

Aquarius Lodge

Aquarius Lodge

Inspection report

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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?

Requires Improvement ●

Summary of findings

Overall summary

People's experience of using this service:

The provider had implemented new quality monitoring systems and checks which was identifying some shortfalls. However, the registered manager did not record their checks, and this was not identified by the provider as a shortfall. We found that this was an area for improvement.

There was a warm and welcoming atmosphere at Aquarius Lodge. Every person we spoke to told us that they enjoyed living at Aquarius Lodge; people felt safe and that staff were caring and respectful.

People decided how they wanted to be supported and felt comfortable raising any concerns or ideas for activities or for improving the quality of the service in various reviews, resident's meetings and annual questionnaires. People told us that staff respected their decisions and dignity. We observed staff knocking on people's doors before entering and explaining to people what they were doing and why.

People were kept safe from harm and abuse. Staff had appropriate training and risks to people were assessed and mitigated. 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. Staff had a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and what it meant for people.

People were encouraged to live healthy, independent lives as far as possible. Staff encouraged people to do as much as possible for themselves, to maintain mobility and independence. Healthy eating was promoted, and people praised the variety, flexibility and quality of food offered at the service. When people were unwell or their behaviour changed, this was identified and acted quickly upon by staff. People told us that staff were quick to respond if they rang their call bell and they received medical assistance as and when they needed it.

People received their medicines on time and had access to 'as needed' medicines such as; cold and cough medicines.

There were enough staff to support people, and staff had appropriate training to provide people with the right care and support. Staff worked closely together and felt supported and valued by the registered manager.

The premises had undergone a significant refurbishment programme since the last inspection. As a result, the premises now smelt odour free and looked clean and well-maintained. People had a choice of how they wanted their rooms to be decorated, and staff had brought new bed linen and towels to match the new colour scheme.

People's care plans were up-to-date and contained people's life histories and preferences. However, the records were often confusing to read. We discussed this with the registered manager and they accepted that

this was an area for improvement to be followed up on the next inspection.

More information in Detailed Findings below.

About the service:

Aquarius 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. Aquarius Lodge is a privately-owned service providing care for up to 17 people. At the time of inspection there were 15 people living there.

Rating at last inspection:

Requires Improvement (report published 17 January 2018)

Why we inspected:

This was a planned inspection based on the previous rating. 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 question(s); safe care and treatment, good governance and premises and equipment to at least good. Since this inspection, the provider and registered manager had actioned their plan, as a result the service is no longer in breach and we have rated the service good.

Follow up:

We will continue to monitor the service through the information we receive. We will follow up on identified areas for improvement at the next scheduled inspection.

For more details, please see the full report which is on CQC website at 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?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Aquarius 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Aquarius 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.'

What we did:

Before visiting the service, we looked at previous inspection reports and information sent to the Care Quality Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We also looked at information sent to us by the manager through the Provider Information Return (PIR). The PIR contains 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 three people's care plans. We also looked at a variety of different sources of information relating to these people, such as; care and support plans, activity plans and risk assessments. In addition, we looked at; surveys, staff rotas, training records, recruitment files, medicine administration records, complaints and accident logs. We asked the manager to send us some documentation via email after the

inspection. These were received on the days following the inspection.

On inspection, we spoke with eight people and observed interaction between staff, the manager and people. We also spoke with the registered manager and two members of staff.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes

- People were protected from harm and abuse.
- Staff knew about the different forms of abuse and could identify signs to look for to indicate that a person may be being abused. Staff told us that they would report their concerns to the registered manager or whistleblowing agencies if they suspected or witnessed abuse.
- People told us that they felt safe living at Aquarius Lodge. One person commented; "I feel safe living here. Sometimes the carers take the place of my guardian angel."

Assessing risk, safety monitoring and management

- Staff identified when people were at risk of harm and where risks were assessed and mitigated against.
- At the last two inspections we found repeated breaches of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. The provider had failed to do all that was reasonably possible to assess and mitigate risks to people's health, well-being and safety. At the previous inspection there had been some improvements made, but there was not sufficient guidance in place for staff to follow in relation to preventing and managing risk. At this inspection we found that there were guidelines in place for staff to follow and the service was no longer in breach.
- We reviewed the care plan of a person at risk of developing pressure sores and there was information on how to identify and prevent the breakdown of skin. Staff told us what they would look out for and how they helped to prevent skin breakdown, by applying creams, monitoring trouble areas and prompting the person to adjust their position if they had not done so already. In addition, staff completed daily checks of the person's pressure relieving mattress to ensure it was on the appropriate level for the person's weight.

