

Doulton Court Limited

Aspen Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Aspen Lodge is registered to provide nursing and personal care to 35 people, including people living with dementia. The service was supporting 34 people at the time of our inspection.

People's experience of using this service: The registered manager displayed a commitment to providing high quality person-centred care. However, owing to other work commitments they had not maintained effective management systems to achieve this.

The provider had not submitted statutory notifications to the Care Quality Commission to tell us about significant events. The registered manager and provider did not follow all their systems to check safety and quality issues within the service. The issues we found during our inspection had not always been identified or addressed by the provider. The provider's representative was very responsive when we highlighted our concerns to them.

Staff sickness rates had been high and there was insufficient staff to meet people's needs on those shifts when cover was not available. Satisfactory standards of hygiene had not been maintained and improvements were made during the inspection with cleaning schedules and the provision of new furniture. The adequacy of cleaning hours was under review.

Risk was not managed consistently which placed people at risk of harm. Accidents and incidents were not analysed so that lessons could be learned to reduce the risk of future harm. People had assessments and plans regarding their care and support needs. However, the care plans were not always kept up to date when changes occurred. There were limited opportunities for social stimulation.

Although the registered manager understood mental capacity legislation, they had not properly overseen and made applications for authorisations under Deprivation of Liberty Safeguards (DoLS).

Staff understood how to identify and report any safeguarding concerns. Medicines were managed safely. Safe recruitment processes had been followed.

Staff received appropriate training, which was updated when needed. Staff felt well-supported and gaps in the supervision and appraisal programmes were being addressed. Staff said they enjoyed their work, there was good teamwork and a positive culture within the service.

People spoke positively about the registered manager; they felt they received good care and support from staff. People were treated with respect and dignity and their independence encouraged and supported. Where people required support at the end of their lives, this was carried out with compassion and dignity.

There were systems in place to enable people to share their opinion of the service provided and the general facilities at the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: At the last inspection the service was rated Good (report published 27 July 2016).

Why we inspected: The inspection was a scheduled inspection based on the previous rating.

Follow up: We will work with the provider following this report being published to understand and monitor how they will make changes to ensure the service improves their rating to at least good.

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 always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Aspen Lodge Care Home

Detailed findings

Background to this inspection

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

Inspection team: The inspection was carried out by two inspectors and an Expert by Experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector completed the second day of the inspection.

Service and service type: This service 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 service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: Day one of the inspection was unannounced. We told the provider we would visit on the second day.

What we did: We looked at information sent to us since the last inspection such as notifications about accidents and safeguarding alerts. Providers are required to send us key information about their service, what the service does well and improvements they plan to make. This information helps support our inspections. We contacted the local authority's adult safeguarding, commissioning and quality monitoring team as well as Healthwatch England, the national consumer champion for health and social care, to ask if they had any information to share. We used this information to help plan our inspection.

Some people who used the service were unable to tell us about their experiences. 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. During the inspection, we spoke with 10 people who used the service and eight relatives to ask about their experience of the care provided. We also spoke with the

registered manager, the regional manager, the managing director, a nurse, an assistant practitioner, two senior and two care workers, the cook, activity person and housekeeping staff. We also spoke with two visiting professionals.

We looked at a range of documentation such as care files, and medication records for 10 people. We looked at other records for the management of the service such as recruitment, staff training, surveys and systems for monitoring quality.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Staffing and recruitment.

- Sufficient numbers of staff were not consistently deployed to support people. Staff sickness levels for care workers had been high in recent months and shifts had not always been covered.
- People had experienced some delays with care support and staff struggled to effectively monitor those people who were at high risk of falls.
- We received mixed responses from people about the timeliness of staff support. One person told us staff were good at responding to the call bell. Other people we spoke with considered they often had to wait for support and staff response in the mornings could be very slow.
- We observed staff worked hard to meet people's needs in a timely way but they were overstretched when the agreed staffing levels had not been maintained.
- Shortfalls in qualified staff, due to high sickness levels and problems obtaining agency cover had meant the registered manager had been covering a high number of shifts, including nights, in recent months. This had impacted on aspects of their management of the service.

