

Key inspection report

Care homes for older people

Name:	Aniska Lodge
Address:	Brighton Road Warninglid Haywards Heath West Sussex RH17 5SU

The quality rating for this care home is:

one star adequate 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.

Lead inspector:	Date:
David Bannier	1 7 1 1 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 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

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	0	2	0	6	2	0	0	9
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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 £655 to £750 per week. Items such as toiletries, hairdressing and chiropody are not included.

The registered provider is Excel Care Homes Ltd, who have appointed Mr Kanagasabai Indra as the responsible individual to represent them and to supervise the day to day management of the care home. The current manager has yet to register with the Commission.

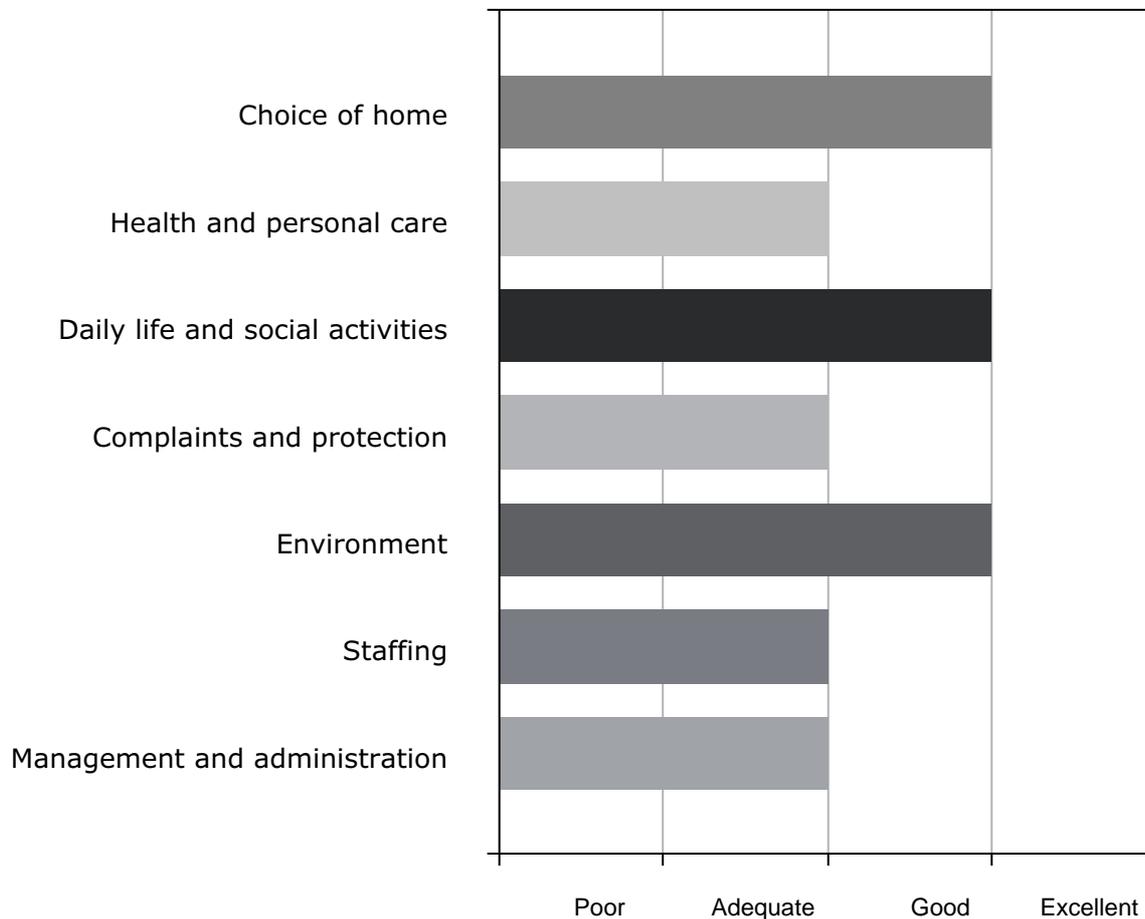
Summary

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

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

The quality rating for this service is 1 star. This means that people who use this service experience adequate quality outcomes.

