Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Aspen Lodge Care Home

Yarborough Road, Skegness, PE25 2NX

Tel: 01754610320

Date of Inspection: 10 April 2014

Date of Publication: May 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Doulton Court Limited
Registered Manager	Mrs Katrina Morris
Overview of the service	Aspen Lodge Care Home is situated on the outskirts of Skegness. It provides personal care and nursing care for up to 52 people, some of whom may have mental health needs, physical disabilities or dementia.
Type of services	Care home service with nursing Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 April 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

Our inspection team on this occasion was made up of one inspector. We considered our evidence to help us answer our five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people who use the service, their relatives, the staff supporting them and from looking at records.

If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

People were treated with respect and dignity by the staff. People told us they felt safe. Safeguarding procedures were robust and staff understood how to safeguard the people they supported.

Systems were in place to make sure that managers and staff learnt from events such as accidents and incidents. This reduced the risks to people and helped the service to continually improve. Regular checks were undertaken to ensure the environment was safe.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. While no applications have needed to be submitted, proper policies and procedures were in place.

The service was safe, clean and hygienic. Equipment was well maintained and serviced regularly. Therefore people were not put at unnecessary risk.

The registered manager ensured safety checks were completed for staff prior to their commencement of employment.

Is the service effective?

People's health and care needs were assessed with them, and they were involved in writing their plans of care. Specialist dietary, mobility and equipment needs had been identified in care plans where required. People said that they had been involved in writing them and they reflected their current needs.

People's needs were taken into account with signage and the layout of the service enabling people to move around freely and safely. People told us they could express their views at group meetings, meetings on a one to one basis and by completing surveys.

Is the service caring ?

People were supported by kind and attentive staff. We saw that care workers showed patience and gave encouragement when supporting people. People commented, "Staff respect my wishes" and "All my needs are being met."

People who used the service, their relatives, friends and other professionals involved with the service attended meetings throughout the year. Where shortfalls or concerns were raised these were addressed. People told us they felt their opinions were valued.

People's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with people's wishes. People received their prescribed medicines.

Is the service responsive?

People told us they could speak with staff each day and share their concerns. They told us staff acted quickly. Relatives told us they could speak with staff about their family member's needs, when that person could not make decisions for themselves.

Is the service well-led?

The service worked well with other agencies and services to make sure people received their care in a joined up way.

The service had a quality assurance system. Records seen by us showed that identified shortfalls were addressed.. As a result the quality of the service was continuously improving.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the home and quality assurance processes that were in place. This helped to ensure that people received a good quality service at all times.

You can see our judgements on the front page of this report.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who used the service told us the staff respected their wishes and treated them with dignity when assisting them with personal tasks. One person said, "I cant do a lot for myself so the staff have to help me a lot. They are patient and kind." Another person told us, "I like to be in bed by a certain time each day and staff ensure I am."

The people who lived at the home told us they could attend meetings with the manager and if they couldn't attend were given a copy of the minutes. We saw the minutes of the meetings for December 2013 and February 2014. The topics were varied and covered items such as menus, maintenance, activities and housekeeping.

People who used the service told us they were involved in decisions about their care needs and knew staff kept records about them. One person said, "I have seen my care plan but rarely bother as I know staff would write truthfully about me." A relative we spoke with said, "When I ask staff they tell me about the care plan of XX." The care plan showed this person to be the advocate of the person who used the service.

We looked at three care plans. Where someone had been assessed and found not to be able to make decisions for themselves, details of the person's advocate had been recorded. An advocate is someone who can act on a person's behalf and help them to come to decisions about their needs. Where this was required staff had recorded how decisions had been made, by having a best interest meeting. If the person had no next of kin or their next of kin was not a suitable advocate, details had been recorded about how an independent advocate had been appointed.

Information was on display around the home about the local contacts for independent advocacy services.

People told us they could take part in a number of activities both inside and outside the home. Activities programmes were on display around the home and there was an area set

aside for events such as art and craft sessions and indoor games such as Connect 4. One person told us, "I like the entertainers that come to the home." Another person told us they liked going shopping. People told us they did not have to take part in activities if they didn't want to.

Staff told us there were less group activities as they focused on individual events for people who used the service. This included memory cards, reading newspapers and talking with people. One staff member said, "One of our gentlemen loves talking about the Lancaster Bomber so we look at books and talk about it. Later in the summer we are going on a trip to the local airfield where there is a Lancaster on show."

