care and support needs were met.

All services that provide health and social care to people are required to inform CQC of events that happen, such as a serious accident, so CQC can check that appropriate action was taken to prevent people from harm. The registered manager notified CQC and the local authority in a timely manner.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the service. At the time of the inspection they did not have a website.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Staff did not consistently use the equipment people needed to keep them safe. Some areas of the service had strong odours of urine.

People were protected from the risks of infection, abuse and discrimination. Other risks to people were assessed, monitored and reviewed.

There were sufficient numbers of staff on duty who had been safely recruited.

People's medicines were managed safely and some people were supported to manage their own medicines.

Lessons were learnt when things went wrong and advice from health care professionals was acted on.

Requires Improvement ●

Is the service effective?

The service was effective.

People's needs and choices were assessed, monitored and reviewed regularly.

Staff completed training and met with senior staff to discuss their personal development.

People were supported to maintain a balanced diet and to eat and drink sufficient. They had access to health care professionals when needed. Staff worked with the local authority and multi-disciplinary teams to provide co-ordinated care.

There was dementia friendly signage around the service. People had access to communal areas and the gardens.

People were supported to make their own choices and decisions. Staff understood the Mental Capacity Act.

Good ●

Is the service caring?

The service was caring.

People were treated with kindness by staff who knew them well. They were supported to express their views and make decisions.

People's privacy and dignity were respected and promoted.

People were supported to remain as independent as possible.

Good 

Is the service responsive?

The service was responsive.

People and their representatives were involved in the planning of their care.

People were supported to keep occupied and follow their interests. An activities co-ordinator was employed at the service each day.

Complaints were recorded, investigated and responded to in line with the provider's policy.

People's preferences for their end of life care were discussed and recorded so their wishes could be respected.

Good 

Is the service well-led?

The service was not consistently well-led.

There were continued breaches of Regulations.

Records were not consistently accurate and contemporaneous.

Systems and checks were being completed and embedded to monitor the quality of the service.

Leadership of the service was visible. An open culture was promoted by the registered manager and staff.

Staff felt supported by the registered manager. They worked with health and social care professionals.

People, relatives, staff and health professionals were encouraged to provide feedback about the quality of service.

Requires Improvement 

Aquarius 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 inspection took place on 04 and 05 December 2017 and was unannounced. The inspection was carried out 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 in a care home setting.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by the Care Quality Commission. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We looked around all areas of the service and grounds. We met all the people living at the service and also spoke with two relatives. We spoke with five members of staff, the deputy manager and the registered manager. Some people were not able to explain their experiences of living at the service because of their health conditions so 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 observed how staff engaged and spoke with people. We looked at how people were supported with their daily routines and activities and assessed if people's needs were being met. We reviewed four care plans. We looked at a range of other records including three staff files, safety checks and records about how the quality of the service was managed.

We last inspected Aquarius Lodge in April 2017 when we identified a number of concerns.

Is the service safe?

Our findings

People told us they felt safe living at Aquarius Lodge and that they would speak with staff if they were worried about something. People were relaxed in the company of each other and staff.

At the last inspection in April 2016 the provider failed to do all that was reasonably possible to assess and mitigate risks to people's health, well-being and safety. There were no guidelines about how to manage people's behaviour if they became agitated. There was a lack of guidance for staff about how to move people safely. Risk assessments for people at risk of choking were not sufficiently detailed. We asked the provider to take action. At this inspection some improvements had been made however the breach of the Regulation remained.

Some people were at risk of falls. One person's care plan noted they were at risk of falling from bed and required staff to place a crash mat on the floor whilst they were in bed and carry out hourly checks. On 24 November 2017 this person had fallen from bed at 04:00am and sustained an injury. Staff had not followed the guidance in the person's care plan to make sure a crash mat was in place. Hourly checks, carried out by staff throughout the night, had not identified that the correct equipment was not in place.