The inspection has followed the Inspecting for Better Lives methodology. It is called a key inspection as it assesses those standards determined by the Commission as key standards. The quality rating awarded at this inspection will determine the frequency of inspections hereafter.

The provider completed and returned to us their Annual Quality Assurance Assessment, referred to as the AQAA. We will make reference to information from this document during this report. We made a visit to the care home on Tuesday 17th November 2009. As this was an unannounced inspection we gave the provider and the manager no notice of our intention to visit.

We spoke to five of the 18 residents who were being accommodated and observed care practices. We also spoke with two relatives who were visiting at the same time. This helped us form an opinion of what it is like to live at the care home. We also spoke to four staff who were on duty in order to gain a sense of what it is like to work at the care home. We also viewed some of the accommodation and examined a selection of records. The visit started at 10am and was completed by approximately 9pm. The manager arrived at approximately 11.30am and provided us with information about the service. Mr Indra arrived at approximately the same time, but had to leave before the inspection was completed. We gave feedback to the manager at the end of our visit. Prior to our visit we were made aware that the local authority has received a number of safeguarding adult alerts. As a result the local authority has conducted an investigation into the allegations made.

What the care home does well:

The needs of prospective residents have been assessed before they are admitted. This means prospective residents know that their needs will be met by the care home.

Care plans are drawn up for each resident using the information gathered from assessments of residents needs. Care plans are also regularly reviewed. This means that up to date information is available to staff to follow to ensure identified needs have been met.

A programme of activities is provided each week for residents to enjoy. Residents are helped to keep in contact with relatives and friends. This means residents social and recreational interests are met.

A varied and wholesome diet has been provided. A choice of menu is provided at each mealtime. Specialist diets have been catered for, including those catering for health and cultural needs.

The accommodation is safe, well maintained and well decorated. Good standards of cleanliness have been maintained.

What has improved since the last inspection?

The manager has drawn up a programme of training for all staff which will afford them the knowledge and skills to provide good quality care to residents.

The manager has also drawn up a schedule of supervision which will ensure all staff are supervised by the manager or a senior member of staff. This will mean that staff will be supported in their work and will be competent in providing good care to residents.

Improvements have been made to the management and administrative systems at Aniska Lodge to ensure it has been well managed and has been run with the best interests of residents in mind.

What they could do better:

The manager should draw up a procedure for the management and administration of medicines. This will ensure practices in this area protect the safety and wellbeing of residents.

A number of improvements have been made to the day to day running of this care home since we last visited. However, the manager now needs to work on ensuring improvements made have become embedded in practice and are resulting in the provision of good quality care to residents.

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.

You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Requirements and recommendations from this inspection

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

People who are considering moving into Aniska Lodge have been given information about the care home before admission so that they can make an informed choice.

Residents care needs have been assessed prior to admission. The care home has also confirmed in writing that they are able to meet them.

Aniska Lodge does not provide intermediate care.

Evidence:

During our last inspection we found evidence that people considering moving into this home are not provided with all the information they need to decide whether this home is right for them.

During this visit, we examined a copy of the statement of purpose which was on display in the reception area of the care home. We noted that this document had been

Evidence:

amended to include all the information required.

The AQAA confirmed that, " All prospective service users or their families are given a statement of purpose, a services users guide, the complaints policy and the most recent CQC Inspection Report."

From evidence found during our last visit we formed a judgement that people have been admitted without their needs being fully assessed.

During this visit we examined the care records of four residents, two of whom had been admitted since our last inspection. We found evidence that the manager had made the necessary improvements. The needs of each resident had been assessed prior to admission as required. Areas of need assessed included personal care, physical wellbeing, mental state and cognition, mobility and dexterity, sight, hearing and communication, oral health and foot care, continence, social interests, hobbies, religious and cultural needs. We were also shown a copy of a standard letter sent to residents prior to admission welcoming them to Aniska Lodge. This includes a paragraph stating that the home will be able to meet the residents needs.

We spoke to three care staff who were on duty. They were able to explain clearly their understanding of the needs of recently admitted residents. They informed us that they had been made aware of the needs of residents via daily meetings with trained nurses.

