Ideal Care (North) Limited

# St Aidan Lodge Residential Care Home

## Inspection report

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02 November 2018

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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

St Aidan Lodge Residential Care Home 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. The home provides personal care for up to 62 people. At the time of the inspection there were 52 people living at the service, some of whom were living with a dementia. The home provides care over two floors serviced by a lift. The laundry, kitchen and other rooms for staff use are located on the ground floor.

This inspection took place on 31 October and 2 November 2018 and the first day was unannounced.

At our last inspection on 7 and 9 March 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. The home was meeting the requirements of the fundamental standards.

People, relatives and staff felt the service was still a safe place. People were protected from the risk of abuse because staff understood how to identify and report it.

People told us there were always enough staff on duty and that their needs were attended to promptly. We observed this to be the case during our visits.

People received their medicine safely and were supported to access the support of health care professionals when needed.

Where risks were identified to people who used the service or to the environment these were assessed and plans put in place to reduce them. Accidents and incidents were analysed to identify trends and reduce risks.

People's needs had been assessed to identify their care needs. Assessments were detailed and covered all aspects of their care needs.

Staff were well supported and received the training they needed. Training was delivered face to face and was arranged on a rolling programme to meet the requirements of the home.

People were very complimentary about the meals provided. They received a varied and nutritional diet that met their preferences and dietary needs. The service provided a range of nutritional food and drink which were adapted for different diets.

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 told us they thought the service was very caring and we observed compassionate and caring interactions between people and staff. People told us, and we observed, that care was delivered with dignity and respect and people were supported to be as independent as possible.

Care plans were very detailed and reflected people's needs and preferences. Care plans were evaluated regularly and included meaningful information about people's needs.

People were actively engaged in a range of activities and had regular opportunities to access the wider community.  Opportunities for staff to share their hobbies and skills with people was being explored but was still in development.

Feedback on the service was encouraged in a range of ways and was positive. People told us they did not have any concerns about the service but knew how to raise a complaint if needed.

The management team were approachable and they and the staff team worked in collaboration with external agencies to provide good outcomes for people. Processes were in place to assess and monitor the quality of the service provided and drive improvement. All levels of management were highly invested in the home and committed to delivering a quality service.

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?**<br>The service remains Good. | **Good** |
| **Is the service effective?**<br>The service remains Good. | **Good** |
| **Is the service caring?**<br>The service remains Good. | **Good** |
| **Is the service responsive?**<br>The service remains Good. | **Good** |
| **Is the service well-led?**<br>The service remains Good. | **Good** |

# St Aidan Lodge Residential Care Home

**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 was a comprehensive inspection. It took place on 31 October and 2 November 2018 and the first day was unannounced. This meant the provider did not know we were coming.

The first day of the inspection was carried out by two adult social care inspectors and an expert by experience with a specialism in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of the inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we held about the service and the provider. This included previous inspection reports and statutory notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send to CQC within required timescales. We used information the provider sent us in the Provider Information Return. 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 contacted the local Healthwatch and obtained information from the local authority commissioners for the service, the local authority safeguarding team, and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection we spoke with seven people who lived at St Aidan Lodge. We spoke with the two

directors, the registered manager, three senior carers, two care workers, the activities co-ordinator and a kitchen assistant. We also spoke with five relatives, three visiting healthcare professionals and a training provider.

We looked around the home and made observations of people and staff interacting. 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 viewed a range of records about people's care and how the home was managed. These included the care records of five people in detail, medicine administration records, recruitment records of four staff, training and supervision records and records in relation to the management of the service.

Good

# Is the service safe?

## Our findings

People told us they still felt safe. People told us, "Yes, the comfort of reliable staff is a Godsend as at home I felt vulnerable. I know they check on me several times during the night as I`m a poor sleeper and see them popping their heads in to see if I`m okay", "Oh, I feel very safe. I don't lock the door as I don't need to and rarely press my buzzer as there are always staff about" and "I`m safe here, I just press my buzzer and they come as soon as they can. I get my medication on time and had falls at home but have had none here." Relatives similarly felt the home continued to keep their loved ones safe and commented about the regular checks made on people's welfare and spoke positively about staffing levels.

Staff had received training in safeguarding and whistleblowing and told us they were confident about following the provider's policies and procedures and referring to other agencies, such as the local authority safeguarding team. Where safeguarding issues were identified these were reported and investigated. We saw that the provider used local guidance to assess when safeguarding incident should be reported to the local authority and kept records of lessons learn for all incidents.

The provider continued to follow safe recruitment procedures, which were thorough and included necessary vetting checks before new staff could be employed. We received positive comments from everyone we spoke with about staffing levels in the home and people felt their care needs were responded to promptly. One visiting healthcare professional told us, "Staff are very much on the ball, I find it very pleasant here." On the days of our visit staff appeared unhurried and any calls for assistance were answered swiftly.