Staff had checked the person for injuries, however, said they did not notice the person had grazed their head. Staff did not follow the provider's processes to contact health professionals until the following morning when staff arranged for the person to be checked by paramedics.

Following the incident the registered manager reviewed all the documentation. They identified that the incident had not been recorded accurately or in a timely way. For example, the record from the night shift noted the person had slept well and did not mention the fall.

The registered manager met with staff to ensure they all understood the process to follow if a person had a fall. The process for night checks was updated to make sure specialist equipment people needed was in place and to reduce the risk of this happening again. Additional training and mentoring was put in place for the staff involved and competency checks of the staff were in progress.

The provider failed to ensure care was provided in a safe way and do all that was practicable to mitigate risks. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Some people showed behaviours which may challenge. There was now guidance for staff about what the potential triggers may be for someone's anxiety and behaviour and how to de-escalate and reassure the person. Staff knew people well and spoke with and supported them in a caring manner. Staff took time to support people when they became agitated and reassured them.

Staff supported some people to move safely. Risk assessments detailed guidance on how to support people to move and what equipment people needed. Staff supported people to move around the service and

made sure they had the specialist equipment they needed, such as a walking frame, to hand.

When people were at risk of choking there was guidance, which staff followed, to support people with their eating and drinking. For example, some people needed staff to cut their food into small pieces or for their meals to be pureed. People were supported to sip their drinks in between having mouthfuls of food to aid their swallowing. There was information in people's care plans which explained to staff what they should do if a person began to choke. For example, encourage the person to cough to clear the blockage or give five sharp blows between the shoulder blades. Staff told us what they would do if a person began to choke and all said they would call 999 if they were unable to clear the blockage quickly.

When people were at risk of developing pressure sores they had special equipment to help relieve pressure and protect their skin, such as pressure cushions and air flow mattresses. Staff checked the mattresses to make sure they were on the correct setting according to the person's weight. The registered manager and staff liaised with the local community nursing team to gain support and advice about keeping people's skin healthy and followed any advice given. When people needed prescribed creams to help keep their skin healthy there was guidance for staff about how much cream to use and a map of the body to show where the cream needed to be applied. This helped to make sure people's creams were applied consistently.

At the previous inspection there were areas of the service which were unsafe, for example the laundry room and the garden. The call bell system was not working properly. Areas of the service were in need of repair and redecoration. We asked the provider to take action. Improvements had been made, however there were still shortfalls.

Air purification equipment had been purchased by the provider to eliminate offensive odours and help control infection. However, there were still areas of the service which smelled of urine. We identified two rooms which had strong, unpleasant odours and discussed this with the registered manager. On the second day of the inspection contractors arrived to measure these two rooms to have the flooring replaced.

Some areas of the service had been redecorated. For example, the lower ground floor rooms. Work had begun on decorating the ground floor. Further work had been planned with timescales up until April 2018. There were plans to refurbish the kitchen and replace the worktops and cupboards; however there were no timescales for this to be completed.

The provider failed to ensure the service was clean and smelled fresh. This is a continued breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Broken tiles and unsealed worktops in the laundry areas had been replaced and were now able to be cleaned thoroughly. The laundry was well organised and split into two areas, one for wet laundry and one for dry.

New lighting had been installed in the service. The front door had been replaced and the registered manager told us they were waiting for their 'Aquarius Lodge' sign to be replaced outside. A stair-lift to the garden had been fitted to provide additional support for people who had compromised mobility. The garden had been cleared and new furniture purchased. People and their relatives told us they had spent time, during the nice weather, enjoying the garden.

A new call bell system had been installed in each person's room and in communal areas. A display panel was mounted on the wall in the hallway and staff checked this to see whose call bell was ringing. Staff answered the call bells in good time. One person told us, "I have used the call bell twice and got a sharpest

response".

