

Aquarius Lodge Ltd

# Aquarius Lodge

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This was an unannounced inspection that took place on 11 May 2016.

Aquarius Lodge provides accommodation and personal care for up to 17 older people, some of whom are living with dementia. The property is a three storey detached building and bedrooms are on all three floors. There are communal lounges and a dining room. There were 13 people using the service when we visited.

The provider had failed to notify the Care Quality Commission (CQC) that the legal entity of the service had changed. The service had been trading as Aquarius Lodge Ltd but this company had been dissolved and they were now trading as a partnership. This meant that the service was not legally registered. The provider is in the process of submitting a new registration application to CQC.

The service had a registered manager in post who had been appointed under the legal entity of Aquarius Lodge Limited. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We carried out an unannounced comprehensive inspection of this service on 24 and 26 March 2015. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. There were three breaches identified at the previous inspection and at the time of this inspection the provider has complied with one and parts of the other two breaches, therefore the provider had not fully met their legal requirements.

The call bell system in the service was being checked regularly and had been repaired in June 2015. However, recent checks had identified that two call bells in the rooms on the lower floor were in need of repair.

The water temperatures had been checked and valves had been fitted to ensure temperatures were within the recommended guidance to reduce the risk of scalds to people. A fire risk assessment had been completed and appropriate staff training had been provided so that staff knew what to do in the event of an emergency.

Although there was a programme of cleaning in place to ensure that the home smelt fresh, some areas of the service still had strong odours. The cleaner continually used fresh air sprays but these only masked the odour for a short time. There were systems in place to ensure that clean and soiled linen were separated to reduce the risk of infection.

The infection control audit had not picked up the shortfalls that we identified at the time of the inspection. Some areas in the service had not been redecorated or repaired and further action was needed to ensure infection control measures were in place. The wet room had been cleaned and checked but there remained a puddle of water beneath the toilet which appeared not to drain away.

The five year electrical check on the premises was out of date. The registered manager told us that this was in the process of being arranged.

Window restrictors had been reviewed and fixed and checks were being carried out to make sure they were working correctly. Radiators in the hallways had been guarded to ensure that people were protected from hot surfaces.

The handle on the back door to the garden had been repaired. Door handles on some people's rooms were also being fitted at the time of the inspection. Further risk assessment was required to ensure the entrance to the garden and the garden was safe to ensure that people would remain as safe as possible.

Some parts of the service had been redecorated and new carpets had been laid in seven bedrooms, some corridors had been painted and the dining room had been decorated and new furniture purchased.

There was an ongoing action plan in place to improve the environment but the timescales had not always been achieved. The provider visited the service regularly but had not identified the further shortfalls identified at this inspection.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. CQC check that appropriate action had been taken. The registered provider had not submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

Although some further details had been added to individual risk assessments and care plans, there were still shortfalls in the risk assessments to guide staff how to manage risks with people's behaviour, mobility and falls. Staff were able to tell us how they moved people safely but this was not recorded in the care plans. People who were at risk of choking did not have full details in their risk assessments to show staff what action they should take if the person started choking. We observed that when one person had their meal staff were attentive and stayed with them to ensure they ate their food safely.

Some people were living with diabetes and were being supported daily by the district nurse to monitor and administer their insulin. There were no guidelines in their care plans to ensure that staff would recognise when a person may need medical attention if their blood sugar was too high or low. Further information was also required in care plans to ensure that staff knew the signs and symptoms to look for to recognise if people's catheters were not working correctly to reduce the risk of infection.

Care plans had been reviewed and there was good communication with staff and management so that they were aware of people's changing needs. People's healthcare needs were monitored and appropriate advice sought from health care professionals when required. People's nutritional needs for eating and drinking were assessed and supported. People received their medicines when they needed them and medicines were stored safely

A full training programme was in place to ensure that staff had the skills and competencies to give safe care. Staff were supported by the registered manager with one to one meetings and a yearly appraisal There were sufficient staff on duty to ensure people had their needs met and staff were recruited safely.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Some people living at the service had a DoLS authorisation in place. Staff were aware who this applied to and understood they needed to follow the recommendations of the assessment, but this was not always recorded in the care plans. Policies and procedures were in place relating to the Mental Capacity Act 2005 (MCA) and the DoLS. When people lacked the mental capacity to make decisions the registered manager was guided by the principles of the MCA to ensure any decisions were made in the person's best interests.

