

# Mrs Aunjali Johar & Mr Navneet Singh Johar

## Aarandale Lodge

### Inspection report

2-4 St Vincent's Road  
Westcliff On Sea  
Essex  
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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Aarandale Lodge is a residential care home providing personal care without nursing for up to 20 people some of whom maybe living with dementia. At the time of inspection 19 people were using the service. The service is set over two floors in a residential area.

### People's experience of using this service and what we found

One person said, "I love it here, it is a really nice place." Another person said, "Of course I would rather be at home, but actually I like it here, I have everything I need."

Care and treatment were planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents.

Staff were recruited and employed after appropriate checks had been completed. People's needs were met by enough numbers of staff. Medication was dispensed by staff who had received training to do so.

People were cared for and supported by staff who had received the appropriate training.

The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. 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 support this practice.

People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required. The environment was well maintained and suitable for the needs of people.

Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care.

People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis. People were supported to follow their interests and participate in social activities. The registered manager responded to complaints received in a timely manner. People were supported at the end of their life.

The registered manager had systems in place to monitor and provide good care and these were reviewed on a regular basis.

### Rating at last inspection

The last rating for this service was Good. (last report published 3 February 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Aarandale Lodge

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

Aarandale Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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 Care Quality Commission. 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

This inspection was unannounced.

#### What we did before the inspection

Before the inspection, the provider completed a Provider Information Return (PIR). We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people and observed interactions with staff. We spoke with the registered manager, cook and four care workers. 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 reviewed a range of records. This included three care files, two staff files, multiple medication records and information held in relation to the running of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person said, "I feel very safe here the staff are always around, and they come quick if I need them."
- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. One member of staff said, "I would report anything to a manager or go outside to the CQC."
- The registered manager displayed notices and posters of independent organisations people and staff to telephone if they had a safeguarding concern.
- Where the registered manager had raised safeguarding concerns they had worked with professionals and local safeguarding authority to investigate these to keep people safe.

Assessing risk, safety monitoring and management

- Staff undertook risk assessments to keep people safe. Assessments were aimed at supporting people's independence they covered such areas as, nutrition, mobility, falls prevention and pressure area care.
- Staff were trained in first aid and knew what action to take in an emergency or if somebody became unwell. One member of staff said, "Depending on the situation I would call 999 or 111 for advice. If not urgent, I would contact the GP and let family know what had happened."
- The registered manager employed a maintenance person for the general maintenance of the service and used external contractors for any additional work needed. Regular health and safety checks were completed.
- People had fire risk assessments and personal evacuations plans for staff to follow. Regular checks of fire drills and of fire prevention equipment was completed.

Staffing and recruitment

- People were very complimentary of the staff. One person said, "I like all the staff they are very kind."
- The registered manager had an effective recruitment process in place and staff recruited were suitable for the role they were employed for. The registered manager told us they covered some shifts with agency staff due to holiday cover and some vacancies, but where this was necessary they tried to use the same agency staff for consistency.

Using medicines safely

- People were supported to take their medication by trained and competent staff.
- We observed staff supporting people with their medication. Staff wore a tabard with instructions of 'do not disturbed' whilst completing the medication round. Medication records we reviewed were in good order.

- The registered manager had processes in place to check the ordering, storing and management of people's medication. Regular audits were completed to check medication were being managed safely.

#### Preventing and controlling infection

- People were protected from the spread of infections. Throughout the service we saw hand sanitising dispensers for staff, visitors and people to use. The registered manager displayed notices for visitors about the risk of spreading infections.
- If there was an infectious outbreak at the service the registered manager had processes and policies in place minimise the risk of the infection continuing. They also kept good records of any outbreaks and notified the appropriate authorities.
- Staff had received training in infection control and had access to personal protective equipment (PPE) such as gloves and aprons.

#### Learning lessons when things go wrong

- The registered manager had systems in place to learn from risks, significant incidents or accidents at the service.
- Incidents were fully investigated and learning points were discussed at staff meetings and staff handovers.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were consistently assessed and reviewed to ensure the care they received met their choices and needs. Care was managed and delivered within lawful guidance and standards.
- People, their relatives and advocates were involved in reviewing care.

Staff support: induction, training, skills and experience

- Staff were supported with training to provide them with the skills they needed to support people.
- Training was provided in number of ways this included face to face training and work books. One member of staff said, "I have an NVQ level 2 in health and social care, I also recently completed a work book the manager gave me and have more training updates booked for next week."
- New staff were given a full induction to the service and worked alongside experienced members of staff when they first started.
- Staff received supervision and had yearly appraisals with the registered manager.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink. People were complimentary of the food.
- We spoke with the cook who knew people well, including their likes and dislikes and preferences for how they liked their food to be served. For example, the cook said, "[Person name] always likes their food on a smaller plate."
- We observed a lunchtime serving and we saw this was a very sociable occasion with people sitting together and talking.
- Staff had the information they needed to support any special diets, people's weight was monitored for signs of changes and where necessary referrals were made for medical assessment.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager worked closely with other agencies who provided support for people's on-going care needs. Such as GPs, district nurses, foot health practitioners and the palliative care team. The practice nurse attached to the GP surgery attended twice a week to offer advice and review people's health needs.
- People were supported to have eye test and wear their glasses, and to wear hearing aids if needed. One person said, "I have had my eyes tested and help to get a new pair of dentures."