People were supported by enough skilled and knowledgeable staff to keep them safe. The registered manager used a dependency tool to decide the numbers of staff on duty needed to meet people's needs and keep them safe. During the day there were enough staff on duty. However, at night there were two staff were on duty. Staff told us that they were not confident about night staffing arrangements as each staff took a three hour 'unpaid rest break'. They told us that, although the second member of staff remained on-call in the building, it meant that only one staff was responsible for people. During the inspection the registered manager gave their assurance that two experienced staff would be on duty at night and would no longer take a three hour break. They stated the breaks would consist of one half hour and two 15 minute breaks.

At the previous inspection staff had not been recruited safely. We asked the provider to take action. At this inspection improvements had been made and the breach in Regulation had been met.

People were now supported by staff who had been safely recruited. We reviewed three staff files. Each one contained an application form which had information about people's employment history. References were requested before new staff began working at the service and these were verified by the registered manager. Criminal record checks with the Disclosure and Barring Service (DBS) were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. Staff told us they attended an interview and that they were asked questions which were relevant to their role, such as understanding abuse and the principles of infection control. They said that checks were carried out before they started working at the service. When needed, staff files contained evidence to show the person's right to work in the UK. Each staff file contained proof of people's identity, such as a copy of a passport or driving licence, and proof of their address, for example utility bills.

At the last inspection the provider failed to mitigate risks in relation to the proper and safe management of medicines. We asked the provider to take action. At this inspection improvements had been made and the breach in Regulation had been met.

People's medicines were stored, managed and disposed of safely. Medicines were locked in a trolley. Some medicines need to be stored at certain temperatures to make sure they work effectively. The temperature of this was checked each day to make sure it stayed within safe levels. When packets of medicines were opened staff wrote the date of opening on the box to make sure they were only kept in use for the right period of time.

Staff were trained in medicines management and their competency was assessed before they supported people with their medicines. Some medicines required additional records and registers, these had been completed correctly. Staff made sure people had taken their medicines before they signed the medicines records. Some people were supported and empowered to manage their own medicines and staff kept an oversight of their medicines discreetly.

Some people were prescribed medicines 'as and when required' (PRN) such as pain relief or to due anxiety. Each person had a PRN protocol and PRN administration record which gave staff guidance on what the medicine was for, what signs and symptoms should be observed and what the desired outcome was once the medicine had been administered. Staff recorded the administration of PRN medicines correctly.

When people were living with diabetes staff checked their blood sugar levels regularly and were aware of the normal range of levels for each person. A 'hypo box' was used should people's blood sugars drop below a safe level. There was guidance for staff on what action to take when a person's blood sugars reached a

certain level and what action to take if any interventions were unsuccessful in raising their levels. Stocks of these boxes were regularly checked to make sure they were full and in date.

People were protected against the risks of abuse, discrimination and avoidable harm. Staff completed training on how to keep people safe. They understood the procedures on how to report any concerns and knew what signs and symptoms to look for. There were systems in place to keep people's money safe if they wanted their money looked after for them. Audits were completed to check people's monies.

Staff knew how to keep people as safe as possible and understood their responsibilities for reporting accidents and incidents to the registered manager. Records of these any incidents were reviewed by the registered manager who discussed any possible patterns or themes with staff. When a trend had been identified, action was taken to refer people to the relevant health care professionals, such as dieticians and community nurses, to reduce the risks and keep people safe. Lessons were learnt when things went wrong and advice from health care professionals was acted on.

Staff understood their responsibilities in relation to hygiene and infection control, completed training about this and wore personal protective equipment, such as gloves and aprons. Staff were encouraged by the registered manager to have the flu jab to help protect the people they supported. The kitchen was clean and well organised. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. Clinical waste was disposed of using the correct yellow bags and placed in a clinical bin.