Failure to ensure sufficient numbers of staff were deployed to meet people's needs was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were recruited safely and appropriate checks were carried out to protect people from the employment of unsuitable staff.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- There was a lack of consistent assessment and risk management planning for people's risk of falling and choking. Where people's needs had changed in these areas, care plans were not sufficiently updated with explanations of the control measures for staff to follow to keep people safe.
- We observed shortfalls in support for two people in relation to staff effectively monitoring their safety when mobilising and the provision of an appropriately thickened drink for another person.
- Although staff reported and recorded accidents and incidents appropriately, people were at risk of recurring accidents and incidents because systems in place to monitor them were not being used effectively.
- There was no effective review of incidents, lessons learnt or actions required to reduce future occurrences. Not assessing and managing risk to ensure the safety of people was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Regular health and safety checks were carried out to make sure the building and equipment used were safe. Assessments on the safe use of portable radiators were completed during the inspection. There were plans in place to ensure people were supported in the event of an emergency.

Preventing and controlling infection.

- There were infection prevention systems in place. Staff understood their responsibilities to maintain good standards of hygiene. Shortfalls identified on the first day had been addressed through the provision of new equipment and furniture, additional cleaning hours, changes to the cleaning schedules and work allocation, with good results. The home was clean, tidy and smelled fresh.

Systems and processes to safeguard people from the risk of abuse.

- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. Staff received appropriate training.
- People who used the service felt safe, confident and happy when supported by staff. Comments from people and their relatives included, "I'm safe" and "[Family member] is safe with the carers and I'm really happy with them."

Using medicines safely.

- Safe systems were in place to manage people's medicines and they received them as prescribed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- There was a failure to monitor authorisations within the service. One person's DoLS authorisation had expired and a reapplication had not been submitted.
- Many people who used the service were under a level of supervision which would necessitate an application to lawfully deprive them of their liberty. This had not been done for 10 people. The registered manager completed the applications during the inspection. This demonstrated a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Record keeping in relation to decisions made in people's best interests had been completed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Staff completed assessments of people's needs and obtained those completed by health and social care professionals when available. People and relatives were involved in assessments.
- Staff were aware of good practice guidelines and used them to support the delivery of care.

Staff support: induction, training, skills and experience.

- The staff supervision and appraisal programmes had not been consistently maintained in the last year. Despite the shortfall, staff told us they felt well-supported. The registered manager had recently completed a new supervision and appraisal planner, which involved more of the senior management team in delivering the programmes.
- A staff induction and training programme was in place.
- People told us staff had the right skills to look after them. One person said, "Treatment and staff are first class."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support.

- People were supported to maintain healthy eating and had their nutritional needs met.
- Food was well presented and the chef had won an award for the presentation of modified diets.
- Meal times were well organised and staff provided good levels of personalised support. Menus were reviewed regularly, although pictorial menus were not in place, which the registered manager confirmed they would discuss with the catering provider.
- People told us they enjoyed their meals. Comments included, "The meals are fantastic. [Name] needs help to eat and that is very good too" and "The food is lovely."
- Staff worked well with external professionals to ensure people accessed health services and had their health care needs met. This was confirmed by people and their relatives. Information was shared with other agencies if people needed to access other services such as hospitals.
- Feedback from health professionals was positive. One told us, "I'm happy with the standard of care my patients receive here. The staff communicate well with the surgery."

Adapting service, design, decoration to meet people's needs.

- The building had been designed to meet people's needs. There was some pictorial signage to support the orientation of people living with dementia. The garden areas were accessible and people praised the attractive courtyard facility.
- People's bedrooms were personalised and they chose their own décor.
- Maintenance action plans were in place and the provider was responsive to any concerns we identified on the day of the inspection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- The atmosphere at the home was warm and friendly. Relatives told us they felt welcomed and comfortable when they visited the service.
- People told us they were happy living at the service. One person told us, "Everyone is very caring."
- Staff were kind and polite. Interactions between staff and people were natural and showed positive relationships had been developed. One person told us, "The staff are very friendly." A relative said, "The housekeeper was wonderful and really helped [Name] to settle in."
- Staff took time to get to know people's preferences and used this knowledge to care for them in the way they liked. Staff supported people with a calm and friendly approach.
- Where people were unable to express their needs and choices, staff understood their way of communicating.
- The provider recognised people's diversity; they had policies which highlighted the importance of treating everyone as individuals and staff had received training on this topic. Staff showed genuine concern for people and were keen to ensure people's rights were upheld and they were not discriminated against in any way.

Supporting people to express their views and be involved in making decisions about their care.

- People and their relatives had been included when care was planned and reviewed.
- Staff enabled people to make decisions about their care and knew when people wanted help and support from their relatives.
- Staff supported people to access advocacy services if required.

Respecting and promoting people's privacy, dignity and independence.