Staffing levels

- At the last inspection we found that new staff were not always recruited safely. At this inspection we found that the registered manager had carried out appropriate checks on new members of staff to ensure they were safe to work with people, including; references from previous employers and police disclosure barring service checks.
- We saw that there were enough staff to support people. Staff rotas were drawn up in accordance with a dependency tool which assessed people's needs and rotas were adjusted accordingly.

Using medicines safely

- At the last inspection we found that medicines were not being managed safely. At this inspection we found that improvements had been made and medicines were now stored and managed safely.
- Staff who administered medicine had specific medicine training and were signed off as competent by the management. Spot checks were conducted to ensure staff continued to be safe.

- People had access to 'as needed' medicine such as; cold medicine and pain relief and there was staff guidance on how and when to administer such medicines.
- A person told us; " I know what tablets I have, they bring them to me and I take them. They are always on time with my medicines."

Preventing and controlling infection

- At the last two inspection's there were continued breaches of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014, relating to the premises and equipment. At the last inspection, we found that some improvements had been made but the provider failed to ensure the service was clean and smelled fresh.
- We asked the provider to send us an action plan on how they would address the different environmental concerns identified at the last inspection and these had been met.
- At this inspection, we found that the service had undergone significant refurbishment, with new carpets and redecoration throughout, the service was free from odour and well-maintained. Therefore, the service was no longer in breach.

Learning lessons when things go wrong

- Accidents and incidents were recorded by staff and reviewed for patterns and trends by the registered manager.

Is the service effective?

Our findings

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

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 were provided with the care and support they needed to live an independent and fulfilling life. People's support centred around their needs and preferences in line with best practise guidance.
- Staff assessed people's needs before they moved to the service to ensure they could be given the right level of care and support and their needs were reassessed through a series of reviews. A pre-assessment gathered information about each person's physical and emotional needs to ensure that they could meet their needs. The admission process also captured people's spiritual, sexual and cultural needs and these were revisited formally and informally to ensure people's emotional needs continued to be met. Those who wanted to be visited by a local minister. The registered manager had developed a good relationship with the minister and together they supported people to overcome concerns.

Staff skills, knowledge and experience

- People were supported by staff who had the skills and knowledge to meet their needs.
- Staff had regular supervisions and annual appraisals and they told us that they felt supported and valued by the registered manager.
- New staff followed a robust induction programme, followed by a period of shadowing and competency assessments before being able to work with people alone.
- Existing staff undertook online and face to face training relevant to people's needs, this included; dementia care, diabetes awareness, infection control, mental health awareness and diet and nutrition.
- One member of staff told us about recent 'challenging behaviour' training; "We talked through case studies, how to deal with it, the best approaches and a test afterwards. It was good training." Another staff member told us that they had been supported to gain health and social care qualifications, "[Management] are pushy with training which is good."

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to eat a varied, healthy diet. We saw people coming in to look at the menu options on the wall and we heard them comment that the menu looked gorgeous and they were looking forward to their lunch.
- Staff were knowledgeable of people's specialist nutritional and hydration needs and they worked closely with dietitians and speech and language therapists to ensure that guidance reflected people's changing needs.
- Hot and cold drinks were available throughout the day. We also saw that people were offered wine and beer with their meals.
- People were offered a choice of meals and alternative options were available. We were told; "If I want something different I can," "Lovely meals, get a choice If I didn't like what was on the menu they would do

something else for me. I don't like baked beans, so they put something else on that I like."

- The chef accommodated people's different wishes. The chef made them fresh bread every day. One person told us, "We had steak for our anniversary."

Staff providing consistent, effective, timely care within and across organisations

- Staff were quick to identify changes to people's physical and mental needs and sought appropriate advice. On inspection, the registered manager told us that they were worried about a change in one person's behaviour, so they had called the GP to check on the person. We saw the GP arrive later in the day. The registered manager told us, "We have a really good relationship with surgery, only have to call and the GP will come out." A person told us; "Staff would notice if I was unwell and they would call the doctor for me."
- When people's needs changed, staff were updated at staff handover and the communication book described changes to people's care needs and this had to be read and signed by staff.
- The registered manager had enrolled on the 'red bag scheme,' this meant that if people visited health services or were admitted to hospital, a red bag taken containing information about the person, medicine records and personal belongings to enable professionals to provide people with the care they needed. People told us that staff accompany them to medical appointments.