Fire exits were clearly marked and kept free of obstacles. Checks on the environment included call bells, window restrictors, water temperatures and gas and electric appliances. Weighing scales were calibrated and specialist equipment was checked to make sure it was in good working order. Each person had a personal emergency evacuation plan (PEEP). A PEEP sets out the specific physical and communication needs of each person to ensure people could be safely evacuated from the service. Staff completed regular fire drills and knew how to respond in the case of an emergency and had practised a full evacuation of the service. People told us what they did if the fire alarm went off. The provider had made arrangements with a local hotel in the event of an emergency to make sure people could be kept safe. A missing person sheet was in place for each person. This incorporated their photograph, details of their health conditions, any medicines they needed and any particular way in which it was best to communicate with them. These were in a folder so they could be passed to the relevant people, such as the police, in the case of an emergency.

Is the service effective?

Our findings

People received effective care from staff who had the skills and knowledge to carry out their roles. People told us they enjoyed their meals and that there was plenty of choice. One person commented, "We have a choice of two lunches but sometimes I want something different and they make it for me".

People's needs, preferences and choices were met by staff who were trained in their roles and knowledgeable. Staff told us they kept their training up to date and that it was monitored by the registered manager. Records confirmed this. Training in topics such as mental capacity, keeping people safe and health and safety were completed. Additional training in long term health conditions, for example dementia and diabetes, were completed to help staff carry out their roles effectively. Staff put their training into practice. For example, staff told us how they used distraction techniques to reduce a person's anxiety by supporting them to have a cup of tea. This technique was noted in the person's care plan and was used effectively.

Staff were encouraged to complete social care vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve vocational qualifications, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff completed an induction when they began working at the service. Staff told us that the induction included completing initial training on important topics, such as fire awareness, moving people safely and emergency first aid, and that they spent time shadowing experienced colleagues to get to know people and their preferred routines. Staff completed or were in the process of completing the Care Certificate. The Care Certificate is an identified set of standards that social care workers adhere to in their daily working life. It was developed to help new care workers develop key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. A new member of the staff team said their colleagues were "Very welcoming. They gave me lots of information and advice". They said they felt supported by the registered manager and told us, "The manager asks me how I am getting on, so do all the staff. It matters to them because we all work as a close team. I have never known anywhere like it".

At the previous inspection we recommended the provider seek the relevant advice and training for senior staff to enable them to carry out appraisals for all staff. Improvements had been made and the senior staff had attended additional training. Staff met with the registered manager or deputy manager every three months for one to one supervision. This was an opportunity for staff to reflect on the training they had completed and how this had been of benefit. An appraisal system had been implemented. Staff reflected on what they had achieved in the previous 12 months. Staff told us they were able to discuss any personal development needs, such as beginning a vocational qualification, and that this was arranged.

At the previous inspection we recommended the provider seek advice and guidance to support people to make decisions in their best interest. Improvements had been made.

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.

Staff completed training about MCA and understood their responsibilities. Staff assumed people had capacity and supported them to make day to day choices, such as how and where they wanted to spend their time and what they wanted to wear. When people were unable to make a decision themselves staff consulted with their representatives and health professionals to make sure decisions were made in their best interest. For example, people were offered the choice of having a flu jab each year. When people did not have the capacity to make this decision for themselves even when information was presented in a way they could understand, the registered manager consulted with people's care managers and relatives to make sure decisions were made in people's best interest. One person told us they had chosen not to have a flu vaccination and that they had spoken with staff to discuss the risks of not having one. Their decision had been respected by staff.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS had been applied for in line with guidance and some people were awaiting assessment.

People were supported to eat healthy food and drink plenty. Mealtimes were social occasions and people sat together in the dining room. People were offered choices of meals and told us they enjoyed the food. The meals looked appetising. Snacks were available for people to have throughout the day. Some people needed special crockery and cutlery to support them to be as independent as possible with the meals. For example, one person needed to have plain plates and bowls and cutlery with bright coloured handles. Staff made sure the person had the items they needed at mealtimes and the person was able to eat independently.