We also spoke to three residents and two relatives during our visit. They confirmed that care needs had been assessed and discussed with them before admission. One relative told us that she came to view the care home and were impressed with the general layout of the accommodation. They also told us, "I was given a booklet which was issued by the home and I was able to ask pertinent questions. The manager came to see my wife whilst she was still in hospital and asked us several questions." Another relative told us, Whilst my husband was in hospital the social workers suggested we looked at various homes. We looked at four. We found Aniska Lodge to be clean and accessible. There was a different manager, who was knowledgeable and friendly. The manager also came to assess my husband whilst he was still in hospital."

The AQAA stated that, "New service users are admitted only on the basis of a full assessment undertaken by management to ascertain whether the home can meet their needs and that the current services users would not be adversely affected by the new admission. After this process the manager will liaise with all parties to agree an admission date and room number, this is then confirmed in writing together with

Evidence:

information such as housekeeping information, visiting times and how to contact the manager."

We could find no evidence that intermediate care is provided.

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

A care plan has been drawn up for each resident which sets out each individual's nursing and social care needs.

Whilst residents' health care needs have been met, further work is required to ensure the principles of good care are embedded in practice.

Residents have been protected by the home's policies for dealing with medicines. Some work is required to ensure appropriate procedures are available for staff to follow and improvements are made with regard to the administration of medicines.

Evidence:

From evidence found during our last inspection we judged that care plans were not holistic or person centred. People were not receiving the care and support that they need to ensure their health and personal care needs had been met.

We sampled a selection of care records during this visit and found that improvements had been made as required. Residents' care records include care plans which have

Evidence:

been drawn up from the information gathered at the pre admission assessment. Care plans include details of residents' identified needs together with clear information for staff to follow so they know the action they are expected to take to ensure they have been met.

There was evidence that confirmed care plans have also been routinely reviewed. This means that information about residents' care needs is kept up to date.

We spoke to residents and their relatives. They confirmed they have been consulted with regard to individual needs and how they should be met. One resident told us, "The staff take a personal interest in my needs, they are supportive. When I was first admitted I was seeing a physiotherapist, who gave me things to work on. The staff also helped me with this. The resident's relative told us," We have a set programme or routine each day, which means my husband is up for lunch. However, if he needs to get up earlier I will leave a note for the staff the night before. We have seen the care plan which has been discussed and agreed with us. The staff are absolutely lovely and go out of their way to treat my husband as an individual." Another resident told us that the care provided is very good. We were told, "When I first came into Aniska Lodge I was in a poor state. Now they know me as a person. I am not just a patient to them ; they know my family. I get very good, personal care."

Care records also include details of appointments with residents' doctors or other health care professionals including details of any treatment prescribed and provided.

We spoke to care staff who were on duty. They were able to demonstrate they were familiar with the needs of identified residents and the actions they should take to ensure they have been met.

Information provided in the AQAA confirmed that, "The service user plan of care is generated from a comprehensive needs assessment and form the basis of the care delivered, with the agreement of the service user we work with the service user, their relatives, carers, outside professionals and social workers cooperatively in order to provide the best support for the individual. Care plans are audited by the manager and omissions or short falls are discussed in supervision or team meetings."

During our last visit we found evidence that residents are not always treated with dignity and their right to privacy is respected. On this occasion we observed care practices and found that staff are respectful when speaking to residents and ensure residents are treated with dignity when personal care is being provided. Staff were seen to address residents using the name and title they prefer. Staff were seen to

Evidence:

knock on the doors to residents private accommodation and wait for a response before entering. We spoke to several residents during our visit. They informed us they felt well treated by the staff.

Information provided in the AQAA confirmed that, "Care workers are trained in the ethos of the home which includes respect, privacy and dignity of the individual and to offer choice in making decisions and in taking risks where appropriate."

During our last visit we found evidence which demonstrated that, people are not receiving their medication safely and the medication practices adopted by the home are unsafe.

We looked at care records and medication records. We were satisfied that medication records had been well maintained and were up to date. We also noted that a secure facility had been provided to store all medication.

We observed the trained nurse on duty administering medication over the mid day meal. Medication was taken to each resident, whether they were in the dining room or in their own room.