People felt safe and staff understood about different types of abuse and who to report to both inside and outside of the service. People spoke positively about the care and support they received. People told us that staff were caring and kind. Staff knew people well and understood their choices and preferences. Staff were patient and listened to people, responding positively to their requests.

People were enjoying a variety of activities. People who were able accessed the community to go to clubs, and outings. People who remained in their rooms were visited to ensure they did not feel socially isolated. Additional signage around the building had been added as advocated by dementia care good practice guidelines.

People knew how to raise any concerns and felt that they would be listened to. There was a complaints procedure in place and concerns had been responded to appropriately.

People, their relatives, staff and health professionals were encouraged to provide feedback to the provider to continuously improve the service.

There was an open and transparent culture and staff understood their roles. Staff told us the registered manager was 'brilliant' and talked about how much they had improved the service. Staff had gone the 'extra' mile and had decorated some of the areas of the home in their own time. They were also fund raising to provide people with a memory room.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and (Registration) Regulations 2009 (Part 4).

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Risks to support people with their mobility and behaviour had been assessed but staff did not always have clear guidelines to follow to ensure the risks were managed safely.

Although some areas of the environment had been improved there were still areas where risks had not been identified and managed. Infection control procedures were not identifying the risks of infection and there was an unpleasant odour in some parts of the service.

People received their medicines when they needed them, and medicines were stored safely.

People felt safe and systems were in place to protect people from potential abuse.

There were enough staff on duty to meet people's needs. There were safe recruitment practices in place to ensure new staff were suitable to work at the service.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff received the training and support they needed to support people, and to understand their needs.

Staff were aware of the requirements of the Mental Capacity Act 2005 and how to support people to give consent.

People's health care needs were monitored and they were supported to access health care professionals as needed.

People's nutritional needs were assessed and people were provided with a suitable range of food and drink.

**Good** ●

### Is the service caring?

The service was caring.

**Good** ●

People told us the staff were kind and caring. Staff understood people's individual needs and routines.

Staff communicated effectively with people, and listened and responded when people needed support.

People privacy and dignity was respected and their independence encouraged.

People's records were stored securely to protect their confidentiality.

### **Is the service responsive?**

The service was not always responsive.

People had their needs assessed when they moved in. Care was personalised to reflect their wishes and preferences, however further detail was required to ensure that staff had guidance to support people with their individual medical conditions.

Care plans had been reviewed and updated so staff were aware of people's current needs.

People had the opportunity to take part in activities of their choice and staff spent time supporting people with the activities they preferred.

There were systems in place to ensure any concerns or complaints were responded to appropriately.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well led.

The provider had failed to inform the Care Quality Commission that the organisation had changed from a limited company to a partnership; therefore the service was not legally registered.

Quality assurance systems were in place but the shortfalls identified in this inspection had not been recognised. Some of the requirement notices served at the previous inspection had not been met.

Staff were given the support they needed and understood their roles and responsibilities.

People were asked their opinions of the service and these

**Requires Improvement** ●

opinions were acted on.

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# Aquarius Lodge

## Detailed findings

### Background to this inspection

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

This inspection took place on 11 May 2015 and was unannounced. The inspection was carried out by two inspectors, and an expert-by-experience. The expert-by-experience was a person who had personal experience of using or caring for someone who uses this type of care service.

Before the visit we looked at previous inspection reports and notifications we had received. This was a follow up inspection to assess if the service was compliant with the requirement notices made at the previous inspection on 24 and 26 March 2015. A notification is information about important events which the provider is required to tell us about by law. We looked at information received from social care professionals.

During our inspection we spoke with five members of staff and the registered manager. We spoke with thirteen people using the service. We were not able to speak to any relatives or friends as there were no visitors when we visited the service. We observed the lunchtime meal and also observed how people were supported throughout the day with their daily routines and activities. We looked at how staff spoke with people and observed staff carrying out their duties. We looked around the communal areas, some people's rooms with their permission and facilities such as the kitchen and laundry.