We saw details recorded in the care plans when people had gone on visits to garden centres, the local seaside promenade and for walks. The staff had organised regular food tasting sessions, one of the last ones being about cheese. A person attended the home monthly from a local Christian church so people who lived at the home could receive Holy Communion.

The provider had completed an audit on training needs of staff. We saw the record which showed 100% of staff had completed their training on the Mental Capacity act (2005) and Deprivation of Liberty guidance. 100% of staff had also completed their training in equality and diversity.The learning had been by e-learning. Staff told us they liked this form of testing of their knowledge. The provider told us training for staff about those topics were for discussion at the homes meeting on 16 April 2014.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People who used the service told us all their needs were met and staff consulted them about their needs. They told us staff reacted quickly in any emergency and contacted the person's GP or district nurse when asked to do so. One person said, "Staff recently contacted my dentist for me." A relative told us, "Staff always phone me if XX is unwell and I can make the decision to come in quickly or not." Another relative told us, "XX recently had a fall because they were trying to walk, which is something they find difficult. Staff phoned me straight away."

We looked at three care plans. Each one contained the information which had been gathered by staff prior to each person's admission. Staff had then formed a person centred care plan to reflect each person's specific needs and wishes. Where possible staff had encouraged the people who used the service to sign their own care plan or this had been completed by the person's advocate. Signatures were on all three care plans to state the person or their advocate had seen the plan of care.

Where specific risks had been identified, such as for a person whose mobility was poor and they were at risk of falling, a mobility assessment had been completed. This included work undertaken with other health care professionals such as the community physiotherapist. Use of aids such as a wheelchair and walking frame were mentioned in the assessment. A monthly falls assessment had been undertaken to see if there was a pattern to when falls occured. The risk assessment on the manual handling of this person had been reviewed monthly.

When a person's assessment showed they had sensory needs such as poor hearing, details of how staff should communicate with that person was in the care plan. The communication needs care plan gave instructions to staff on how to insert the person's hearing aid, how to maintain it and what hand and lip actions the person understood. The care plan included details of the person's pychological and emotional needs associated with their hearing deficit.

Three people had a percutaneous endoscopic gastrostomy tube (PEG) fitted into their stomach. This was so they could be fed nutrients as they were able to take little or no food

and drink through their mouths. We looked at one person's care plan. Staff had liaised with the local hospital dieticians to ensure the right feeds were given. At least monthly weights were recorded. There was a nutritional care plan and an oral assessment to ensure mouth care was maintained by staff. Staff kept a further record of the feed regime on a daily basis. The record gave details of when water and medication was also inserted into the tube. Care of the wound site, included rotation of the tube.The care plan also included details about the person's other needs.

In two care plans people who used the service required regular observations to be completed by staff. This included knowing the whereabouts of a person as they had a tendency to wander and were not aware of harmful situations they may encounter. Another care plan required staff to observe how the person was positioned in bed as they were prone to potential pressure damage of their skin because of a medical condition. In each case staff had identified why the person required observation, how frequent the observation should be and signed to say when they had completed it.

We observed staff through out the day assisted people with a number of different tasks. They did this calmly and spoke quietly to each person. Staff knocked on bedroom doors before entering. When staff needed to speak with a person who used the service or a relative they did this quietly in a room, not in front of others.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at this outcome area because at the last inspection we set a compliance action as staff were not adhering to the medicines policy the provider had put in place. This could have been a risk to people who used the service of not receiving their prescribed medicines on time.

Since our last visit staff told us they had been reminded of the medicines policy and we saw this was on display in the medicines storage areas. Other information about medicines was also on display; such as guidance on safe administration of medicines from the Nursing and Midwifery Council (NMC).

We saw records of when staff who had completed initial medicines training had been reassessed to ensure they were still competent. Staff told us this had been a good training event for them as well. One staff member said, "It doesn't do any harm to be reminded of certain skills."

We saw records of medicines audits which the provider had undertaken in February 2014 and March 2014. Where there had been action to take after the audit checks; such as ensuring each record had a photograph of each person, or that stock control was undertaken and the policy had been read, the completion date had been recorded.

We looked at the medicines administration record sheets (MARS) for four people. Each showed when they had received their medicines, according to the prescription. People told us staff were very prompt in giving them their medicines. One person said, "Staff know I like a lot to drink with my tablets and ensure I have a jug of water or juice."
Two relatives told us they had liaised with staff about their family members medicines, along with that person, to ensure staff knew how difficult they found it to take their medicines. We saw this had been recorded in the care plans.