We were shown a copy of the home's policies regarding the management and administration of medicines. However, the manager was unable to provide us with a copy of the home's procedures. Some practices we observed related to the administration of medicines gave some cause for concern. We discussed this with the manager who agreed to take the necessary steps to deal with this. We also recommended that the manager obtain a copy of guidance published by the Royal Pharmaceutical Society entitled, "The Administration and Control of Medicines in Care Homes and Children's Services" to ensure the home's procedures include the necessary information.

The AQAA states that, "Storing, handling and disposal of medication is carried out by trained nurses and this process is audited monthly by the manager. A medication review is carried out on an ad hoc basis, but all service users have a medication review once a year."

We have been made aware that, at the time of our visit, the current manager has been in post for approximately two months. Whilst there is clear evidence that many improvements have been made, particularly with regard to the keeping of care records, insufficient time has elapsed for the manager to be able to demonstrate that improvements made have become embedded in care practices. We discussed this with

Evidence:

the manager. We also identified some small instances where further work was required by the manager to ensure care is being routinely delivered to the desired standard.

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

Residents have found the lifestyle experienced in the home matches expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs. Residents maintain contact with family, friends, representatives and the local community as they wish.

Residents have been helped to exercise choice and control over their lives.

Residents have received a wholesome appealing balanced diet which meets individual residents nutritional needs.

Evidence:

During our last visit we formed a judgement that 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.

During this visit we noted that care records include details of each residents' interests and hobbies. We were informed that an activities coordinator has been appointed who is responsible for organising activities for residents to enjoy. We were also informed that there is programme of activities which are arranged on a daily basis. We were

Evidence:

shown a copy of the week's activities programme and noted they included a craft session, a painting session, puzzles and quizzes, reminiscence, a music session and an afternoon film. The programme is also on display on a noticeboard in the lounge. Also on display were posters giving information about activities and entertainments planned for the weeks to come. This included a visiting entertainer, a trip out to a local garden centre and a Christmas party.

During our visit we observed four residents sitting in the lounge enjoying listening to music. Two other residents were about to start making Christmas cards. Residents we spoke to informed us that, whilst they enjoyed the activities that had been organised, they were able to choose if they wished to take part in them. One resident told us "For some time we had no entertainment, but this has improved. Now we have visiting singers and owners bring in their dogs. Another resident told us that they enjoy rug making, crochet work and sewing. This is done on an individual basis in the resident's own room.

The AQAA informed us that, "We have an activities co-ordinator who works Monday to Friday from 10am to 4pm who has assessed and discussed what individuals want in the way of recreational activities. The activities coordinator has risk assessed all activities and then ensures that a programme is documented and displayed so that everyone in the home can participate if they wish to. She also provides one to one sessions for those who wish and has booked various acts who come and entertain the service users. The Activities coordinator has also contacted various religious organisations who are now coming in to support service users to continue with their religious aspirations and beliefs."

During this visit we noted that care records include details of residents families and next of kin, including telephone numbers, so that they may be contacted. Residents we spoke to confirmed that they are able to keep in touch with family and friends. We also spoke to a relative who informed us they visit most days and was able to confirm they are made welcome by the manager and her staff. The wife of one resident visits every day. They told us, "Our grandchildren are made welcome. They are also offered meals. The staff always provide a friendly welcome with a cup of tea." Another resident informed us they are visited every weekend by their family and that they are visited by friends from their church. They said, "My family can stay with me as long as they wish. We went to Littlehampton for the Bonfire parade and I got back at 10.45 pm. But it was no problem! My family and friends came stay for lunch. They are always given trays of tea and coffee when they arrive. It is like a family home!"

The AQAA told us, "Visitors are welcome at any time and service users can see them

Evidence:

either in their bedrooms, communal lounges, dining rooms or the quiet rooms available. Service users are encouraged to have a private phone line installed although there is pay phone on the ground floor. Service users are helped to write letters and maintain contact with their family and friends if required."

During our last visit we formed a judgement that, "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."

We spoke to the cook during this visit who told us about the main meal of the day that was being prepared. This consisted of a choice of chicken pie or sausages with carrots, peas and mashed potatoes or salad, followed by fruit salad and cream or ice cream. The cook also informed us of the special diets that were currently being catered for. This included diets for residents who are diabetic and also those who required liquidised meals. We were also informed that the care home catered for a resident who required a special diet for religious reasons. Care records seen included details of nutritional assessments for those residents considered to be at risk.

