

# Key inspection report

## Care homes for older people

<b>Name:</b>	Aniska Lodge
<b>Address:</b>	Brighton Road Warninglid Haywards Heath West Sussex RH17 5SU

**The quality rating for this care home is:**

zero star poor service

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>
Elaine Green	0 2 0 6 2 0 0 9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

**Outcome area (for example Choice of home)**

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

**This is what people staying in this care home experience:**

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

## Reader Information

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## Information about the care home

Name of care home:	Aniska Lodge
Address:	Brighton Road Warninglid Haywards Heath West Sussex RH17 5SU
Telephone number:	01444464130
Fax number:	01444461602
Email address:	
Provider web address:	

Name of registered provider(s):	Excel Care Homes Ltd
Type of registration:	care home
Number of places registered:	49

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	49
physical disability	49	0
Additional conditions:		
The maximum number of service users to be accommodated is 49.		
The registered person may provide the following categories of service only: Care home with nursing - (N) to service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category (OP) Physical disability (PD).		

Date of last inspection								
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Brief description of the care home
Aniska Lodge is a care home with nursing registered to provide personal and nursing care to 49 people in the categories older people (OP) and people with physical disabilities (PD)
The home offers accommodation over three floors with all ensuite bedrooms and a range of specialist equipment. The home is close to the main A23 near the rural village of Warninglid, three miles from the town of Haywoods Heath and five miles from

Brief description of the care home

Crawley.

Current fees are between #636 to #764 per week

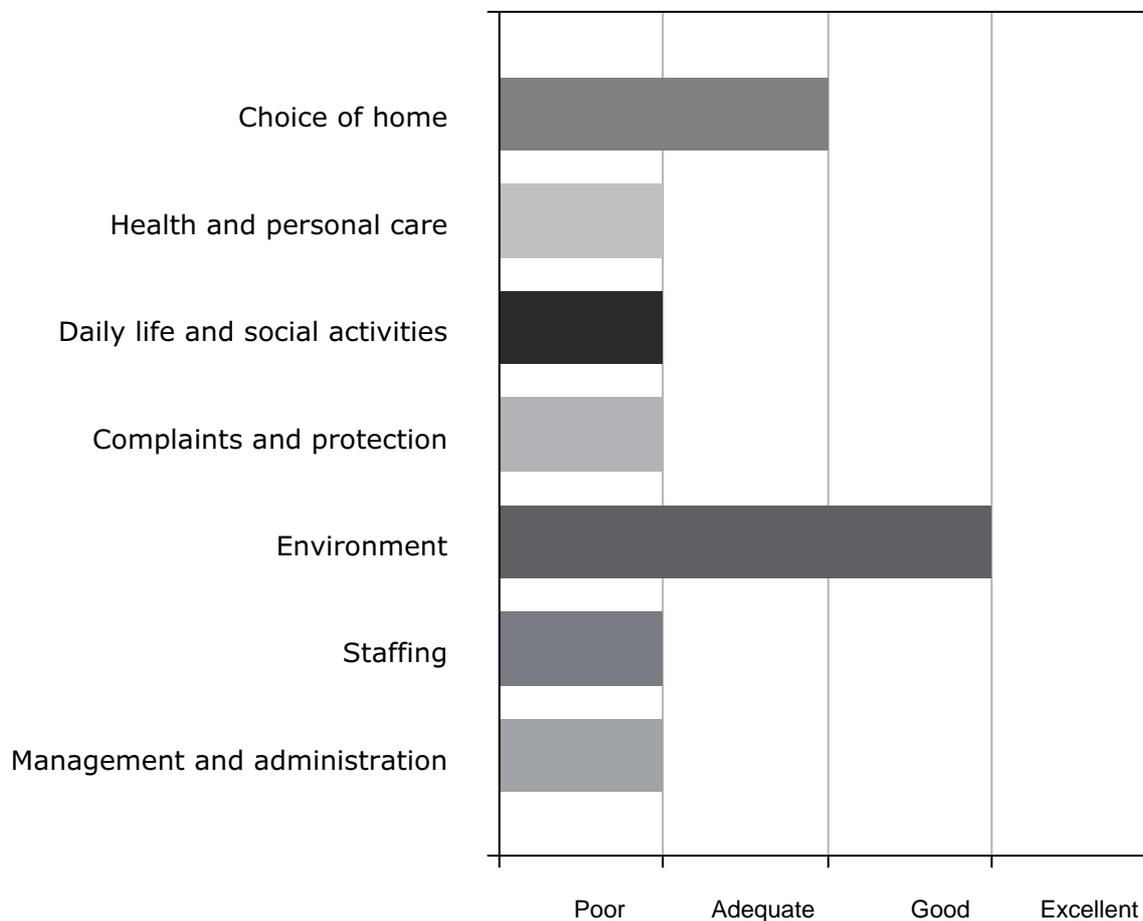
## Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

zero star poor service

### Our judgement for each outcome:



### How we did our inspection:

An Unannounced visit was made to this home on the 3rd June 2009. This visit took place over a nine and a quarter hour period between 10:45 and 20:00