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

- The service had been adapted to meet people's care needs. There was a lift for people to use between floors and a slope to give wheelchair access to the garden.
- People told us they found their rooms comfortable and had everything they needed in them. One person said, "It is nicely decorated, I have all my little bits and pieces I want and family photos. I like my room."

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- The registered manager took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS.
- Staff knew how to support people in making decisions and how to facilitate giving them choice over day to day decisions and activities.
- Appropriate applications had been made to the local authority for DoLS assessments. The registered manager supported people to access advocates, these are independent people who support people to ensure their rights and best interests are being protected.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- People's equality and diversity needs were identified and recorded in care plans to ensure their individual preferences and needs were being met. Staff had received training in equality and diversity.
- Culture and faith were respected by staff and people had access to religious support.
- People told us they were happy living at the service. One person said, "I am quite happy to be living here they are all nice people. I can't say much more than that." Another person told us, "My family are very happy with my care, much better than the last place."

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

- People and relatives were involved in planning their support needs. Each person had a keyworker who worked with them to ensure they had all the support they required. One person said, "My keyworker is [staff name] but I can really ask anyone if I want anything."
- Each month people's support plans were discussed with them and their care needs reviewed to see if they were still relevant. Family were invited along, with people's advocates and social workers to review support care needs intermittently.
- We saw people were given choice about their care and staff were frequently discussing with people how they would like their care needs met.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people when supporting them to maintain their dignity. One member of staff said, "I am always careful when supporting people with personal care to make sure they stay covered to maintain their dignity and keep talking to them and asking them how I can help."
- Care plans identified if people preferred a certain gender of staff to support them. We observed signs on some people's rooms asking staff to knock before entering and staff did this.
- Staff told us they tried to support people as much as possible to maintain their independence.
- People were supported to maintain contact with friends and relatives and there was an open visiting arrangement at the service.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Before people came to live at the service a full assessment was completed to ensure their needs could be met. The registered manager told us people and their relatives were invited to look around the service to see if they felt it could meet their needs.
- Care plans were person centred and included information on people's background, hobbies and interests, likes and dislikes and preferences on how they wished to receive their care and support.
- Care plans were regularly reviewed with people to ensure staff had the most up to date and relevant information to support people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans identified people's communication needs and staff knew how to support people. This approach helped to ensure people's communication needs were known, and met. For example, one person had vision difficulties so staff explained to them the position of food on their plate at meal times using a clock face to explain where each item was. The person appreciated this and it helped them to continue to at independently.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with their families. People we spoke with told us they had regular visits from family members and at times went out with them.
- People and staff arranged activities at the service for family to attend and join in. For example, they were arranging a summer bar b que.
- Activities were arranged for people's enjoyment. One person said, "I enjoy the chair yoga and we have singers coming in."
- Generally, people told us they had enough to keep them occupied and could join in activities if they wished. Two people told us, "We prefer to spend our time relaxing."

Improving care quality in response to complaints or concerns

- There was a complaints system in place. Information was available to people on how to raise a complaint. People told us if they had any complaints they would raise these with the manager.

- The registered manager told us where complaints were raised if these were minor concerns they tried to address them immediately.

#### End of life care and support

- Some people living at the service were receiving end of life care. Staff had received training in end of life care.
- The registered manager worked closely with the GP, practice nurse and palliative nursing services to support people at the end of their life.
- People's preferences for how they wish to be treated at the end of their life were recorded in care plans and some people had been supported with funeral plans.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a good sense of community at the service with people getting along together and we saw people frequently laughing and joking with staff.
- Staff were very focussed on achieving good outcomes for people. One member of staff said, "We want people to have a happy life and be independent." Another member of staff said, "We treat people with dignity and respect and make sure they are comfortable and happy."
- The registered manager spent time working with people and staff, acting as a role model to promote good care outcomes.
- The registered manager understood their responsibility under duty of candour to be open and honest if things go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a positive management structure in place which was open and transparent. Staff told us they felt very supported by the registered manager and that they were available anytime to discuss issues or concerns. Staff told us they could always contact a senior member of staff if needed.
- People benefited from a staff team that worked together and understood their roles and responsibilities. Staff told us they worked well together as a team to support people. They had handover meetings every day and were kept fully informed of people's changing care needs.
- The registered manager had a good oversight of the service and staff worked within regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were actively involved in improving the service they received. They met with their key worker to discuss their care and had resident meetings. We saw from minutes of meetings people were involved in the running of the service through discussions on things such as activities and meal planning. Meetings were also used as an activity to discuss current affairs.
- The provider also asked for feedback from people, relatives and staff and used questionnaires to gain views and opinions. We saw these views were analysed for any themes and how the feedback could be used to improve the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager had quality assurances processes in place. Regular audits were completed on all aspects of the service and action plans were in place to work towards continual improvements.
- The registered manager supported staff to continuously learn and develop their skills.
- Other health care professionals such as practice nurses worked closely with staff at the service to monitor people healthcare needs to provide prompt support when needed.