We were given copies of recent menus to look through. They demonstrated that a varied, wholesome and nutritious diet has been provided.

We noted that tables in the dining room had been attractively presented with tablecloths and napkins, condiments, a choice of cold drinks and individual place settings. Menus were on display in the dining room and in a position so that residents are able to view them. We were informed that some residents have chosen to take their meal in their rooms.

Residents we spoke to confirmed they were satisfied with the food provided. One resident told us, "The food is always lovely. There is plenty of it. It is well cooked and it is fresh. There is always a choice. Both cooks are brilliant. We get home made cakes as well." Another resident said, "You have a choice at breakfast of cereals, porridge, toast, marmalade, or a full cooked breakfast. At lunch there is always a choice. Then for the evening meal you can have soup, a hot savoury, or a selection of sandwiches." We were informed it was the birthday of third resident. They told us that they would be having a birthday cake of their choice to celebrate.

Information provided in the AQAA confirmed, "Following input from the service users, a menu had been compiled to reflect foods which are not only appetising, nutritious and healthy but also the choices of individuals. Staff will go and ask the service user what they would like to eat the next day and if they do not want what is on the menu

Evidence:

the chef will cook an alternative meal. The chef will ask for feedback from the service users."

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

Residents and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.

Residents have been protected from abuse.

Evidence:

During our last visit to Aniska Lodge we formed a judgement that whilst formal complaints are investigated according to policy, not all complaints are recorded and the people who live here are not always listen to.

On this occasion we noted that a poster was on display in the front hallway of the care home advising people to speak to the manager if they have any concerns or wish to make a complaint. The poster includes a photograph of the current manager.

Following discussion, the manager informed us the poster is to remind people who they should speak to if they have any concerns. We were also advised that the home's written complaints procedure is enclosed with the welcome letter and is sent to each resident before they are admitted.

Residents and relatives we spoke to during our visit confirmed they knew who to speak to if they wished to make a complaint. They also confirmed they were confident their concerns would be listened to and taken seriously. One relative commented, "I had to speak to the the previous manager on one occasion. My concern was resolved

Evidence:

to my husband's benefit. I have not had to use this procedure since then."

We also examined the record of complaints which have been received. We noted that not all the information required had been recorded. The record seen provided no evidence of the action which had been taken by the registered person to investigate the complaint. Following discussion, the manager agreed to ensure this information is included in future.

The AQAA states that, "The home has a simple, clear and accessible complaints procedure illustrating timescales and how complaints are dealt with. The manager ensures that people who have any issues are always taken seriously and that the complaint is documented. All service users and their representatives are given details of how to make a complaint prior to admission with a copy of the complaints policy attached to their letter of acceptance. Posters of how to make a complaint are displayed around the home with the address of CQC if they are unhappy with any outcomes."

During our last visit we found evidence that 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.

During this visit we spoke to some staff who were on duty. They confirmed they have received training with regard to identifying different types of abuse. Following discussion the staff were able to demonstrate they knew the different categories of abuse that they might encounter. They were also able to explain who they should notify if they witnessed an incident where a resident had been abused. We also examined records of staff training which confirmed they had received training in this area.

Residents we spoke to confirmed they were satisfied with the quality of care provided. They also confirmed they felt they were in safe hands.

The AQAA also confirmed, "Any safeguarding issues are reported to Social Services and CQC immediately and we follow Sussex Safeguarding Vulnerable Adults procedure. All staff receive training in adult protection and whistle blowing and have access to all guidance, policies and procedures."

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.

Residents are living in a safe, well-maintained environment.

The home is clean, pleasant and hygienic

Evidence:

During our last visit we found evidence which confirmed that the care home is clean and hygienic.

During this visit we looked at the private accommodation of several residents along with the communal areas, including the dining room and the lounges. These areas were clean, decorated and furnished in a comfortable manner that met the needs of the residents accommodated. Residents have been encouraged to bring personal effects and small items of furniture in order to make bedrooms as individual as possible.

Residents and relatives we spoke to told us they were satisfied with their accommodation. One relative told us, "The home is always spotless, the room is always kept clean. We are very pleased with the size of my husband's room."