- People were afforded choice and control in their day to day lives.
- People appeared comfortable and their personal care needs were met. A relative told us their family member was always well-dressed and the care was very good.
- We observed how staff supported people with dignity and respect and provided compassionate support in an individualised way.
- People were supported to maintain their independence. Staff knew what people could do for themselves, and were patient and supportive in helping them to achieve this.
- Information was securely stored to maintain people's confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's needs were identified through assessment, including those related to protected equality characteristics.
- The care and support plans in place did not always reflect people's current or changing needs. Although staff were proactive and responsive in referring people for medical assessment, people's care plans were not consistently updated to reflect recommendations made from this intervention.
- The managing director had arranged for additional support to assist staff in updating and rewriting the care plans where necessary. This work had commenced during the inspection.
- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted.
- Information was provided in ways which people could access and understand. The provider complied with the Accessible Information Standard, a legal requirement to meet communication needs of people who used the service.
- People no longer had access to religious services of their choice in the service due to the retirement of the lay minister. The registered manager confirmed they were trying to arrange for a new minister to visit.
- The service employed two activities coordinators who had developed an activity and entertainment programme. We received mixed feedback from people about the activities provided by the service. Some people told us they enjoyed the singers but others were not aware of the programme. There was limited social stimulation for people cared for in bed.
- On the first day of the inspection people enjoyed a visit from the Pets as Therapy (PAT) dog but there were no activities provided on the second day of the inspection. The registered manager confirmed they would review the activity programme to ensure they offered varied support to meet everyone's social needs.

Improving care quality in response to complaints or concerns.

- People and relatives knew how to provide feedback to the management team about their experiences of care. The service provided a range of accessible ways to do this through meetings, discussions, surveys and a tablet computer in the entrance hall.
- The registered manager had investigated and responded to complaints.
- Most people we spoke with were very satisfied with the response from staff and the management with any concerns they raised. One person's relatives raised some concerns with us about their family member's care and we asked the registered manager to look into these.

End of life care and support.

- People were supported to make decisions about their preferences for end of life care.
- The home worked closely with the local palliative care teams and professionals were involved as

appropriate to ensure people were comfortable and pain free.

- Staff understood people's needs, were aware of good practice and guidance in end of life care and respected people's religious beliefs and preferences.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care.

- There had been a decline in some aspects of the management of the home, due to the staffing situation. The registered manager was open about the continued difficulties she had encountered and support requested.
 - There was a lack of effective oversight and monitoring. Audits had not identified the shortfalls in risk management; care records; records relating to the Mental Capacity Act 2005; staffing and standards of hygiene. Staff supervision and appraisal programmes had not been appropriately maintained.
 - There were gaps in monitoring charts in relation to people's food and fluid intake, repositioning and bowel actions.
 - Clinical analysis systems to review trends in accidents and incidents to prevent further falls and monitor impact had not been maintained.
 - The provider's governance systems had been ineffective and failed to identify or address deficiencies in the quality and safety of the service. The managing director and registered manager immediately responded to our feedback and began to implement changes.
- Failure to assess, monitor and improve the quality of the service and maintain accurate records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The registered manager worked to develop their team so that staff at all levels understood their roles and responsibilities. Staff were held to account for their performance where required.
 - Four members of staff had completed the providers Care Home Assistant Practitioners (CHAPs) programme and worked alongside the qualified nurses to support them with certain aspects of the nursing role.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- The provider had not submitted statutory notifications to the Care Quality Commission to tell us about significant events that had happened in the service. This is being addressed outside of the inspection process.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- People and their relatives knew who the registered manager was and felt they were approachable and professional. A relative told us, "It's a busy home, but the manager always makes time for us."
- The registered manager attended regular meetings with staff from the provider's other services to share

knowledge and details of good practice in delivering care.

- Staff felt supported by the registered manager. Comments from staff included, "She is really approachable and supportive" and "She will make time for you and values our opinion."
- Staff had a strong sense of team commitment and felt valued. Staff turnover was low.
- Although staff meetings had not been held quarterly, in line with the provider's policy, staff told us they could approach the management team if they had any issues.
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.
- People and relatives had completed a survey of their views and the feedback had been used to continuously improve the service. Although the results of the surveys were prominently displayed, this was limited to statistical information and contained no descriptions of people's views. The managing director confirmed they would review the format of the feedback provided.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment 7 (b) The registered persons had failed to make applications to the local authority to lawfully deprive people of their liberty.
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance (1)(2)(a)(b)(c)(f) The registered persons had failed to operate systems and processes to effectively monitor and improve the quality and safety of the service, assess and mitigate risks to people who used the service and maintain accurate and complete monitoring records.
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing (1) The registered persons had failed to ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff on duty at all times.