Any corrections or alterations to prescribed medicines had been clearly recorded on the MARS sheets and in the care plans. On one record a person had been receiving a course of antibiotics and when this was completed staff had written, "Course complete." On another record when a GP had changed the dosage of a medicine staff had recorded

when this had occured, which GP made the changes and the date the change was made.

We observed a staff member giving medicines to people who required them during the lunch time medicines round. The staff member did not sign the MAR sheet until they were sure the person had taken their medicines. The person ensured the medicines trolley was locked at all times.

As the home provided care for people who required personal care and also those who required nursing care, the provider operated a two medicines trolley system on each floor. One trolley was for those who received funding as a residential client and senior care staff administeedr those medicines. There was another trolley for those who received funding as nursing clients, and trained nursing staff administered thpse medicines. Each was securely locked at all times.

We checked the controlled medicines cupboard with the trained nurse.Controlled drugs are those which come under the Medicines Act 1968 and the Misuse of Drugs Act 1971 and their associated regulations, the Safer Management of Controlled Drugs Regulations 2006. The records were correct to what was stored in the cupboard.

Staff told us progress had been made to improve the storage areas for medicines. Both areas were still cluttered but staff explained why items were stored in those areas. Work was in progress to complete a treatment room where there will be more storage facilities.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We did not ask people who used the service about the requirements of people who worked at the home.

The provider had a policy for the recruitment and retention of staff. This was reviewed when any legislation changed. The human resources department for the provider had completed a records check in March 2014. The administration team at the home were working through any actions which required to be completed. This mainly affected records for staff who had been employed for a number of years to ensure their records were up todate.

The manager informed us there were no staff employed who were foreign nationals. They were either British or from European Countries.

Job descriptions were in place for all grades of staff. We saw those records. Each one gave clear guidance of what was required of each grade of staff, the line management arrangements and job title. Copies were also in each of the personal records of staff.

A policy was in place for the use of volunteers. The provider may wish to note this had not been updated since February 2009. The manager told us they currently did not have any volunteers working at the home.

As the home employed trained nurses they completed checks on each nurses registration with the NMC. We saw the checklist. It gave the name of each nurse, which part of the NMC register their registration was on, their unique identification number and expiry date. Each nurse had a valid registration.

The provider had an induction booklet which was given to any agency staff who worked at the home. This covered aspects such as fire processes, health and safety and line management. There were no agency nurses working the on day we visited.

We looked at the personal files of four staff. Each had information relating to their application, interview, employment history and references. Details of checks made to the Disclosure and Barring service were included. The Disclosure and Barring service ensures

people are safe to work with vulnerable children and adults and an employer is required to complete those checks prior to commencement of employment.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who used the service told us they were asked for their opinions about a variety of topics which affected the home. They told us they were asked individually, could attend regular meetings with their key worker and other health and social care professionals, could attend group meetings within the home and were handed surveys.

We saw the results of the resident and relative survey undertaken by the provider in 2013. The response rate had been 47%. The results were positive. The overall rating from the proportion of people who rated the home good or very good was 67%. The survey had asked questions about the interior and exterior of the building, food, housekeeping, care provision, staff and communication. Visitors views had also been sought, with positive views on a number of topics.

The provider produced a newsletter which was on display around the home and copies were in the main reception area. The latest one was for spring 2014. This gave details of a past fund raising event and other special events such as a valentines coffee morning. New ventures such as an English tea party and dates for Holy Communion were included.

We looked at the minutes of the residents meetings for December 2013 and February 2014. They covered a number of topics such as food, housekeeping and maintenance. People had been given opportunity to voice their opinions. People told us they felt their opinions were valued. One person said, "No matter what the question, I can ask any thing and if they don't know the answer they will get back to me."

Staff told us they could contribute to the running of the home by discussing projects during their supervision periods, at staff meetings and completing surveys. We saw the minutes of staff meetings for February 2014 and March 2014. A number of topics were covered such as infection control, use of mobile phones and e-learning. Staff had been given opportunity to express their views.

We saw the minutes of the clinical governance committee for March 2014. This looked at topics such as infection control.

The provider also had other committees which took on specific pieces of work realted to subjects such as health and safety. There were also monthly heads of Departments meetings. The heads of department were having a meeting the day we visited. We were able to see the minutes of the meetings for those committees for February 2014, March 2014 and April 2014.

The provider completed audits on a number of areas throughout 2013 and 2014. We saw the audit file. Checks had been made on care plan documentation, infection control, end of life care, dementia care and other areas. Where an action had been asked for this had been either followed through to the next month or stated it had been completed.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk