

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

St Aidan Lodge Residential Care Home

Front Street, Framwellgate Moor, Durham, DH1
5BL

Tel: 01913709691

Date of Inspection: 30 April 2014

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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

Safeguarding people who use services from abuse ✓ 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	Ideal Care (North) Limited
Registered Manager	Mrs Virginia Lowery
Overview of the service	St Aidan Lodge is a purpose built care home. It provides up to 62 places for older people and people with dementia care needs.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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'.

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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 30 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

During our inspection we asked the provider, staff and people who used the service specific 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 using the service, and 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 we spoke with told us they were happy living at the home, they told us the staff working in the home were very good and kept them safe.

We saw the provider had a rigorous recruitment campaign, which when put together with the staff training and observations helped to ensure people living in the home were protected from harm.

People who lived in the home had assessments carried out prior to moving there. This helped to ensure their environment within the home was safe and appropriate to their needs.

The registered manager showed us some staff rotas. The manager showed us how she used a dependency tool to work out how many staff were required on duty each day. In addition the home had supernumerary staff working each day meaning people who used the service receive the correct level of care and support.

Is the service effective?

People's care needs were assessed before going to live at the home. We saw people were involved with the planning of their care and the level of assistance they wanted wherever possible. If this was not possible we saw friends or relatives were asked for help in the planning of care.

People's care plans were individual and person centred, detailing things like their likes and dislikes, preferences and religious beliefs.

People who lived at the home were given access to dentists, opticians, and chiropodists to help ensure their wider health needs were being met.

Is the service caring?

People who received help with personal care were treated kindly and with respect. People were happy with the care staff and we saw people's preferences being taken into account in ways like what they wanted to do during the day, what they wanted to eat and also if they wanted to spend time with visitors in private.

Is the service responsive?

People who used the service, their family, friends and other professional who worked with them were regularly asked for their views on the way the service was run. Responses to surveys were analysed and used to enable the manager to make changes to the service where needed.

Is the service well led?

The home worked with other professionals like dentists, chiropodists and GPs to ensure people's wider health needs were met.

The staff working at the home told us they felt supported in their roles and were happy with the level of training they received. Staff were confident that any concerns or complaints they may have would be dealt with quickly, appropriately and in confidence.

The manager had a notice board in the foyer of the home which gave people who used the service and their family or friends information on the home's complaints procedure and also details of other people they could speak with if they felt their complaint wasn't dealt with satisfactorily.

The manager has also introduced an 'employee of the month'. This is based on nominations from staff, people who used the service, families and other visitors to the home.

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 privacy, dignity and independence were respected.

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

We observed during our visit people who used the service were treated with respect and dignity. One person told us "They (the staff) are lovely." We observed a lunchtime meal and saw people were given choices about what they wanted to eat and drink. We saw people were encouraged to eat their meals and were offered assistance where needed. When people needed help staff sat with them and spent time talking with them and encouraging them.

We saw people going to live at the home were fully involved in planning the care that was to be provided. Where people did not have the ability to make decisions for themselves we saw relatives or someone who knew them well was asked to help in planning their care. People were able to make choices about the level of care they wanted meaning they were supported to make choices and remain independent.

Throughout our inspection we witnessed staff speaking with people in a polite and friendly manner, adjusting their positions so they were at the same level as the person they were speaking with and adjusting the way they spoke to suit the person they were speaking to.

People's care plans showed they were asked if they preferred to be cared for by same sex staff. We saw staff in the home knocked on doors before entering people's private rooms and communal bathrooms and toilets. When personal care was being carried out we saw doors were closed and locked, where appropriate. This meant people's dignity was protected and they were treated with respect.

We saw people who used the service were given choices about various aspects of life within the home. The provider had surveys which were given to people who used the service, people's relatives and other professionals that visited the home.

In addition the manager had a notice board in the home which gave details of the

complaints procedure and other people that could be contacted if there were concerns about the service. This included details for the local authority and the Care Quality Commission. All these things meant people were involved in the running of the service.

We saw people's care plans included choices about voting and mail. People were asked if they would like to obtain a postal vote for parliamentary elections or if they preferred to attend the local polling station. In addition they were also given choices about how they wanted their personal mail handled and if they wanted to open it themselves or if they would prefer someone to open it on their behalf. This meant people's choices were listened to and respected.

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

Before people went to live in the home a pre-admission assessment was carried out. We saw assessments looked at people's ability to manage tasks like washing and dressing and the level of assistance they may need as well as people's ability to communicate and move around independently. These assessments ensured the provider was able to meet people's needs and assess whether specialist equipment was required.