Before the visit to the home we looked at all the information we have received from the home. This information included an Annual Quality Assurance Assessment (AQAA) which is a document completed by the home. This document gives the home the opportunity to say what it does well and provide evidence of that. It also gives them the opportunity to say what they feel they could do better and what their future plans are, how it dealt with any complaints and concerns, any changes to how the home is run, the providers view of how well they care for people, the views of the people who live there, their relatives, staff and other professionals who visit the service. This was completed and returned to us within the time limits but some areas of the form were not completed.

During the visit we talked with people who live in the home, the staff and the manager. We looked at information about the people who live in the home and how well their needs are met. We looked at other records that must be kept and checked that staff had the skills, knowledge and training to meet the needs of the people they support and care for. We met residents and staff in communal areas, we also saw into the kitchen and laundry and some bedrooms. We checked what improvements had been made since the last visit and before we left we told the manager of the home what we had found.

The outcomes for the people who live in this home are poor and the overall quality rating of the home is a zero star, poor rating.

### **What the care home does well:**

The home was found to be clean, tidy and hygienic on the day of the site visit and the furnishings and fittings were of a good standard.

The food served over the lunch time period looked hot and was well presented.

### **What has improved since the last inspection?**

Since the last inspection the home has made sure that clearer nutritional information is available and a system has been put in place for identifying and monitoring pressure relieving equipment. These improvements were made in response to requirements made at the last inspection that should have been completed by the 1st July 2008 however they were not completed until the newly appointed manager was appointed in February 2009.

The manager told us that they plan to introduce person centered care planning.

### **What they could do better:**

The registered person must make sure that people considering moving into the home are provided with accurate and up to date information that accurately reflects the life experienced in the home. They must ensure that no one is admitted to the home prior to them having a full needs assessment and the home and confirming that they are able to meet these needs.

The registered person must ensure that care plans are holistic and person centered and that people receive support as specified in these plans in a timely and dignified manner. Care plans must include plans for how people are to be supported to participate in activities and be provided with social interaction and mental stimulation suited to their capacity.

The registered person must make sure that people receive their medicines safely that the policies and procedures used by the home in relation to the management of medicines are robust and that staff follow them at all times.

The registered person must ensure that mealtimes are relaxed and enjoyable. That there is a menu available to people that is available to everybody and is easy to understand. The menu must offer choice and variety and take into consideration peoples preferences.

The registered person must make sure that the people who live here are listened to and that all complaints and concerns are recorded and responded to.

The registered person must ensure that staff are aware of and follow the local protocols in relation to the safeguarding to vulnerable adults at all times and that incidents of suspected abuse are reported to the relevant bodies without delay.

The registered person must ensure that staff are not deployed to work in the home unsupervised until a satisfactory Criminal Records Bureau (CRB) check is received and they have completed a documented induction. Recruitment files must be kept on the premises.

The registered person must ensure that the staff on duty at Aniska Lodge have the skills and competences to meet the varied needs of the people accommodated and are deployed in such a number that peoples needs can be met in a timely manner and that people are not having to wait for long periods for assistance or support from staff. All staff, including the manager, must receive regular documented supervision.

The CQC must be notified without delay of incidents that affect the health safety and welfare of the people who live in the home and within 24 hours of any incident where the police are called.

The registered person must ensure that the homes policies and procedures are reviewed annually with particular reference to those pertaining to health and safety. The appliances and equipment detailed within the report must be serviced or tested within recommended timescales. Records relating to fire alarm tests and evacuations must be maintained and available for inspection. The homes own quality assurance systems must be formalised and feed back must be provided to all stakeholders.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line 0870 240 7535.

## Details of our findings

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## Choice of home

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People considering moving into this home are not provided with all the information they need to decide whether this home is right for them. People have been admitted without their needs being fully assessed and whose needs the home is not able to meet.

Evidence:

The manager showed us a draft copy of proposed statement of purpose. This did not include service users views or the number and qualifications of the staff employed to work at the home. It referred to the fact that staffing levels change and so up to date information would be available from the manager. Manager stated that some service users have been given a copy of this for them to review and give feed back on.