Risks to the people's safety and the environment continued to be safely assessed and plans were in place to mitigate these. For example, fire risk assessments were in place with personal emergency evacuation plans (PEEPS) for each person and service and maintenance checks, such as for electrical testing and gas servicing. The home analysed accidents and incidents to identify trends and put measures in place to reduce the risk of these recurring.

Medicines were managed safely. We checked medicine administration records (MAR) and observed people being given their medicines. Staff had received training and had regular checks to ensure they remained competent to administer medicines. Inside the upstairs lockable medicines room there was a cupboard where some overstocked medicines were being stored. This cupboard did not have working lock. The director/nominated individual was informed of this and we were told the lock was fixed on the same day.

The home was clean, tidy and there were checks in place to reduce the risk of the spread of infections. Staff used personal protective equipment when required. A visitor to the home told us, "We never found any smells, we've found it clean and efficient."

The home had recently made improvements to make families, especially with young children, feel welcome at the service. Such as providing baby changing facilities, books for children about dementia and they planned to build a play area in the garden. This helped promote people's right to family life. Other rights were promoted, for example people were supported to vote in general and local elections.

Good

# Is the service effective?

## Our findings

People and relatives told us they felt that staff had the knowledge and skills to complete their roles effectively. One relative told us, "They are very well trained… they are always doing some form of training." Another told us, ""They are very well trained. I've been impressed with them." Staff had received a range of face to face training covering core courses such as moving and handling, health and safety and equality and diversity, and also training tailored to meet the needs of people living in the home such as, challenging behaviour, de-escalation and dementia care. Training records demonstrated staff were receiving regular training updates and this was confirmed by the training provider who worked closely with the home to supply a responsive training schedule. Staff were regularly supervised and appraised. One staff member told us, "I've no concerns, I'm well supervised, I get loads of training, they are good with that."

People were still supported to have nutritious meals that were adapted for special diets such as diabetic, textured and for those people at risk of malnutrition. One person told us, "The choice is great, meals are first class and there is plenty to drink during the day." People were offered choices at the point meals were being served and were assisted to have a meal that suited them. For example, staff said to people, "Try it, and if you don't want it we will make you something else, like an omelette or jacket potato" and "There is too much on that plate, we will give you half and then just ask for more if you want more." Kitchen staff confirmed that food and drinks were regularly offered.

People's needs were assessed and support plans were created where needed. We found that staff adhered to these plans and regularly reviewed the effectiveness of the approaches they had adopted in line with legislative requirements and good practice. Individual choices and decisions were documented in the care plans and they were reviewed.

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

Staff supported people to access health care services when required. Health and social care professionals could access the provider's computerised systems while onsite giving them immediate access to, and the ability to update, care records. Records showed people had input from a range of health professionals, such as: GPs, specialist nurses, community nurses and speech and language therapists (SALT). Where specific recommendations had been made these were incorporated into people's care plans to help ensure they

received the care they needed.

The home had been adapted to make it easier for people living with dementia to orientate themselves and with consideration to best practice. For example, clear signage and contrasting colours used for handrails. Various textured and interactive objects were included in the décor to help stimulate people. Memory boxes were provided to all bedrooms and families encouraged to use them to help inform about who people were and their personal histories.

Good

# Is the service caring?

## Our findings

People and their relatives told us the service continued to be caring and compassionate. People said, "They are kind and caring, they make everything light and cheerful" and "The staff are exceptional and kind. They treat us like their own family and to be honest I think of them as my family". Relatives and professionals also commented on the patience and understanding that staff had with people. For example, "Care staff are very, very, very caring. My [family member] was always scared, it's very complex to manager her dementia. The girls know and spend time with her." Another said, "Staff have got a lot of patience, very tolerant. They have a way with people."

We observed staff to be very caring and to deliver care compassionately. People were able to approach staff with confidence and get support from them. Staff responded with warmth and care. For example, we observed staff asking people if they were too hot or cold. The staff member offered to get a person a cardigan and turned heating up in response. In another example a person said they would like to buy shoes from a catalogue they were carrying, staff stopped and chatted to the person about this.

We saw that people's views and preferences were recorded in their care files, including any communication needs, religious and cultural preferences. We saw that people were actively involved in choices about their care and had opportunities to express their views. People and relatives told us that the plan of care was discussed with them and they were invited to reviews about the care. One relative told us, "I`m involved in her care planning and check it every two to three months. The staff are kind and mean well. I`ve never heard any raised voices from them…they calm everyone and take it all in their stride. You can't buy that care and I leave here with the knowledge and peace of mind that all is well. That is wonderful".

People and relatives told us staff promoted dignity, privacy and independence. For example, one person told us, "They [staff] keep my dignity and lock the door when I`m having a shower, but keep me independent by encouraging me to do what I can." Relatives gave us examples of how equipment had been used to maintain people's independence. For example, one relative told us, "We asked for a trolley table so [family member] could drink independently, one came within the hour."