We also visited several bathrooms. We noted that these areas have been maintained to a good standard of cleanliness.

Evidence:

Information within the AQAA confirmed, "As the building is largely purpose built we have an excellent environment which meets the needs of our service users. All rooms are en suite and comply with health and safety standards. The home has ancillary staff who clean and maintain the home to an excellent standard. Maintenance checks are carried out as per policy. A maintenance request register is available so that any repairs can be carried out as soon as possible."

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

The numbers and skill mix of staff provided meet residents needs.

Residents are in safe hands at all times.

Residents are supported and protected by the homes recruitment policy and practices.

A programme of mandatory and other training has been put in place to ensure staff are trained and competent to do their jobs. As there has been insufficient time to complete the programme, it was unclear if this has made improvements to care practices.

Evidence:

During our last visit we formed a judgement that 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.

During this visit we examined a selection of staff rotas. They showed that there is a trained nurse on duty 24 hours a day. From 8am to 8pm the trained nurse is supported by three care assistants. From 8pm to 8am each night care is provided to residents by a trained nurse and three care assistants who are awake and on duty.

Evidence:

In addition to the care staff there are housekeeping staffing, including chefs and domestic staff who are responsible for the providing meals to residents and for keeping the premises clean.

Residents and relatives we spoke to confirmed they were satisfied with the care provided. One relative informed us, "Since your last report, staffing levels are much better. We find that call bells are answered in a reasonable time. My husband cannot move at night. Staff will come in two or three times during the night so that he can be moved. This is the level of care at night that has previously agreed with us. " A resident told us, "The standard of care here is good."

The AQAA informed us, "Staffing numbers and skill mix are appropriate to the assessed needs of the service users. The staff rota shows which staff are on duty at any time and in what capacity. Additional staff are on duty at peak times."

After examining care records, observing care practices, and speaking to residents and relatives we concluded that staffing levels provided are sufficient to meet the current care needs of residents.

During our last visit we judged that the lack of robust staff recruitment, induction, training and supervision is placing the people who live here at risk.

During this visit we looked at staff training records. They demonstrated that newly appointed staff undertake structured induction training. This includes providing an understanding of the principles of good care practices and covers the promoting of residents rights, independence, choice and dignity. Training records also provided evidence that confirmed staff have been provided with mandatory training including fire safety, health and safety, manual handling and food hygiene.

The AQAA confirmed, "The home has a staff training and development programme. All staff receive induction training and support, new care staff are supernumerary for a minimum of two weeks. All staff are trained in Fire Safety, Health and Safety, Manual Handling and Infection Control." The AQAA also confirmed that, of the 22 permanent care workers employed, six have obtained the National Vocational Qualification (NVQ) in Care or Health and Social Care at Level 2 or above.

We spoke a group of staff who were on duty. Following discussion, they told us about their role in the care home, the training they have undertaken, their understanding of the needs of identified residents and the action they are expected to take to ensure residents needs have been met.

Evidence:

Staff on duty who we spoke to confirmed that since the appointment of the current manager, they have been informed they will receive supervision every two months and will attend staff meetings regularly. They also confirmed they felt well supported by the management. The manager showed us recent records of supervision sessions together with a record of sessions planned to take place in the future.

The AQAA confirmed, "Staff are supervised on an ongoing basis as part of the management process."

We looked through the recruitment records of three staff who have been appointed since our last visit. These records demonstrated that the registered providers have obtained appropriate checks for staff, including criminal records checks, written references and proof of each person's identity. However, from documentation seen, it has been the practice for new staff to commence work before criminal record checks have been obtained. We discussed this with the manager who confirmed they were aware of the risk of possible abuse this places vulnerable residents in. Since our visit, Mr Indra, the responsible individual, has sent us documentary evidence to confirm that a criminal record check had been obtained prior to the identified staff commencing work. Mr Indra advised us that, whilst a hard copy was not on staff files these documents had been saved on computer at the care home.

The AQAA confirmed, "The home has a thorough recruitment procedure that encompasses the homes equal opportunities policy. Qualifications of staff are checked for authenticity.