The homes AQQA states that "New service users are admitted only on the basis of a full assessment, undertaken by a qualified nurse to ascertain that the home can meet their needs. The home ensures an individualised holistic package of care is planned,

Evidence:

implemented and evaluated from admission throughout the service user's stay."

We asked manager about the pre-admission assessments and she informed us that nobody has been admitted to the home on a permanent basis since she has been in post. All admissions have been on a respite basis. The manager stated that the two most recently admitted people were assessed by the manager of the providers other home. The manager said that one of these people had visited the other home in the past. These assessments and admissions had taken place whilst the manager of Aniska Lodge was off sick. The Manager of the other home is not employed to work at Aniska Lodge.

The preadmission documentation was examined for both the people recently admitted for respite care. For one person the dates for this period of respite care were not recorded. The assessment recorded the preferred gender of the carers to support this person. The home had a copy of the Social Services assessment and this stated that in order to meet this persons needs the home needed to "Provide Access to stimulating Activities and promote socialization." The home has no program of activities and does not currently have any member of staff undertaking the role of organising activities. There was no detail as to how these needs were to be met by the home.

The admission details form was in place for the other person that had been admitted but it was not fully completed and there was no photograph. The Key worker and social contacts section of the form were blank. There was no plan in place for how the social interests, hobbies, religious and cultural needs were going to be met for this person.

We looked at the assessment for a person who was admitted to the home within the last twelve months. On the daily report section of care plan, the entry on day the of admission stated that this person had been admitted on an emergency basis and specified several physical and mental health difficulties however assessments had not and have not been completed for all the areas of need specified in this entry nor were they mentioned in the psychological assessment section of the care plan.

We spoke to a relative of a person who lives here who told us that they had never been asked for any input into the assessments or plan of care for their relative.

## Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **poor** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Care plans are not holistic or person centered. People are not receiving the care and support that they need to ensure all their health and personal care needs are met at all times. People are not always treated with dignity and respect. People are not receiving their medication safely and the medication practices adopted by the home are unsafe.

Evidence:

The AQAA completed by the manager on the 16th March states "The service user plan of care is generated from a comprehensive needs assessment and forms the basis of the care delivered. With the agreement of the service user we work with the service user, their relatives, carers and social worker in partnership in order to provide the best support for the individual."

We asked to see the care plans for the people who are resident at Aniska Lodge and were told that they are kept in a locked room on the first floor. Only the nurses on duty have keys to this room. If carers or senior carer need access to the care plans they ask the nurse on duty to unlock the door for them. Also kept in this room is the

## Evidence:

communication book and the handover sheets.

As already stated there were gaps in the initial assessments completed for some people and as such there were no care plans in place for these areas. Where assessments had been completed the care plans provided staff with the information they need to support the person appropriately. Care plans are reviewed and updated on a monthly basis. However when people have had a fall the relevant risk assessments and care plans are not reviewed as they should be. None of the care plans seen included plans for how people's social care needs were to be met.

We spoke with a relative who visits Aniska Lodge on a regular basis. They stated that they have never seen their relative's care plan. They said recently they had been asked to provide some information about their relative's social history. They told us that their relative is meant to be turned, checked and changed if needed every two hours but that that doesn't happen. They told us that on some occasions they have visited they have found the bed to be soaking wet. We looked at the care records that detail when this person was checked and moved and the records confirmed that checks do not take place every two hours. They told us that their relative likes a shower and that you can tell by their reaction that they enjoys the experience. This happens once a week. There are no planned or recorded activities or mental stimulation taking place for this person.

Another person told us that their relative's eye is sore and that they keep asking the nurse to get someone to look at it but this has not happened. The visitor showed us two sealed units of saline solution that the nurse had given them to wash their relative's eye with. This relative visits regularly and told us that the call bell rings all the time. They told us that their relative has a splint and an hourly splint chart to record when the splint is on and off. They told us that even though they often visit for 3 or 4 hours the splint has never been changed whilst they have been there. We looked at the care records that tell us the date and time the splint has been taken on or off and this confirmed that splint was not checked hourly and the records we saw had not always been completed. The relative also stated that their relative often slips down the bed and that this can be uncomfortable and painful for them. They said that "staff take a month of Sundays to come and help" so they pull them up the bed themselves they also said that they wonders what would happen to their relative if they didn't visit every day.