Staff monitored people's weight and when any large increases or decreases were identified referrals were made to the dietician for advice. Some people had their meals fortified with high fat products like butter, milk and cream and others were prescribed fortified drinks to help them gain or maintain their weight. Staff followed the guidance and advice given. For example, one person had been referred to a dietician and placed on a fortified diet. They had gained weight and this had stabilised and the dietician had discharged the person. Staff continued to monitor and review their diet to make sure there were no further changes.

People's physical, mental, cultural and emotional needs were assessed when they were considering moving into Aquarius Lodge. The registered manager met with other care providers and the local authority to make sure people's move between services was completed effectively. People's needs and preferences were regularly reviewed to make sure they were being met. People were supported to follow their religious and spiritual beliefs and arrangements were made for clergy from different denominations to visit people. People told us they enjoyed these visits.

People were supported to stay as healthy as possible. Staff worked closely with health care professionals, such as GPs, community psychiatric nurses, dieticians and care managers, and any advice given was noted in people's care plans. People had access to GPs, dentists, opticians, chiropodists and hearing specialists

when required. Staff told us that they had been part of a local NHS hydration project which gave them ideas on how to make sure people drank plenty in the warm weather. For example, there were 'drinks stations' in the service so that people could help themselves or staff could encourage them to have a drink.

People showed us their bedrooms and told us they had been involved in choosing the colour schemes. People and their relatives had access to the garden and told us they had enjoyed barbecues in the summer months. There was clear signage to help people find their way around the service. Light switches had large coloured plastic surrounding them to make them easy to see. Large clocks and calendars were displayed.

Is the service caring?

Our findings

People were treated with kindness, compassion, dignity and respect. People said, "We are very lucky to have a nice band of girls", "Staff are very, very nice" and "Very friendly staff". Relatives commented, "Staff are good, we have no problems. [Our loved one] was in another home for a month, they are much happier here. It has more of a home feel about it" and "Staff are very caring". People were treated as equals and were protected by staff from discrimination. Staff said they would challenge colleagues if people were being discriminated against.

Staff had built strong relationships with people and knew their likes and dislikes and their preferences well. They knew people's life history and their interests and found ways to support people to follow their interests. For example, one member of staff told us how they had used their mobile phone to access video clips and commented, "[A person] told me they liked zebras. I found some videos on [a social media site]. The person was fascinated. Their smile said it all for me".

People's physical and emotional well-being was important to staff and they were treated as people with their own individuality. Throughout the inspection people were reassured by staff, for example staff sat with people and held their hands whilst chatting to them; gave them a hug or placed a comforting hand on their shoulder as they walked by. Staff engaged with people effectively and understood that people had different ways of communicating. Some people needed staff to speak with them slowly and clearly and others were supported by the use of pictures or objects. People were comfortable in the company of each other and staff. Staff were kind, caring and patient and listened to people. Staff spoke with people and each other in a kind and respectful way.

People were supported to be involved in the planning, management and reviewing of their care. Staff told us they had time to complete training to make sure they could provide compassionate care which was centred on people. People were supported to make decisions and were given information in a way they could understand. For example, by using pictures or objects to help them make choices. When people needed additional support from an advocate to make decisions this was arranged. An advocate is an independent person who can help people express their needs and wishes, weigh up and make decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

People's privacy and dignity were promoted and maintained. For example, when people needed to be observed whilst they ate this was done discreetly to promote people's dignity. When people chose to spend time in their rooms this was respected by staff. One member of staff commented, "I've learnt a lot about different approaches to people as individuals. All the staff respect people's privacy, we knock on doors before entering, talk privately with people, it's all about reassurance all the time". We observed that staff knocked on people's doors and waited for a reply before entering. Minutes of staff meetings noted that there were open discussions about people's quality of life and dignity, such as staff being reminded about the importance of making sure people were clean and tidy after their meals and ensuring people's clothing was properly ironed. People looked clean and smartly dressed.