Two written references are obtained before appointing a member of staff and any gaps in employment records are explored. New staff are employed only after all staff have CRB checks. All staff receive statements of terms and conditions once they have completed their probationary period."

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

Improvements have been made to the management and administration systems in Aniska Lodge. However, the manager has had insufficient time to demonstrate that they have become embedded and are ensuring the care home has been run in the best interests of residents.

Evidence:

During our last visit we formed a judgement that this home had not been run in the best interest of the people who live here. The lack of robust management and administration systems adopted by the home meant the people who live here did not have their care needs met in a timely and dignified manner, were not protected from harm at all times and were placed at risk.

Since our last visit Mr Indra has notified us that there has been a change of manager. The current manager has been in post since 1st September 2009. We have been informed that the manager is currently in the process of making an application to be registered with us. We met the manager during this visit. She was able to provide us

Evidence:

with the information we required.

The manager showed us completed satisfaction surveys which had been returned by residents and their relatives. They were dated 14th October 2009. Following discussion, the manager informed us that she had yet to draw up an action plan with regard to what will be done to resolve any shortfalls or gaps in service provision identified by the surveys.

We were also shown copies of recent audits undertaken by the providers and the manager covering a number of areas about the day to day management of the care home. They included care plans, medication, daily activities, incidents and accidents, meals and mealtimes, staff recruitment and staff supervision. We were also shown copies of minutes the manager has held with the providers which demonstrated the action that has been taken to bring about necessary improvements to the day to day running of the care home.

Residents and relatives we spoke to were very positive about the new manager. One resident told us, "The manager is exceptional."

The AQAA confirmed that, "The home regularly analyzes the quality of services provided, the findings of which are used in this document. Service user satisfaction questionnaires will be sent out at least annually so that the manager can monitor what the home is doing well and what it is not. The care home has policies and procedures which will be reviewed at least every year or whenever there is a change in pertinent legislation."

We were shown minutes of staff meetings. They demonstrated the manager held her first staff meeting in November and that the manager used it as a means of communicating with the staff of the care home. The manager also showed us a matrix which showed that she has planned to hold staff meetings each month. Whilst we did not see records of staff supervisions on this occasion, the manager confirmed that she has set up a schedule to ensure all staff will be attending individual supervision sessions on a regular basis. This ensures they receive the support they require and there is a means of identifying training needs for each member of staff.

From observation of care practices, discussions with residents, their relatives and staff on duty, and examining records we concluded that the manager has put in place systems to ensure care home is run in the best interests of residents. Following discussion, she was able to tell us about the changes she had brought about since taking up post. We have noted them throughout this report. Residents and relatives

Evidence:

we spoke to have made it clear that there have been many improvements made in the day to day running of the care home. However, there has been insufficient time since her appointment for the manager to demonstrate that they have become embedded in day to day care practices.

Representatives of the registered provider also visit the home on a monthly basis to monitor and evaluate how well the home is being managed. We examined copies of the reports of such visits. They confirmed that they had been undertaken regularly and had been used to monitor the service provided.

We did not examine records of monies kept by the care home on behalf of residents during this visit. The manager informed us that she does not get involved with residents' personal finances. Residents we spoke to informed us that either a friend or relative deals with this on their behalf.

The AQAA confirmed, "If and when a service user does not want to manage their finances or does not have the capacity to do so the manager encourages the service user or their relatives to access the advice of the Public Guardianship Office."

Information supplied in the AQAA confirmed the registered provider has taken appropriate steps to ensure the premises and equipment within the care home is safe for use. For example, gas and electrical appliances have been checked and maintained regularly. We found evidence that a programme of training provided to all staff includes health and safety issues, fire prevention, manual handling and first aid.

Information provided in the AQAA also confirmed, "The manager ensures, so far as is reasonably practicable, the health, safety and welfare of all service users and staff. The manager ensures that staff are adequately trained in moving and handling, fire safety, health and safety, first aid, food hygiene and infection control. The manager also ensures that necessary equipment and materials are available in sufficient quantity."

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

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	9	13	<p>The registered person must draw up a written procedure for staff to follow with regard to the management and administration of medicines.</p> <p>This will ensure residents receive medication in a manner which protects their safety and wellbeing.</p>	24/12/2009

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

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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