In July 2008 a safeguarding alert was raised with respect of an incident where the chiropodist and the staff at Aniska Lodge had failed to notice that a resident had an infected toenail and as result half of the toe had to be removed. There was also an

## Evidence:

incident where the same person, who had dementia was sent to a canceled hospital appointment by ambulance with no escort. In addition to this it was alleged that inappropriate food and insufficient drinks were provided. This resulted in a Level 3 investigation by social services, the outcome of which was that the allegations were substantiated.

In November 2008 an alert was raised into an allegation that someone who lived at the home was found to be in someone else's wheelchair, that they were not wearing their glasses, their inhaler was left out of reach, and dirty pads were left with clean ones. This was a Level one alert and was investigated by the deputy manger. The outcome of which was that the deputy manager spoke with staff said gave assurances that it wouldn't happen again.

Each person has their own laundry basket in the laundry room. We looked in one basket and it had another persons nightgown in. When we asked staff about this they explained to me that this person was deceased and that they had given the deceased persons clothes out to the people who live in the home. Staff told us that the person who they had given the night gown to had dementia and had no family that the staff could ask if this was ok. There was also a trolley containing a drawer of odd socks and the other 2 drawers full of unlabelled paired socks, when we asked staff whose these belonged to they told us they were not communal socks they were spare ones in case anyone ran out. There were piles of laundered flannels in the linen cupboards around the home. We were told that these were not communal flannels they were spare ones.

One person specified that they would prefer male carers and the care plan stated that 2 carers were required to support them, however there was only one male carer on duty on the day we visited the home.

We spoke to the Community Diabetes Specialist Nurse who visits the home, who stated that there is a lack of understanding by care staff. Training needs have been identified and will be provided by the Diabetes Specialist Nurse however a date has not yet been set for this to take place. One of the homes registered nurses is the designated nurse for the topic of diabetes and has a role to oversee the care needs of those with diabetes. Staff will phone the specialist nurse when they are concerns about someone. Information from the specialist is copied into the care plan.

A large amount of medication was seen being collected by the local pharmacy. We were told these were returns. Staff told us that they had kept a record of these returns. When we asked to see these records later in the day only few items were listed and had been signed for. Neither the manager or the nurse on duty had any

## Evidence:

knowledge of what had been returned, whose medication it was or why it had been returned. The nurse said this had not been handed over to her. The manager stated that the pharmacy had recently completed a medication audit and said at the time that there was medication that needed to be returned but that they had not yet received their report. Neither the manager or the nurse knew why the records of what had been returned were incomplete. The manager and nurse explained that they had recently changed pharmacists. The returns book from the previous pharmacy was looked at and this listed large amounts of medication that needed returning over the last 12 months that had not been signed as having been returned and were not accounted for. Neither the manager or nurse could explain what had happened to this medication.

We looked at the medication administration records and there were lots of gaps so it was not possible to tell if the medication had been administered or not and if not why not. Examples of this are one person had five types of prescribed medication that was not signed for on the 11/05. Another persons was not signed for on the 18/05, 30/05 and not at all in June.

We saw that some people are prescribed PRN or as and when medication but there were no guidelines in place to direct staff for in what circumstances and for how long these medications should be given.

Looked at the controlled drugs book and saw that that there were 70 tblets of a PRN medication for one of the people who live there. Records show that 28 tabs had been ordered and checked in when the home already had a box of 42 in stock. Neither the manager or nurse could explain why this had been ordered when they already had sufficient medication in stock for the coming period.

## Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **poor** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home does not support people to participate in activities that they enjoy or provide them with any form of social integration or mental stimulation. The arrangements for the provision of food at meal times does not take into consideration peoples preferences. Mealtimes are not relaxed and enjoyable and the choice of meals is limited.

Evidence:

The manager told us that the activities organiser is not working at the moment. They have advertised for a new activity person in the job centre but haven't had anyone apply as yet. There were no records relating to activities to be seen in the home other than what is recorded on the social activity sheet in peoples care plans.

We spoke with someone who lives in the home who stated that "We used to have an activities manager and this was good for the older people. They used to have sing alongs." they also told us that nothing was provided for the under 70's and that there had never been any activities provided that were suitable for this person.

Another person stated that the staff support them to access a dial a ride type service which is available to people once a week on a Thursday. They told us that no activities

## Evidence:

were provided other than that. The social activity record on the care plan for this person shows that they had 4 internal visitors in May, there were no other activities recorded. The records did not specify what was meant by internal or external visitors.

One visitor said that their relative likes to listen to music but doubted that the staff knew that. They said their relative had never had any sort of stimulation or activity provided by the staff to their knowledge.