People were supported to remain as independent as possible as to do as much for themselves as they wanted or were able to do. Staff told us "[Person] likes to lay the table for meal times and [person] does some dusting". Some people were able to go out with the support of staff to follow their interests and routines and were supported to do so. People were encouraged to express their views and wishes and staff made the practical arrangements to support them.

People's family and friends were able to visit when they wanted and there were no restrictions on this. One person told us, "I can see friends and family any time, I am very satisfied here". The registered manager and staff organised various events throughout the year, such as barbecues and a Christmas party, which family and friends were invited to attend. The registered manager told us, "The staff bring a family ethos to the home and are friendly and approachable. Our residents and their families are respected and valued".

People's personal information was kept safely to protect their confidentiality. Current and archived records were stored securely.

Is the service responsive?

Our findings

People said they were happy living at Aquarius Lodge and that their needs were met by staff who knew them well. People said, "I like it here" and "They [staff] make sure I have everything I want. They are good".

Staff made sure that people's preferences for their care and support were reflected in their care plan. Each person had a care plan which had been written with them and their representatives. An individual preference list gave staff guidance about how people preferred to be supported and what their preferred routines were. For example, people had been asked what time they liked to get up or go to bed, if they liked a hot drink before bed and whether they wanted their curtains open or closed at night. People's favourite foods or any dislikes were also noted. Care plans reflected people's levels of independence and gave staff guidance on how much people could do for themselves and what support they needed. Care plans were regularly reviewed and updated to make sure staff had up to date guidance.

Following the previous inspection we recommended the provider speak with people about their hobbies and interests to ensure they were actively supported to enjoy meaningful activities. Improvements had been made.

People were supported to remain as active as possible and to keep busy. Some people went out in the community and others remained at the service. People were able to continue with things they used to do before they moved to Aquarius Lodge. For example, one person enjoyed helping staff with the dusting, one like to set the tables for meals and one spent time in the allotment.

The provider employed a dedicated activities co-ordinator. They now had an activities budget which they told us had made a big difference. They told us how they used a variety of on-line resources to research and find ideas for new activities, particularly ones for people living with dementia. For example, they had found that one person had a background in architecture and found pictures of 'blueprints' on the internet. They explained how they had used these as a basis of a conversation and supported the person to reminisce. Similarly, a person with an interest in boats had spent time with staff looking at pictures and video clips which they had enjoyed. Various activities took place, such as quizzes and craft sessions. External entertainers visited regularly. Many activities were provided on a one to one basis and people were supported to go to the local park, shops and cafes. People were encouraged to maintain relationships with the people who were important to them.

People and their relatives told us they knew how to complain or raise a concern. They said they felt comfortable speaking with staff if they had any worries and felt action would be taken to resolve their concerns. One person commented, "I made a complaint about one member of staff, the manager acted on it straight away". The provider's complaints policy and process was displayed in the service and noted that complaints were used as an opportunity to learn. Complaints were managed in line with the provider's policy. There was no accessible version of the policy available, such as pictorial to make it meaningful to people living with dementia. This was an area for improvement. The complaints process was discussed with new staff as part of their induction to make sure they knew what action to take. The registered

manager addressed and resolved any concerns quickly.

People were asked their preferences for their end of life care including spiritual and religious choices. This was recorded to make sure staff were able to respect and follow people's wishes. Some people had funeral plans in place and the details of these were noted. Staff had good links with community nurses and other health care professionals and made sure there was access to support from palliative care specialists if needed. Staff told us that when a person was nearing the end of their life they made sure they were not on their own and an extra member of staff was on duty if needed. Some people had made advanced decisions, such as Do Not Attempt Cardiopulmonary Resuscitation; this was recorded so that people's wishes could be acted on. These were reviewed to make sure they were still what the person wanted.

Is the service well-led?

Our findings

People and their relatives knew the registered manager and staff and said the service was good. However, we found the service was not consistently well-led.