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

- The premises met people's different needs. For people whose mobility was limited, there were stair lifts available to allow people to access different areas within the building, including a stair lift to the garden.
- Since the last inspection, the building had been subject to an extensive programme of redecoration and repair. There was only one bathroom that had not been revamped, but this was due to take place on the day after inspection and the registered manager sent us photos of the completed work after the inspection.
- During this period of redecoration, people were asked how they would like their rooms to be decorated and we saw that new towels and bedding has been brought that matched with each room's colour scheme.
- However, the recent decoration and refurbishment was an opportunity to make the home environment dementia friendly, but this was not realised. There was not signage around the property and the colours used in communal areas were light with minimal contrast between walls and hand rails. This is an area for improvement.

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. We saw that some people had DoLS in place and conditions were being met.
- We spoke to staff and they had good understanding and knowledge of the MCA, DoLS and what it means for people. One member of staff told us that a capacity could not be generalised but depended on the day and the task.
- We saw that people were always given options and could choose how they wanted to spend their time. One person told us, "I get up at five and go to bed when I want to, it is completely my choice." Others told us, "They always give me an option, they respect my decisions."

Is the service caring?

Our findings

Caring – this means 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

- The atmosphere at the service was friendly and relaxed. People talked with staff and it was clear from staff's responses that staff knew people very well. We saw staff laughing and joking with some people and sitting, listening and comforting others who required more emotional support. A member of staff told us; "We find out about people, build up a relationship. Everyone has their own needs and likes. It is good to find out about what they did in their life, what they like. For example, some people like contact, some people don't."
- People told us that staff cared about them. One person said; "It's a nice home, the carers are lovely and kind. They are very helpful and care about me. We had a lovely Christmas, the best one ever." Another told us; "Staff are very nice, they move my hoist out so my wife can sit in with me and have her lunch – they don't have to do that."

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

- Each person had their own key worker. A key worker is a staff member who takes a lead in a person's care and support.
- Most people expressed themselves verbally and keyworker meetings and reviews ensured people could choose how they wanted to be supported and by whom. It was clear when observing interactions that staff knew people and how they communicated their concerns and emotions.
- With people's permission, family and friends also took an active role in people's care and support and helped staff to fill in any gaps of knowledge or suggest activities people might like.
- The registered manager had also sought advice from health professionals such as; district, palliative and learning disability nurses, on how to broach particularly sensitive topics with people with limited capacity. We saw that easy read guides had also been sourced to go through with people to help them to understand what their health conditions were and how they could or could not be treated.

Respecting and promoting people's privacy, dignity and independence

- People were supported to live as independent lives as possible and their privacy and dignity were protected. One person told us about their experience of receiving personal care at the service; "[Staff] maintain my dignity, they cover me up and make sure I am comfortable" A member of staff later told us; "We talk to them whilst we are doing things, talk them through it, instead of just doing it, best way, ask them what they want, and what way they want it."
- People were encouraged to do as much as possible for themselves. Staff put themselves in people's shoes, commenting "I know what I would do if it was me and what it would mean for my dignity." They told us that they encouraged people to do things for themselves before assisting, "I try to encourage people to walk, to maintain their mobility, to be independent – with me present to supervise."

- Records were held securely in locked cabinets.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- People's care plans were thorough, person centred and detailed people's likes and preferences. However, information was not always clear as dates of entries were mixed up and it was unclear what information had been added or changed following a review. We discussed that care plans could be improved to ensure that it was clear for staff to see the newest and most up-to-date information for that person. The registered manager took this on board and we will check whether this has been implemented at the next inspection.
- Staff were receptive to small changes in people's behaviour and physical health. When issues were noticed, these were reported to the registered manager and medical advice was sought. Any changes were fed back to staff through staff handovers and via the communication book.
- People felt like staff knew them and how they wanted to be supported. One person commented; "Staff know enough about me, I couldn't wish for better staff."
- People were also able to take part in a range of different activities within the service and externally. Ideas were discussed at resident's meetings. A person interested in art had been to an art museum in London. Two people also visited local charity groups and activities regularly. Another person who missed keeping pets, had regular visits from a therapy dogs and had a picture on her wall of the dog.
- On the day of inspection, we saw people engaged and enthused whilst taking part in a game of skittles. There was also a beautician going around people's rooms, cutting their hair and painting their nails if they so desired.