The social services assessment care plan for one of the people staying at the home on a respite basis states "Provide Access to stimulating Activities." and "Promote socialisation." This person's Social Activity records show that at their last stay at this home they had internal and external visitors on one occasion and a telephone call on another. No other activities were recorded as taking place and there was no care plan in place in respect of how this would be provided. There was nothing recorded in the way of social interaction, activities or mental stimulation for this stay.

Another person's care plan was looked at and there was no mention of any activity or stimulation from the 11/04/09 to the 02/06/09. External visitors were recorded on four occasions in May and internal visitors on three occasions. There is no care plan in place for what this person likes to do or how this can be supported.

No activities were seen throughout the nine-hour visit and the only interaction seen between staff and the people who live here was when they were serving people food.

The manager told us that lunch is served at 12.30 in people's rooms and in the lounges on the ground and first floors. However, the people who live here told us that food can be served anytime from 12 but usually before 2pm. At handover, which took place between 2pm and 2.30, it was stated that some staff were not there because they were still feeding people their lunch. The meal on the day we visited the home was chicken Tikka masala with rice and yogurt raita; this was the only specified meal option. The chef had showed us a list of the food pre-ordered for the lunch time meal and there was a mixture of food ordered, some of which was soft and some people were having plain chicken with potato or a salad instead of the curry.

We went to the first floor lounge shortly after 12.30. We spoke with 3 of the people who were sitting at one of the dining tables. All three said that there is no real choice. They explained that they are offered one main meal and if they don't like it they can have a baked potato or a salad as an alternative. They said there was not much variety. In relation to the food, one person said "It's ok, what can you expect when they are catering for so many people?" There were no menus on any of the tables. We

## Evidence:

asked what was for lunch and no one knew. The people we spoke to explained that that staff usually tell them what is for lunch the night before or in the morning. The food was brought into the first floor lounge at 12.50 and started to be served about 15 minutes later, people had been seated at the table for approximately 35 minutes before their food was served.

We went to the ground floor lounge at 12.55 there was one menu on one table however this was the menu for the week before. One person who was waiting for their lunch said that the food is variable but usually of a reasonable standard. They also said that if you don't like the main meal you can ask for jacket potato or salad instead. The food arrived on the ground floor at 13.10 and looked hot and well presented.

One person told us that meals are "all right" but that the home caters more for the elderly, that the meals are very much the same and that there is very little variety. They said the food is often stews or shepherd's pie and that they sometimes buy their own piece of steak and the chef will cook it for them. They also confirmed that there was no choice only the main meal and omlette or ham or cheese salad.

A visitor stated that his relative never really ate meat but did eat lots of vegetables and soup. They said that they have told the staff that their relative will not eat things like sausage rolls and sandwiches but that the staff keep giving them. They said that their relative does not like the soup the home gives them because it is canned but they keep presenting their relative with it on a regular basis. They bring in food for their relative every day and feed them. They said they were concerned what would happen if they did or could not visit everyday.

Staff told us that most people are supported to eat their meals in their rooms. The call bell rang almost constantly throughout the lunchtime period and could be clearly heard from both lounges and all bedrooms.

People can have visitors and there is a room where people can meet in private or people can use their own rooms.

The home is not involved with the management of peoples' finances.

## Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **poor** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Albeit formal complaints are investigated according to policy, not all complaints are recorded and the people who live here are not always listened to. The home has not followed the local protocol for the safeguarding of vulnerable adults or notified the Commission of incidents that place the people who live here at risk of harm, this has failed to protect the people who live here.

Evidence:

The complaints log looked at in the home showed that once received, formal complaints were investigated according to policy by the manager. However other information detailed throughout the report evidences that people are not listened to and complaints are not always recorded. For example one person we spoke to told us that they have asked for their relative not to be given sandwiches and sausage rolls but they still do. Another person told us they had complained about the state they often found their relative in when they visited and that since they had started complaining things had improved but there was no evidence of this in the records seen.

There have been many safeguarding alerts since our last visit. Some have been at the request of social services investigated by the home and others have been investigated by social services themselves under safeguarding vulnerable adults procedures. All of the incidents relate to allegations of poor care practices and some of these have been substantiated. The home has failed to inform the commission of all allegations made

Evidence:

or they have not done this in a timely way on a number of occasions and also failed to make referral to social service at all times and so have not followed policy.

## Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is clean and hygienic.

Evidence:

On the day of the site visit we were shown around the home by the manager of the providers other home. We were shown the ground and first floors. When we asked what was upstairs we were told it was the attic and it was not used by the home and that the directors had files up there. Later in the day we saw a carer coming down the stairs and they told us there was in fact another floor. We went up and had a look around and there were also people living on this second floor.