At the last inspection in April 2016 the provider had not assessed and mitigated risks to people in relation to their health, safety and welfare and ensured that systems improved the quality of service. The provider failed to ensure all records were accurate. At this inspection some improvements had been made but there were continued shortfalls and breaches of Regulations.

Staff had not used the correct equipment to keep people safe, such as ensuring a crash mat was in place when required. Records were not always accurate or contemporaneous. For example, when a person fell in the night records were not accurately completed by staff. An accident form was not completed until the following morning; this was completed by staff on the next shift rather than by the staff on duty at the time of the incident. Notes from the night shift did not mention the person's fall and were not an accurate reflection of the events. Action was taken by the registered manager to address these shortfalls with the staff and to provide additional coaching and mentoring for staff.

Some improvements had been made to the environment, however there were still shortfalls. Air purification equipment had been purchased to eliminate offensive odours however there were still areas of the service which smelled of urine. Results from the last relatives and health professional's survey, conducted by the registered manager, had noted there were odours in the service.

The provider failed to mitigate the risks to people's health, safety and welfare. The provider failed to maintain accurate, complete and contemporaneous records. The provider failed to act on feedback. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2017.

The providers visited the service each week and met with the registered manager and checks on the environment were carried out. The registered manager completed audits on medicines, infection control, care plans and risk assessments. When any issues were picked up action was taken to address the shortfalls; however they had not identified the shortfalls found at this inspection.

There was an inclusive culture promoted by the registered manager and staff. The registered manager was visible and worked with the staff team each day and provided support and guidance. When they identified poor practice they followed the provider's disciplinary process and took action.

Staff told us they liked working at Aquarius Lodge and felt supported by the registered manager. One member of staff said, "I like working here because of the person-centred nature of this home and the cohesive staff team". They felt that the quality of service had improved since the last inspection. Staff told us, "It is loads better, especially the re-decoration downstairs. It just needed more investment from the owners" and "They've done a lot of work. We've always been able to tell [the registered manager] what we feel and they will push. They [the providers] listen to them".

Regular staff meetings were held, by the registered manager and the providers, and the records of these showed that there was a high attendance from staff. Staff told us the meetings were opportunities for open and honest discussions between the team and that they could share their views and opinions on the quality of service and to make sure they had an understanding of any key challenges. For example, they said that following the last inspection they had all talked about the shortfalls which had been identified and what parts they played in making improvements. Staff said they understood their roles and responsibilities.

At the last inspection in April 2016 the provider failed to seek stakeholder's views to improve the service. Improvements had been made. People were asked for feedback through regular residents meetings. For example, they were asked their views on meals, the environment and activities. When people had made suggestions these were taken into account and when possible acted on. For example, one person had stated that they would like to go to a local coffee shop and staff were supporting this person each week to do this. Relatives and health professionals were contacted and asked for feedback using surveys. The registered manager was monitoring these as they were being returned and told us they would collate and analyse the results.

The registered manager and staff worked in partnership with the local authority and multi-disciplinary teams to make sure people's needs were met. Staff understood the provider's whistle-blowing process and knew that they could take any concerns to external agencies, such as CQC or the local authority, if they needed to. Whistle-blowing was discussed at staff meetings to remind staff of their obligations and the processes. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed. When we asked for any information it was available and records were stored securely to protect people's confidentiality.

All service that provide health and social care to people are required to inform CQC of events that happen, such as a serious accident, so CQC can check that appropriate action was taken to prevent people from harm. The registered manager notified CQC and the local authority in a timely manner.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the service.

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 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 The provider failed to ensure care was provided in a safe way and do all that was practicable to mitigate risks.
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider failed to ensure the service was clean and smelled fresh.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to mitigate the risks to people's health, safety and welfare. The provider failed to maintain accurate, complete and contemporaneous records. The provider failed to act on feedback.