We looked at the care records of three people in detail. We saw people's care plans were comprehensive and contained information about all areas of the person's health and wellbeing. In addition we saw care plans contained information on people's night preferences, for example when they liked to go to sleep, whether they had bed rails and whether they liked to have the light in the room on. This meant people's needs and preferences were taken into account when planning their care.

We saw people's care plans also included risk assessments. These included things like moving and handling and slips and falls. Risk assessments included the activity and the possibility of an injury being incurred. There were also details about how to minimise the risk. Both the care plans and risk assessments were regularly reviewed and changes were made when people's care needs or preferences changed.

We saw people's care records also held details of visits to hospitals and appointments with other health professionals. The manager had arranged for regular visits from dentists, chiropodists and opticians as well as community matrons and district nurses. Details of visits from all of these people were recorded in people's care records. This meant people's wider health needs were being considered.

We saw the home had an activities co-ordinator who helped people at the home carry out activities that interested them. There were a selection of board games and cards and dominoes available. We saw the home produced a daily newspaper which the activities co-ordinator read and discussed with people who used the service. There was also a daily quiz and sing-a-long and there were opportunities for people to go on outings. In addition people who used the service had access to a learning library, giant noughts and crosses and memory boxes. This meant people were able to do things they enjoyed and helped to maintain their individuality.

During the inspection we saw staff giving people manicures and foot massages. The manager told us a member of staff was allocated each day to carry out these tasks. This helped ensure people's personal care was complete and encouraged people to continue taking care with their appearance.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We saw the provider had a safeguarding policy and procedure in place. These were kept in the office and were easy for staff to find if they needed to refer to them. This meant staff had easy access to guidance on what to do if they had concerns about a person's wellbeing.

We spoke with four members of staff. The staff described clearly what action they would take in the event of a safeguarding matter coming to their attention. They were also clear about their roles and responsibilities in this area. The staff all told us that they had completed training about safeguarding adults and we saw this in their training records. This meant people who used the service benefitted from staff who knew how to report and respond to suspected abuse.

We looked at the provider's accident and incident records and found that any incidents occurring in the home were appropriately documented. We also looked at notifications submitted to the Care Quality Commission and confirmed that these corresponded to the accident and incident reports. This meant the manager was responding appropriately to incidents that occurred in the home and people were protected from harm.

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 looked at the provider's recruitment policies and procedures and also the personnel files of three staff who worked in the home.

We saw people who wanted to work in the home were required to complete an application form and then people the manager felt might be suitable were selected for interview. We saw people being interviewed were assessed and given marks on their responses as well as their presentation and knowledge.

During our inspection we found important information would be checked to make sure those using the service would not be at risk from staff that were unsuitable to work with vulnerable people. For example, the staff recruitment procedures we looked at ensured there would be references to verify people's previous history and satisfactory evidence of their conduct in previous employment. This meant the provider could clearly demonstrate they made suitable reference checks to make sure only suitable staff were employed by the service.

We also saw people would be subject to a Disclosure and Barring Service check (previously called Criminal Records Bureau (CRB) check) to make sure they were suitable to work with vulnerable adults.

All these measures ensured the provider had robust recruitment procedures in place to protect people who used the service.

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 to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We looked at the quality assurance files of the home.

We saw audits had been arranged for several areas including medications, care files, complaints and nutrition. We saw audits were carried out regularly with records kept of the findings and details of changes implemented because of these findings. For example medical aids used by people who use the service are checked for suitability and safety and if they are no longer appropriate for the individual they are changed to something more suitable.

We saw the manager had arranged for regular safety checks to be carried out on medical equipment used in the home and maintenance was carried out as required. Where there were areas of general maintenance required in the home these were recorded in a maintenance book and were signed as completed when the required work had been carried out.

We saw the home's manager provided a monthly report to the provider which covered areas like staffing, discipline, accidents, complaints, compliments and medical device alerts.

We saw the provider had surveys completed by people who used the service, families and also professionals that visited the home like GPs, occupational therapists and nurses. Some of the comments in surveys that were recently received included "It's always a pleasure to visit" and "staff have a friendly professional manner." Some of the comments from families included, "Staff are brilliant" and "my (relative) is looked after very well."

We saw a report was produced based on the findings of the surveys and people were provided with information on any changes that were implemented as a result of surveys.

All these measures meant the provider was carrying out ongoing checks to ensure the care provided and the environment people lived in was kept to a good standard.

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.

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