There is a quiet room on the first floor for staff to use for handover and relatives to use if they wish. It has an en-suite toilet and hand basin. There are lots of games and things to be used for activities in this room but we were told by staff that they are no longer used. There is a second quite room on this floor which is kept locked which houses the care plans for all the people who live here. Nurses hold the key for this room.

The home was found to be clean, tidy and hygienic. There is a Laundry room on the ground floor which has all the equipment needed including industrial machines. There were laundry skips in the hallways around the home. Each skip had 3 bags one for bedding one for clothes and one for soiled laundry which is contained in red plastic

Evidence:

bags.

There are communal lounges on the ground and first floors. These have a range of seating and dining tables. On the audit recently completed by the manager it was noted that communal areas are not very homely.

On the patio to the rear of the building there were 2 chairs and one table. There are several people who smoke at the home and there is an uncovered designated smoking area outside of the building. The manager stated that the home was a non smoking home.

Under the stairs on the ground floor were lots of wheelchairs a zimmer frame and several bed rails. The manager of the other home told us that the home had bought these wheelchairs and that they were for communal use and that the other equipment was broken so needed to be assessed by the maintenance man to see if it could be repaired or needed throwing away.

## Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **poor** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The lack of robust staff recruitment, induction, training and supervision is placing the people who live here at risk. Peoples needs are not being met by the homes staffing ratios and people are having to wait an unreasonable length of time for assistance from staff.

Evidence:

We looked at recruitment file for a newly recruited member of staff. The Protection of Vulnerable Adults (Pova) first number was written in ink on form on file however there was no copy of original. Manager stated this is because she had received it via e-mail at the managers home address. Aniska Lodge does not have Internet access so the manager had written down the number and brought it into work. The references and Identity checks seen were in order.

We asked to see the records for some of the staff who had transfered over to Aniska Lodge from the other home and initially we were told they were not kept at Aniska Lodge. Later in the day we were told that they were in fact on the premises in a filing cabinet in the attic. These files were not viewed on this occasion.

Another member of staff was originally employed as a kitchen assistant but is now working as a carer. They had completed their Induction and this was documented however the last documented supervision dates were 15/11/08 and 31/03/09 and

## Evidence:

there was no evidence that a copy of General Social Care Council (GSCC) had been given and a new Criminal Record Bureau (CRB) check was not applied for when they started working as a carer.

The manager stated that two people had been recruited by the manager of the other home and the directors to work at the other home and that they had been deployed to work at Aniska Lodge on the 25th May to do an induction. When we asked to see the recruitment files for these people we were told that they weren't kept at Aniska Lodge and that they were kept at the other home. These recruitment files were brought to the home at 19.45. Copies of the CRB application forms were on file for both members of staff however evidence of the PoVA first check for the staff working was not presented and an immediate requirement was made. We have since received information from the home to confirm that PoVA first clearances had been received for these two members of staff prior to them being deployed to work in the home.

Three members of staff had phoned in sick on the morning of the visit to the home and only two of them had been replaced. One person had been called on their day off and another was called in whilst they were on annual leave.

When we asked the manager what the staffing levels were for the afternoon of the site visit we were told there would be five care staff and two qualified nurses for 45 residents over 3 floors. The manager also stated that when they were not short staffed they would usually have eight carers in morning with three nurses and six carers in the afternoon and two nurses over 3 floors. At lunch time we asked a member of staff how many people were on duty on the 1st floor where they were working and they told us that there were three carers and one nurse to 26 people and that some of these people were accommodated on the 2nd floor.

The manager and three members of staff told us that the home is often short staffed due to people calling in sick.

In February 2009 information was received that the home was short staffed, that people were being left in bed until lunchtime then were brought down for lunch and that staff were likely to be putting people to bed early. It was also stated that there was high levels of staff sickness. This information was passed onto the provider who investigated this and their findings were that these allegations were unsubstantiated.

In the afternoon a relative was looking for a member of staff because their relative needed assistance. It was 25 minutes before a member of staff came to the lounge. This relative also said that on another occasion their relative needed assistance to go

## Evidence:

to the toilet and had to go and look for a member of staff to assist. When they eventually found a member of staff the member of staff came into the lounge and woke another resident up to take them to the toilet first because that was their routine. When asked about this the staff member said that she could not assist this persons relative as 2 members of staff were needed to support them and there were no other staff available at that time. They also said that there were never enough staff and that staff never engage with the people who live here because they don't have the time.