We looked at a range of records including care plans, monitoring records for five people, and medicine administration records. We also looked at four staff records and records for monitoring the quality of the service provided, including audits, complaints records and meeting minutes.

The last inspection took place on 24 and 26 March 2015 where breaches of the regulations were found.

## Is the service safe?

### Our findings

People told us they felt safe living at the service. They said: "It's a good place, feel safe here".

At our last inspection in March 2015 the provider had failed to make sure that risks to people, staff and others had been managed to protect people from harm and ensure their safety. They had failed to make sure that care and treatment was provided in a safe way. The provider sent us an action plan telling us how they were going to improve. At this inspection we found that improvements had been made in several areas but further action was needed to make sure the service was safe.

The call bell system in the service was being checked regularly and had been repaired in June 2015. However, recent checks had identified that two call bells in the bedrooms on the lower floor were not working. There was a risk assessment in place to address the issues and checks were made by staff to ensure people were safe if they choose to remain in their rooms. The registered manager told us that they were sourcing new call bell parts but the system was old and they had only just found parts that were suitable. They were hoping to carry out the repairs in the near future.

The water temperatures had been checked and valves had been fitted to ensure temperatures were within the recommended guidance to reduce the risk of scalds to people. A fire risk assessment had been completed and appropriate staff training had been provided. Fire drills had taken place and a complete evacuation of the premises had been undertaken. This included day and night staff. The fire call points had been tested weekly to ensure they were working but records did not always show what point was checked. This was an area for improvement.

At the last inspection in March 2015 the provider had not made sure that an appropriate standard of cleanliness had been maintained in all areas of the service. Although there was a programme of cleaning in place, the service was not clean and hygienic. When we entered the service there was a strong smell of urine. Some areas of the service, particularly the ground floor corridors and wet room had offensive odours. These odours did not dissipate during the day. In some areas of the service the carpets were not clean and, in places, were fraying.

The ground floor wet room was not clean, the bin was broken, and there was a pool of liquid around the toilet pedestal that was not draining away. The base of the shower area was coming away at the edge and there was a risk that people could cut themselves on it. Paint was peeling off the radiator, the toilet was not clean, the bin had a rim round the edges which was dirty. The other toilet by the wet room also needed cleaning. After the inspection the registered manager sent an action plan to address these issues and there was a plan to replace carpets in corridors and some people's rooms with alternative flooring. The bathroom on the first floor had tiles chipped at the side of the bath, there was a stain round the plug hole in the bath and the toilet needed cleaning.

The requirement notice served at the previous inspection had not been fully met, therefore there was an ongoing breach of the regulation as the provider had not made suitable arrangements to make sure the

premises were properly maintained and standards of hygiene were maintained. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The laundry room had been redecorated and there was further ongoing work planned to cover pipes. A separate room for clean laundry and ironing had been established to make sure dirty and clean washing were kept separate.

There were still areas of the service which were not consistently safe. The five year electrical check was out of date. The dated on the certificate was 4/5/11 and this was valid for five years, but no check had been carried out at the time of the inspection. The registered manager told us that this was in the process of being arranged.

People went in and out to the garden when they wanted to; however, there was broken garden furniture and an area under the stairs full of rubbish, including slug pellets and paint tins which was a risk to people. There were no risk assessments in place to manage these risks and ensure people were protected from harm.

Clinical waste was disposed of using the correct yellow bags and placed in a clinical bin; however, the clinical bin was not locked to ensure the waste was stored in line with current guidance and several yellow clinical bags were left outside in different parts of the garden.

Further risk assessment was required to ensure the entrance to the garden and the garden was safe. The lino at the foot of the stairs to the garden was coming away from the edges, which was a potential trip hazard. The hand railing was only on one side and painted brown which was not distinctive for people living with dementia to recognise and use safely. There were uneven paving stones on the ramp going on to the lawn which was a risk of trips and falls.

The requirement notice at the previous inspection had not been fully met; therefore there was an ongoing breach of the regulation as people were not being protected against the risks of an unsafe environment. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made to some areas of the environment. The handle on the back door to the garden had been repaired. Door handles on some people's rooms were also being fitted at the time of the inspection. Window restrictors had been reviewed and fixed to ensure that they were working and checks were being carried out to make sure they were working correctly. Radiators in the hallways had been guarded to ensure that people were safe. The dining room had been redecorated and the provider had purchased new furniture. Seven of the bedrooms had been redecorated and new carpets had been laid.

There were risk assessments for moving and handling procedures, falls, skin integrity and people's nutritional needs. Although further details had been added to individual risk assessments and care plans, there were still shortfalls in the risk assessments to guide staff how to manage risks with people's behaviour, mobility and falls. Risk assessments stated, 'one carer to assess my mobility and mobilise and to use the hoist if required.' This person had a medical condition which affected their mobility. There was no guidance in place to show how this person was competently assessed in line with their fluctuating mobility and medical needs. If and when the person needed the support of a hoist, there were no step by step guidelines for staff to follow to ensure they were moved consistently or safely. The care plan stated 'I would like two carers to assist me to sit up and turn in bed', but there were no guidelines to say how they did this safely.

Staff assessed and completed a falls assessment for each person. The forms in the care plans indicated what level of risk people had of falling. Some assessments had a score of a high risk but there was no further risk assessment in place to guide staff what measures to put in place to reduce the risk of people falling.

Some people had behaviours which may challenge others had been recorded in their individual care plans. One person's care plan stated that they could become aggressive and be verbally abusive, there were some strategies in place to reduce this person's agitation such as 'explain everything to me as you go along, this may settle me a little, carers need to be patient and listen carefully to me so I can make myself understood'. However, there was no further guidelines for staff on how to manage aggressive behaviour or recognise any triggers or trends to reduce the risk of this happening again.

People who had difficulty swallowing were seen by the speech and language therapists to make sure they were given the correct type of food to reduce the risk of choking. Risk assessments were in place for staff to follow to make sure the right foods and thickened drinks were given. One person who was at risk of choking had an assessment in their care plan to ensure that staff cut up the person's food, stayed and observed them when they were eating their meal. However, there were no other details in their risk assessments to show staff what action they should take if the person started choking and when to seek medical advice. We observed that when this person had their meal staff were attentive and stayed with them to ensure they ate their food safely.

The requirement notice at the previous inspection had not been fully met, therefore there was an ongoing breach of the regulation as the registered provider had not made sure care and treatment was provided in a safe way. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Accidents and incidents were monitored and the registered manager had an overview of them to check for any patterns or trends to reduce the risk of them happening again.

The provider had an emergency plan in place to reduce the risk to people in the event of a major incident. There was guidance for staff to follow in the event of an emergency, such as, a flood or a gas leak. Arrangements had been made with a local hotel should people need to be moved out in an emergency. Each person had a personal emergency evacuation plan (PEEP) in place. A PEEP sets out the specific physical and communication requirements that each person had to ensure that people could be safely evacuated from the service in the event of an emergency.

People told us that they received their medicines on time. If people refused their medicines there were systems in place to ensure they were offered it later. Medicines were stored securely. The storage room was in good order with systems in place to ensure that the medicines were easily accessed. Bottles were not sticky and medicine with a shelf life had the date of opening on the item to ensure it was used in line with the prescribed instructions and disposed of safely. Staff were trained to manage people's medicines safely and completed records accurately, with no unexplained gaps. There were protocols in place for 'as and when' required (PRN) medicines so any adverse side effects were known and could be discussed with people.

Medicines audits were completed. When a shortfall had been identified, for example if there had been a signature missed on a medicine administration record, it was checked and concerns addressed directly with the staff involved. When necessary, disciplinary action had been taken.

Topical medicines (creams) were being stored in people's bedrooms. There were no risk assessments in

place to ensure that people were protected from harm. This was an area for improvement.

People said they felt safe and would speak with a staff member if they were unhappy. Staff understood the different types of abuse and had completed training on how to keep people safe. Staff were confident that any concerns they raised with the registered manager would be listened to and acted on to keep people as safe as possible. There were procedures and guidance for staff to follow to enable this to happen. Staff were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly.

People's money was safeguarded. Systems were in place to record and account for any money spent. Receipts were kept and the balances were checked regularly. Some people chose how they spent their money. People had access to their monies when they wanted it.

There were enough staff on duty to meet people's needs and keep them safe. Staff told us that there were always enough staff available throughout the day and night to make sure people received the care and support they needed. Staff were not rushed and the duty rota showed that there were consistent numbers of staff working at Aquarius Lodge. Staffing was planned around people's needs and the support they needed at different times of the day. The registered manager used a dependency assessment tool to help determine the number of staff needed on duty to support and care for people. This was reviewed and adapted to meet people's changing levels of need. Staff told us that there was enough staff on duty and they were always covered in times of sickness or annual leave. They told us they all worked hard together to ensure the shifts were covered by permanent staff.

Recruitment checks were completed to make sure staff were honest, trustworthy and reliable. Information had been requested about staff's employment history, including gaps in employment. Reasons for any gaps in employment had been obtained and recorded in the staff files we checked. Disclosure and Barring Service (DBS) criminal records checks had been completed for all staff before they began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Checks on the identity of staff had been completed.

## Is the service effective?

### Our findings

People told us that they were supported to maintain their health care and staff made sure they saw a doctor should they feel unwell. One person told us how they were able to go to the dentist in the local community. People told us that the staff knew how to look after them well and understood their needs. Staff told us they had received the right training to fulfil their roles. They said they could ask for any training and this would be considered.

At the last inspection in March 2015 the provider had not supported staff to receive the training and development necessary to carry out their role. At this inspection people were now supported by staff who had completed a range of training to develop the skills and knowledge they needed to meet people's needs. Staff completed an induction when they started working at the service and were supported to refresh their skills regularly. The registered manager used a training schedule to check that staff had completed training and when it was due to be renewed.

Staff had completed the training they needed to perform their duties, including moving and handling, health and safety and safe handling of medicines training. There was an on-going programme of distance learning courses, including special training relevant to their roles, such as understanding dementia. Most staff had acquired or were working towards level 2 or 3 qualifications in social care. New staff were working towards the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life. They said, "The Care Certificate really helps new staff, particularly if they haven't worked in care before". The registered manager had identified that some staff were due to complete refresher training on fire safety. They had discussed this at the staff meeting and plans were in place for this to be completed. Staff had not completed training on managing diabetes or on managing behaviour. This was an area for improvement.

The registered manager reviewed the effectiveness of the training by monitoring and observing staff providing care and support to people. Staff received feedback from their observations immediately and at regular one to one supervision meetings. Changes to staff practice were discussed at these meetings. Staff told us that they felt supported by the manager. The one to one meetings were planned in advance so that staff could prepare and enabled the registered manager to track the progress towards the staff member's objectives. Staff's achievements were recognised and they were praised. Staff progress towards changing their practice following any concerns was also discussed and the manager identified staff who were not able to provide the service to the standard required.

Staff asked people for people's consent before supporting them with their care and support. They offered them choices of what they wanted to eat and where they wanted to be. Staff told us how some people refused their personal care and staff respected their decision at that time and would then go back and try to support them later.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. At the time of the inspection some people had their liberty restricted. People had appropriate authorisations in place with the required related assessments to ensure the restrictions were lawful and the least restrictive. The registered manager told us that one person's authorisation had just arrived the day before the inspection and the care plan had not been updated. Staff were able to explain how they made sure people this person was being offered the choices recommended by the authorisation.

Some people had been supported to make decisions in their best interest by health care professionals or solicitors. Some people had made advanced decisions about their end of life care and there was evidence in the care plans that appropriate people had been involved in the decisions.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. We observed one member of staff noting that a person needed to see a doctor as they had recognised they needed medical attention. When staff noticed a change in people's weight or people had problems eating and drinking they were referred to dieticians and speech and language therapists. Staff followed the guidance they were given by health professionals. For example, when people were losing weight they were encouraged to have supplement food and drinks. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People's care records showed relevant health and social care professionals were involved with their care. Care plans were in place to meet people's needs in these areas and were regularly reviewed.

People told us that staff were attentive and called the doctor promptly if they needed medical advice. District nurses called daily to support people with their medical conditions such as diabetes or to provide health care for people's skin conditions. Care plans contained information and assessments about how to support people with their nutritional, skin care and continence needs.

Observations at lunchtime showed that people received the support they needed. Staff were attentive to one person who was at risk of choking and made sure their meal was cut into small pieces as they encouraged them to eat. The meals looked appetising and people were given the space and time to eat at their own pace. Staff were patient and sat beside people to support and encourage them to eat. People had choices and were offered alternatives if they wanted something different. People told us that there was always a choice and plenty of food available. Staff were observed at lunch time offering people a second helping.

People told us and indicated that they enjoyed their meals. People said: "The food is great". The meal of the day was on display in the dining room and staff were seen asking people what meal they would like.

Staff supported people to have sufficient to eat and drink and maintain a balanced diet to make sure they were as healthy as possible. Choices of hot and cold drinks were given throughout the day and people were encouraged to drink to make sure they remained hydrated. Throughout lunch staff were observant and attentive. When people needed support or encouragement to eat this was done discreetly, sensitively and respectfully by the staff. Staff took their time when supporting people and focussed on the person's experience. People were enjoyed their food, were not rushed and ate at their own pace. Some people went out during the morning and staff offered them a meal or a sandwich on their return.

People's needs for eating and drinking were assessed and people's likes and dislikes were recorded in their care plans. When people were not drinking or eating enough food and fluid charts were placed in their rooms to ensure they had enough to eat and drink. Hot and cold drinks were given throughout the day plenty and drinks were readily available in the lounge and dining room and in the bedrooms.

A recent residents meeting noted that people 'would like more snacks during the day' and, 'would like more snacks and cakes'. Staff told us they had introduced 'snack boxes', which included fruit and snack bars, and people helped themselves if they wanted anything. At the same meeting a number of people had asked if they could have porridge for breakfast. Porridge was immediately added to the breakfast menu.

## Is the service caring?

### Our findings

People told us they were happy with the support they received from staff. People said they were treated with kindness and the staff had built up meaningful relationships with them. People said, "I need a lot of care and support because of my disability. Nothing is too much for them (staff) and it doesn't matter how many times in the day I ring for them they always respond cheerfully. I cannot speak too highly of the staff; they treat me with care, kindness, dignity and respect. They check on me regularly". "I am very happy here. The food is OK and the staff are good". "I love the staff. They are very good to me. They are so kind and caring. I try to remember all their birthdays as a thank you for what they do for me"

The registered manager told us that the staff were very caring and kind, they said, "I would not change my staff for the world. They are brilliant". Staff knew people well and their daily routines. They were attentive to people throughout the inspection and made sure people had what they needed.

People's care plans contained information about their life histories and about their preferences, likes and dislikes. People told us they were offered choices for example, bath or showers as they wished. Staff understood the importance of being able to chat about the past, family and friends. Staff told us about how people liked to spend their day and what they liked to do.

Staff were patient and responded to people's needs. Staff answered questions when they were asked and took the time to talk to people and listened to what they had to say. Staff supported people to be as independent as possible and offered support in an unobtrusive manner by asking people discreetly if they wanted any help. One person told us that did not sleep well and often came downstairs to make a drink and a sandwich. There were details in people's care plan if people needed additional care and support such when they were anxious and needed staff to sit with them.

There was a good team spirit amongst the staff. People were at ease with staff and there was gentle respectful banter with people and staff throughout the inspection. Staff stopped to chat with people as they carried out their duties. People were supported in a kind and friendly way. Staff spoke with and supported people in a respectful and professional way that included checking that people were happy and having their needs met. Staff were discreet and sensitive when supporting people with their personal care needs and protected their dignity. Staff understood and respected people's privacy and dignity. One person said: "The staff are all very helpful. They help with my personal care and always treat me with dignity and respect". Staff knocked on people's bedroom doors and waited for signs that they were welcome before entering people's rooms. They announced themselves when they walked in, and explained why they were there.

People's rooms were personalised with their own possessions, they had their own things around them, which were important to them. Some people preferred to remain in their rooms while others liked to be in the communal lounge or dining room. Staff respected their decisions and made sure people in their rooms were checked regularly to see if they needed assistance.

People were supported with any individual beliefs and the local church visited on a regular basis. One

person told us that the local priest called regularly to give them Communion.