Improving care quality in response to complaints or concerns

- People told us that they felt comfortable and confident raising concerns to staff or the registered manager. One person told us that when they had raised concerns, they were acted upon and swiftly resolved.
- We saw people talking to staff and the registered manager during the inspection and they responded with sensitivity and tact. People also had regular time with their key workers and resident's meetings to discuss any concerns or ideas for improving the service.

End of life care and support

- The registered manager had sought support from people's families and professionals to have conversations with people about their conditions and what this meant for them.
- Some people had funeral plans, however there was limited or no information about people's preferences at the end of their lives.
- The registered manager understood that this was an area for improvement and following the inspection had begun having 'advance planning discussions' with people which they would feed in to their care plans.

Is the service well-led?

Our findings

Well-Led – this means 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 roles, understanding of quality performance, risks and regulatory requirements.

- At the previous inspection, there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.
- At this inspection we found that there is no longer in breach of Regulation 17, as improvements had been made. The provider had started conducting monthly checks of medicines, care plans, the environment and training, followed by a manager's report and regular supervisions with the registered manager. We saw that shortfalls were identified, discussed in the manager's report and actioned. The registered manager also actioned a plan to improve the cleanliness and decoration of the premises. It was clear that the provider and registered manager had worked together to create more effective systems to monitor the quality of the service and of the care provided to people.
- However, there were still improvements to be made. The registered manager carried out checks, however these were not recorded so we were unable to determine how often these checks took place, what shortfalls, if any were identified and what action was taken to address them. Following the inspection, the registered manager had developed a new 'manager's audit' which they sent to us and have since implemented.
- The previous rating for the service was displayed in the hallway for people to see.

Promotion of person-centred, high-quality care and good outcomes for people

- The culture at Aquarius Lodge was supportive, respectful and person-centred. Staff knew people well and people felt cared for and supported by staff. A person commented; "Staff are friendly, helpful and patient. They have gone out of their way to find out answers to my questions." Others described them as; "Very, very good. They care."
- People and staff praised the management of the service. The registered manager led by example and operated an open-door policy which was embraced by people and staff. One member of staff told us; "[Name] is a good manager, does well with each person, caters for each person and their different needs. [Registered manager] raises things to owners. They are hands on and practical, they really help out. The residents all likes her." A person told us; "I feel safe here. If I had any concerns I would report it, [registered manager] is lovely and she would help if I needed her to."

Engaging and involving people using the service, the public and staff

- The registered manager sought advice and feedback from people, relatives, staff and health professionals. We saw that this information had been collected and reviewed by the registered manager to see if there were any improvements that could be made. We reviewed the feedback and it was mostly positive. Two GP's had responded, with very positive responses, one stated; "The service has done very well. The manager is a

good leader."

- Meetings took place regularly and these enabled people and staff to share their ideas and concerns. The meetings were also used to update staff on the latest and best practice. The manager received publications from different care management organisations and attended best practice forums to ensure the service developed in line with latest practice. One member of staff told us; "Every time I make a suggestion it gets taken on board. I once noticed that a person preferred to have personal care delivered by males. I fed this back and the person has male carers as much as possible now."

Continuous learning and improving care

- At the previous inspection, we found that there were no plans in place for the continuous development of the registered manager. At this inspection, we found that the provider carried out regular supervisions with the registered manager and had come up with a 'manager's log.' This log identified shortfalls and areas for improvement both for the service and for the registered manager.
- We discussed learning with the registered manager and they told us that they sought out online training courses and had recently completed training on new data protection regulations, as well as legionella awareness and mental capacity. The registered manager also attended registered manager's forums and received information from the Skills for Care network.
- The registered manager worked closely with the local specialist Care Home team and local authority commissioners who offered advice and guidance.

Working in partnership with others

- The registered manager had a good relationship with a variety of different professionals. When people needed specialist support, referrals were made without delay and specialist guidance was cascaded to staff and used to provide people with the most appropriate support for their needs.
- The registered manager also worked with local groups, charities and organisations so that they were up-to-date with groups and events that might interest the people living at Aquarius Lodge. One person had recently started attending an evening class through a local organisation, which they thoroughly enjoyed.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.