Whilst sat in lounge the lounge on the ground floor one resident began was calling out for help to go to the toilet. No staff were in attendance in the lounge at this time. Another person who lives here shouted for staff to come and help. This person said that the person who needed assistance to go to the toilet "Doesn't get the the attention they need". Another person who lives here said that "It is pretty typical for the call bell to be ringing almost constantly throughout the day." It was noted that the call bell was ringing almost constantly throughout our visit to the home which lasted over 9 hours. When we asked one person about the staffing levels they said "Chronically short staffed and that is the main issue. Used to be a bubbly happy environment. Now staff don't want to be here or want to leave. Lots of staff have resigned the bell rings constantly. Some of the staff are very good but they spread them too thinly and they are not able to give the level of care we need." Visitors and people who live here confirmed that the bell rings all the time. Staff were not seen to be in attendance in the lounges on the ground or first floor apart from when serving food and that the people who live here and their visitors had to go searching for staff to give people support or have had to call out for them.

The homes activity organiser has not been at work for some time and it is unclear whether they will be returning to work. No one has as yet been employed to undertake the responsibility for organising or providing any form of activities within the home. The manager told us that they have advertised this post in the local job centre.

We asked to see evidence of what training had been undertaken by staff. The manager was unable to produce a record of the training staff had obtained or a plan for the year ahead. The manager stated that apart from the fire training, training updates were overdue . The manager also stated that staff had not been receiving regular supervision and that there were gaps in the records. An examination of records confirmed this.

AQAA states that of the 31 Care staff employed, 7 have a National Vocational

Evidence:

Qualification (NVQ) at Level 2 or above and one person is working toward it. Of the care staff employed there are only two male carers although one of the person who lives here has specifies they prefer male carers and this person needs two people to assist them.

Staff handover took place between the morning and afternoon staff. The nurse gave a summary for each person however only clinical issues were mentioned. They mentioned that one person was in hospital and was due to come back to the home today. Staff were supposed to go and assess them to see if the home were able to meet their needs before they came back but this had not been done today due to staff shortages so staff had contacted the hospital to tell them they would will be going the following day instead. Staff told us that they do not usually have a handover at this time of day and that they usually only have one in the morning.

In April 2009 on the Key worker input sheet in the care plan of someone who lives here it states. "X rang for a cup of tea, very unhappy because we could not stay and have one with them in their room. Explained busy at the time doing laundry. Tea given."

## Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **poor** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

This home is not run in the best interest of the people who live here. The lack of robust management and administration systems adopted by the home means the people who live here do not have their care needs met in a timely and dignified manner, are not protected from harm at all times and are placed at risk.

Evidence:

The newly appointed manager has been in post since the 2nd February 2009. The manager told us that they had a one day induction to the home and that they have not had any supervision since being in post. We have not, as yet, received an application from the manager for them to become registered but when asked at the site visit the manager told us that they were in the process of collating the information they needed for the application.

The manager told us that fire training had taken place recently however the fire log book could not be located on the day of the site visit. Confirmation that one member of staff had attended this training was seen on their staff file.

## Evidence:

Whilst the manager was aware of the need to provide the Care Quality Commission with notifications of incidents that affect the safety of the people who live in the home this does not always happen. In addition to this safeguarding alerts have not been raised when they should be resulting in a delay to investigations beginning or investigations not taking place at all. Medication administration procedures and records are not being monitored and staff themselves are unclear about the processes they use for re-ordering and returning medication. Many of the care records examined were incomplete.

The manager told us that there is no formal Quality Assurance in place as yet but that the process of sending surveys to the people who live in the home had begun and the results of which are fed back at residents meetings. The AQAA states that unannounced visits take place in order to monitor the homes performance.

AQAA does not give the dates that policies and procedures were last reviewed with the exception of Emergencies and crises which was reviewed 02/2009 and Health and safety reviewed 10/2007.

AQAA states the dates the following were either serviced or tested, Premises electrical circuits 03/2009, Lifts/stairs 10/2008, Hoists 03/2009, Fire detection and fighting equipment 11/2008, Gas appliances 01/2009. No dates were provided for testing or servicing for the emergency call equipment, the heating system or the soiled waste disposal.

Are there any outstanding requirements from the last inspection?