We saw that records were securely stored and that staff understood the importance of confidentiality.

People were supported to access advocacy services when needed. Advocates help to ensure that people's views and preferences are heard.

People were supported to have contact with their families and with faith groups who regularly visited the home. Where people had expressed cultural or spiritual needs these were respected and people were supported to attend church services in the local community.

Good

# Is the service responsive?

## Our findings

People and relatives told us they were involved in planning care so it was person centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices are considered. For example, care plans reflected people's preferences around how they liked to dress and what toiletries they liked to use.

Care plans were detailed and reflected people's needs and preferences. They covered a range of areas including: skin integrity, nutrition, mobility, mental health, personal care, continence, medication and mental capacity, and were reviewed with people regularly to ensure these were current and accurate. A relative told us, "I have seen [family member's] care plan and it was updated two weeks ago. It's not like other care homes where they do your care plan when you arrive and you never see or hear of it again. We have regular reviews and when she accidentally rolled out of bed they hoisted her back in without any discomfort and there was a crash mat within the hour the next morning."

The home continued to provide a range of meaningful activities and had recently undertaken a staff skills audit, to find out what skills and hobbies staff could share with the people. Although this was still in development the directors were very enthusiastic about the importance of maintaining and developing people's skills and hoped to see this in practice soon. Some hobbies, such as knitting, had already been shared. The home had an activities coordinator who told us about the range of activities on offer including trips to the local pub and gardens centre. Activities were regularly discussed at meetings and new ideas implemented. People told us, "I like the quizzes to keep our minds active." Another person said, "I do a lot of painting" and, "We do varied activities, music and guessing the artist who is singing and to be honest the activities stop me from being depressed and lonely." We saw that people were supported to maintain friendships and were given an example of one person's friend coming regularly to have meals at the service. Students from a local college volunteered at the home, as well as building their care knowledge this also allowed them to build bonds and share their experiences of local life with people.

People and relatives, we spoke with were confident about the way their concerns and complaints would be addressed.  People told us if they did have concerns they would report them straight away. One person told us, "Complaints? It's the opposite in fact. If I need help, whatever they [staff] are doing they drop it straight away and they are with you like a shot." Another person said, "No one has anything to complain about. We do exercises, we go out in the garden, the cleaners are excellent and the laundry is very good as nothing ever goes missing." We saw very few complaints had been received and there were policies and procedures to ensure that these were responded to in set timescales. The provider used a consultancy service to inform complaints investigations and help assure they were comprehensive and objective. The provider recorded lessons learnt from complaints and used these to share and act on service improvements where appropriate.

Staff had training in end of life care. Plans were in place reflecting people's wishes in relation to care at the end of their lives. One relative commented, "[Family member] is safe and well looked after. They are on end of life care and has been for nearly a year, its due to the care of the staff that they are still here. That's a

miracle."

Good

# Is the service well-led?

## Our findings

The home had a 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.'

People and relatives told us they felt the home had a caring, open and friendly culture. One person told us, "The care is good and they treat people like human beings". A relative said, "It's a very good, friendly atmosphere here and the registered manager is a great manager, nothing is a problem and she is always smiling. She gives me regular updates and rings me if my [family member] has had a bad night." Another relative told us, "[Registered manager] has a good, reliable team working with her, the staff have a calming effect on everyone and they respect you and that's very important. They are very caring and worried about your safety."

Staff told us the management were approachable and responsive at all levels. People knew the management by name and told us they saw them regularly. One relative said "It is a family home, family run." We saw that the directors of company had regular hands-on involvement with the service, care about and invested in its future. For example, there were ongoing developments and refurbishment in the home.

Views from people, relatives and staff continued to be gathered through a range of methods including regular meetings, satisfaction surveys and comments forms which were responded to and displayed so that people and staff had access to these. There was a board prominently displayed in the home asking for people's views on the service so that people could leave feedback at any time.

There was a robust programme of audits in place with regular checks being made on areas such as medicines, health and safety and infection control. Audit results were monitored closely by the registered manager and the directors, who also completed their own audits of the service, and action plans were put in place to address any shortfalls. Additionally, the service was audited by an external contractor to give the management an impartial view of the home's performance. Actions from external audits were recorded and met as part of this system, such as those from the local authority. The management attended numerous external meetings and forums and shared their knowledge about best practice. The process identified lessons learnt and practice improvement points which were then implemented.

Health and social care professionals we spoke with were complimentary about the way the home communicated, worked in partnership with them and managed people's complex care needs. One professional told us, "They are on the ball, they know exactly what is going on. If there is a problem the manager is not far behind it." The home had made links with local community groups, such as schools, local colleges and religious groups, and were working to widen their networks in the community.

The registered manager had notified the CQC of all significant events which have occurred in line with their legal responsibilities.