Some people had family members to support them when they needed to make complex decisions, such as coming to live at the service or to attend health care appointments. Advocacy services and independent mental capacity advocates (IMCA) were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. They will sometimes support people to speak for themselves and sometimes speak on their behalf.

Care plans and associated risk assessments were kept securely to protect confidentiality and were located promptly when we asked to see them. Staff understood that it was their responsibility to ensure that confidential information was treated appropriately and with respect to retain people's trust and confidence.

## Is the service responsive?

### Our findings

People told us that staff were responsive to their needs. They said staff always answered their call bell promptly.

People were given information about the service during their pre-admission assessment. They had an assessment of their needs before they came to live at the service. The assessments covered all aspects of their care and reflected their previous lifestyles, background, and medical conditions.

Care plans were person centred in some areas, for example, whether people preferred a bath or shower, and detailed what they could do for themselves to help the staff when they had a wash. Step by step guides to supporting the person with their personal care also included details such as 'pass me a towel', 'I can brush my teeth'. Details also included how people liked their breakfast and information about extra care when people were experiencing 'bad' days in line with their medical conditions.

However, some people were receiving catheter care. A catheter is a tube that it is inserted into the bladder so that urine can drain freely. There was information that the bags needed to be changed and to inform the registered manager if there were any concerns but no other information to say what signs to look for if the catheter was not working properly.

Some people were living with diabetes and were being supported daily by the district nurse to monitor and administer their insulin. There were no guidelines in their care plans to ensure that staff would recognise when a person may need medical attention if their blood sugar was too high or low.

Some people were being supported by the district nurse with their pressure areas. The care plans gave the information on how to keep people's skin healthy, such as what creams to use, to keep people's feet elevated if required and to use special cushions and mattresses. There were turning charts which had been completed detailing what side people were required to be turned onto, to reduce the risk of pressure sores. However, one person's care plan noted that they should be sitting on a special cushion. We did not see that the special cushion was in place for this person. Staff told us that they refused to sit on the cushion but there was nothing recorded in their care plan to confirm this. There was a lack of checking to ensure that special mattresses were being monitored to ensure they were the correct setting to support people to keep their skin as healthy as possible.

Care plans were reviewed on a monthly basis and gave an overview of the support people had received and if there had been any changes in their care and health needs. Staff were responsive to people's needs if they were upset or agitated and were able to divert people's attention to calm and reassure them.

At the last inspection a recommendation was made for the service to source and provide meaningful activities suitable for people living with dementia. A dedicated activities co-ordinator had been appointed and spent time with people on a one to one basis. They were using a 'My life story' book, designed by Dementia UK, to involve people in reviewing their past life events and to help staff understand more about

the individual and their experiences.

There was an activities co-ordinator working three days a week. They encouraged people to join in quizzes and exercises. People were supported to go shopping and occasional outings. On the day of our inspection one person was being supported to go swimming. The person told us how much they enjoyed swimming and how they were looking forward to going again. Staff also endeavoured to keep people occupied doing knitting and dancing to music. Several people went to clubs during the week and a small vegetable garden has been started. Everyone we spoke with said staff would spend time talking to them.

The week's activities were listed on a noticeboard in the entrance and included bingo, quizzes, games, nails painting and arts and crafts. One person was sitting knitting in the lounge while others were watching television.

Since the last inspection the service had decorated some areas of the environment to become more 'dementia friendly'. Yellow lines on walls helped people remember where the toilets were and the handrails were scheduled to be painted red. Coloured plastic had been placed around light switches to make them easier to see.

The registered manager said, "We have regular staff meetings and they suggest ways the home can be improved. Staff told me they wanted to make a 'memory room' and wanted to raise the funds for this to happen. They are coming up with the ideas and then, together, we see how we can achieve them". Staff told us that seven of them took part in a sponsored walk to raise money for the room which would 'enhance people's lives'.

People told us that they would speak with the staff if they were unhappy or something was wrong. They said staff would listen and take action. A copy of the complaints policy and how to complain was on the noticeboard in the entrance to the service. This noted who people could talk to and how to raise a complaint. There had been one complaint in the last year and this had been investigated and followed up in line with the provider's policy.