Yes



No



## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
1	29	19-(1)	In order to ensure that all staff working with service users have undergone the necessary employment checks the registered manager must ensure that records such as application forms, references and CRB checks are kept in the home and available for inspection.	01/07/2008

## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	1	6	<p>The registered person must ensure that as specified in Schedule 1 the statement of purpose accurately reflect the management structure in the home, the staffing levels, the staff training and qualifications and include the views of the people who live here. This document should be accurate and up to date in regard to the life offered to service users.</p> <p>So that the information provided people considering moving into the home accurately reflects the services provided.</p>	02/09/2009
2	3	14	<p>The registered person must ensure that no service user moves into the home without having had their needs fully assessed as specified in Schedule 3 and been assured that these needs can and will be met.</p>	30/07/2009

## Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			To ensure that the home is able to meet the needs of the people that it admits and that people can be confident that the home can provide the support that they require.	
3	7	15	<p>The registered person must ensure that a service users health, personal and social care needs are set out in an individual plan of care that is drawn up with the service user and or their representative as specified in Schedule 3.</p> <p>In order to ensure that staff have the guidance they need to support service users safely and consistently.</p>	31/07/2009
4	8	13	<p>The registered person must ensure that appropriate interventions are taken for people who are at risk of falling. This must include reviewing the falls risk assessment and care plan following a fall as specified in schedule 3.</p> <p>To ensure that service users health and safety are promoted and maintained.</p>	31/07/2009
5	9	13	The registered person must ensure that the policies and	31/07/2009

## Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			<p>procedures in relation to the receipt, recording, storage, handling, administration and disposal of medicines are safe and are followed at all times as specified in Schedule 3.</p> <p>To ensure service users receive their medicines safely.</p>	
6	12	14	<p>The registered person must make sure that service users have the opportunity to exercise their choice in relation to leisure and social activities, cultural interests, food, meals and meal times, routines of daily living and religious observance. These interests must be recorded in their plan of care and service users must be given opportunities for stimulation through leisure and recreational activities that suit their capacities, needs and preferences.</p> <p>To ensure that service users are able to enjoy the lifestyle that matches their expectations.</p>	03/09/2009
7	15	16	<p>The registered person must ensure that there is a menu offering a choice of meals in written or other formats to</p>	04/08/2009

## Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			<p>suit the capacities of all service users which is given read or explained to service users. The meals offered must be suitable and varied and take into consideration peoples' preferences. Meals must be served in a timely manner in a congenial setting.</p> <p>To ensure that service users receive a choice of meals that they enjoy are provided with a balanced diet in pleasing surroundings and that meal times are relaxed and pleasurable.</p>	
8	16	17	<p>The registered person must make sure that all complaints are recorded and responded to appropriately. As specified in Schedule 4.</p> <p>To ensure that people are listened to.</p>	31/07/2009
9	18	13	<p>The registered person must make sure that staff are aware of the local protocols for the safeguarding of vulnerable adults and that they follow them at all times.</p> <p>To ensure that the people who live in the home are protected from harm.</p>	30/06/2009

## Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
10	27	18	<p>The registered person must ensure that at all times the staffing numbers and skill mix are appropriate to the assessed needs of the service users, the size, layout and purpose of the home.</p> <p>To ensure that service users needs are met in a timely manner and that they do not have to wait an unreasonable length of time for assistance.</p>	30/06/2009
11	29	19	<p>The registered person must ensure that new staff awaiting their CRB clearance are supervised at all times.</p> <p>To ensure service users are in safe hands at all times.</p>	30/06/2009
12	30	19	<p>The registered provider must ensure that all staff receive a documented induction to the home within the first six weeks of employment and foundation training within the first six months of employment.</p> <p>To ensure that staff are trained and competent to do their jobs.</p>	30/07/2009
13	33	24	<p>The registered person must ensure that quality assurance systems are</p>	31/08/2009

## Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			<p>formalised and that feedback is provided to all stakeholders.</p> <p>To ensure that the home is run in the best interest of the people who live here and that they are listened to.</p>	
14	37	17	<p>The registered provider must ensure that all records required to be maintained by the care home are accurate and completed when required.</p> <p>To ensure that the home is run efficiently and that care records reflect the care being delivered.</p>	30/06/2009
15	38	37	<p>The registered provider must ensure that the Care Quality Commission is notified without delay when incidents occur in the home that affect the safety or welfare of the people living there.</p> <p>To ensure the health safety and welfare of the people who live here and protect them from harm.</p>	30/06/2009
16	38	12	<p>The registered person must ensure that testing or servicing for the emergency call equipment, the heating system and the soiled waste</p>	30/06/2009

### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			<p>disposal take place within the recommended timescales and that this is recorded.</p> <p>That the policies and procedures relating to health and safety adopted by the home are reviewed annually and that the fire alarm and evacuation test log book are available for inspection.</p> <p>To ensure the health safety and welfare of service users and staff.</p>	

### Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations

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