The registered manager told us, "People are asked and observed every minute of the day to make sure they are happy and have everything they need. Staff know from some people's body language if they are not happy or settled and will talk to them to find out what is wrong".

## Is the service well-led?

### Our findings

People told us the manager was 'good' and organised the service. Staff told us the service was well led and lots of things had improved since the last inspection. They said: "The manager is brilliant; we could not have a better manager". "The manager is always around if we need guidance".

The provider had failed to notify the Care Quality Commission that the legal entity of the service had changed. This was because the service had been trading as Aquarius Lodge Ltd but this company had been dissolved and they were now trading as a partnership. This meant that the service was not legally registered.

The provider had appointed a registered manager who was in day to day control of the service and provided leadership on a daily basis and was present during our inspection.

At the previous inspection the service had a requirement notice as the provider had failed to manage risks identified through quality assurance processes. Although checks had been put in place to assess the quality of the service the shortfalls in this report had not been identified and action. There were three requirement notices issued at the last inspection and one had been complied with and the other two had only been partially met. There were still outstanding areas such as, managing risks, the safety of the premises, care plans and implementing effective quality assurance systems.

There was an ongoing action plan in place to improve the environment but the timescales had not always been achieved. The provider visited the service regularly but had not identified the further shortfalls identified at this inspection.

The requirement notices at the previous inspection had not been fully met; therefore there was an ongoing breach of the regulations. The registered provider had not made sure that the service had systems and processes that mitigated the risks to service users in relation to their health, safety and welfare and that these systems improved the quality of the service to people were not being protected against the risks of an unsafe environment. The service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they had worked hard with the manager to improve the service and had achieved some improvements; however, they recognised that further work needed to be done to meet the regulations.

There was an open and transparent culture where people, relatives and staff could contribute ideas for the service. The manager told us, "I don't have a door to my office space. Staff talk to me all the time and we are very open with each other". The manager was aware of, and kept under review, the day to day culture in the service. This included the attitudes and behaviours of staff. When staff values fell below the expected standard this was addressed and, when necessary, additional training, mentoring or disciplinary action was taken.

Staff were encouraged to question practice and to suggest ideas to improve the quality of the service. The

manager held regular staff meetings. Staff told us that they were able to give honest views. Staff were very positive about the management of the service. One staff told us they felt 'very well supported' by the manager. Staff said they would raise any concerns with the manager and knew they would be acted on.

Staff understood the culture and values of the service. Staff told us that teamwork was 'really good'. Staff said there was good communication between the team and that they worked closely together to make sure people received the support they wanted and needed. Our observations showed that staff worked well together and were friendly and helpful and responded quickly to people's individual needs. A comment on a staff supervision record noted, 'I feel at present we have a really good team of carers'.

Staff were clear about what was expected of them and their roles and responsibilities. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed. Records were in good order and kept up to date. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality. The manager monitored staff on an informal basis every day and worked with them as a cohesive team to ensure that they maintained oversight of the day to day running of the service.

There were systems in place to monitor the quality of service people received. The registered manager held 'residents meetings' with people. Some people were not able to attend and staff told us they spoke with them on a one to one basis after the meeting. People discussed ideas to improve the service, such as different activities and changes to menus. When suggestions were made action had been taken to make changes. For example, people had talked about growing vegetables and a small vegetable plot had been set up in the garden as a result. People, their relatives and health professionals were asked to feedback to the manager about the quality of the service through the use of an annual survey.

The service took part in the 'Thanet Pilot – Paramedic Practitioner collaboration between Primary Care Clinicians and Residential Care Home Practitioners'. This scheme aimed to reduce the number of unnecessary admissions to the Accident and Emergency department at the local hospital. The manager and staff had built a strong working relationship with the paramedic practitioner and there had been a reduction in hospital admissions.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had not made sure care and treatment was provided in a safe way.</p> <p>The registered provider had not assessed the risk of detecting and controlling the spread of infection by ensuring cleanliness was maintained.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The registered provider had not made suitable arrangements to make sure the premises were properly maintained and standards of hygiene were maintained.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had not made sure that the service had systems and processes that mitigated the risks to service users in relation to their health, safety and welfare and that these systems improved the quality of the service.</p>