

Review of compliance

<p>Doulton Court Limited Aspen Lodge Care Home</p>	
<p>Region:</p>	<p>East Midlands</p>
<p>Location address:</p>	<p>Yarborough Road Skegness Lincolnshire PE25 2NX</p>
<p>Type of service:</p>	<p>Care home service with nursing Care home service without nursing</p>
<p>Date of Publication:</p>	<p>September 2012</p>
<p>Overview of the service:</p>	<p>Aspen Lodge is situated on the outskirts of Skegness in Lincolnshire. It is owned by Doulton Court Limited and can accommodate up to 52 older people and younger adults with mental health, physical disabilities or dementia. It is registered to undertake the regulated activities, accommodation for those requiring nursing or personal care, diagnostics and screening and</p>

	treatment of disease, disorder or injury.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Aspen Lodge Care Home was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 2 August 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People told us they felt respected and involved with their care. We saw they were able to make choices about what they did during the day and personalise their rooms. One person told us, "I love my photographs; it cheers me up when I look at them."

We were told by people they thought the care was very good and the care staff and nurses were kind to them. They felt involved in their care, although the care plans did not evidence they had been part of this process. Care plans were not easy to follow.

People also told us they always had a member of staff to go with them to an appointment with a doctor if a relative was unable to go.

A member of the community nursing team told us, "The care is marvellous and they always tell us anything they think we need to know, for example if someone's skin is looking a little pink."

People said they felt safe in the home. One person said, "I feel absolutely safe."

Although some areas of the home had been recently refurbished, we found the two sluices were in need of maintenance, for example a ceiling tile was missing in one of them. The décor in both areas was poor.

People felt supported by knowledgeable staff. One person told us, "They all know what to do for me. They're great."

They also felt involved in the running of the home and knew how to complain if anything

was wrong.

Records for both people and the running of the home were up to date, maintained properly and kept securely.

What we found about the standards we reviewed and how well Aspen Lodge Care Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard.

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

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Outcome 06: People should get safe and coordinated care when they move between different services

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard.

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

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

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

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

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

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People we spoke with told us they had received the care and support they needed and wanted when they came into the home.

We saw people had been supported to personalise their rooms and bring their own furniture and personal items into the home. One person told us, "I love my photographs, it cheers me up when I look at them."

People told us they received an assessment of their care needs before they moved into the home. We saw evidence of this in their care plans. When we spoke with the manager she told us either she or the deputy usually did the assessment and it was important it was done properly so they could make sure people's needs could be met by the home.

We saw the manager and all the staff team worked in a way that respected and supported people's choices. For example, we saw care staff and nurses talking to people in a way which showed they knew them, calling them by their preferred names and presenting them with choices about food and individual activities based on the information we saw in people's care plans.

We also saw care staff and nurses knocking on people's bedroom doors before they entered.

People told us they always had choices about things. One person said, "I make my own decisions about where I go and what I do. Nobody tells me what to do." Another person we saw sat in the lounge to eat their lunch with their husband and did not go into the dining room because that was what they wished to do.

We also saw people had choices about the food they ate and everyone we asked said they enjoyed their meals. We saw the menus for the home and saw the meals served on the day of our visit reflected what was on the menu. The cook informed us menus were planned on a four weekly cycle. The list of food people did and did not like was kept in the kitchen for use by the cook

People also told us they were encouraged to do as much for themselves as they could to remain as independent as possible and care staff always explained things to them.

Staff told us they gave choices to people all the time, for example, "I always ask people if they want to get up in the morning and if they don't, I leave them for an hour and go back and see if they want to get up."

Most of the people we spoke with said they hadn't seen their plan of care and had not signed it to say they agreed with it. When we looked at the care plans we saw people had not always signed them to show they had been consulted about the way their care should be delivered. Neither was there any evidence people had been involved in any change to their care plan.

The provider may find it useful to note that care plans should record that people had been involved in their care plan and any subsequent reviews of it when the care changes.

Other evidence

We saw in the reception area of the home, brochures were available to people explaining about the services offered there.

We observed that the environment was calm, and welcoming. As we watched the care staff and nurses work, we saw they were attentive to people's individual needs whilst at the same time being aware of the comfort and safety of other people.

Throughout our visit we observed that staff spoke with people in a dignified and respectful manner. We found that people had an opportunity to express their views and were involved in making decisions about everything in their day to day care and support.

Our judgement

The provider was meeting this standard.

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

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

During our visit to the home we talked with six people who were able to speak with us to obtain their views about the care provided. We also spoke with three relatives. We observed the care people received in one of the dining rooms during lunch.

The people we spoke with told us they received good care. One person told us, "I can not fault the care. They are all great." Another person told us, "The carers and nurses are lovely."

A relative we spoke with said, "They're very good with ***. They ring me if *** has any little problem at all, which is wonderful. They kept *** pain free when they came out of hospital."

Someone else told us, "I always get the help I need."

We were told by the people we spoke with they had experienced no problems receiving their medication. It was always available and always on time.

The home had two designated activity organisers who worked a total of 15 hours a week and we saw there was a weekly activity plan on the notice boards. A lot of people in the home chose to spend their time in their rooms and we saw staff going and speaking with these people when they could.

During a period of observation in one dining room we saw care staff starting to take

people to the table for lunch up to forty minutes before it was served. When we spoke with the manager about this she said she would discuss this with staff and would find different ways of working that would stop this from happening.

Other evidence

We looked at care plans for four people. The organisation was changing to new paperwork and two of the plans were on old documentation and two on new. Everyone's identified care needs were in the care plans. We were informed senior carers undertook the care-planning process for those not receiving nursing care and nurses were responsible for those requiring nursing care. Regular reviews were in place.

When we read the care plans we found them very difficult to follow, for example risk assessments were not always identified as such. On speaking with staff, they said care plans took a very long time to put together and also to update. Additionally, when they returned from holiday it was really difficult catching up with people's care and quickly identifying changes.

People's weights had been recorded on a monthly basis so staff could see if there were any large variations. Nutritional assessments were undertaken when it was identified people were at risk of poor dietary and fluid intake. The care planning process also included mobility, pain assessments and personal hygiene needs.

The provider may find it useful to note that care plan records should be easy to follow so all staff can identify care needs of people quickly and the risks involved in delivering the care.

We saw a communication book was in place for people so they could tell staff things that were important to them, for example the type of clothes they liked to wear and the drinks they preferred to have. These booklets were available in people's bedrooms for residents and relatives to fill in. We saw one which said, "I cannot believe how much of an improvement there has been in ****. I feel *** is safe and happy in their environment."

We saw another document was in place about people's choices and preferences. It included a space for special memories. These were important for people who had a memory loss and told care staff about the person and what they had done in their lives. This helped to make sure the care people received was appropriate to their needs.

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Outcome 06: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

* Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant with Outcome 06: Cooperating with other providers

Our findings

What people who use the service experienced and told us

When we visited the service in March 2011 we found the provider was not meeting this standard.

When we spoke with people about this standard, they told us they always went for appointments at hospitals with a member of their family or a member of the care staff. They felt the care staff and nurses in the home prepared them for any visit they needed to make.

Other evidence

We saw from care-plans there was a record of all appointments with GPs, and hospital consultants and the outcome of each visit.

We looked at the care plan for a person with complex needs. We saw the service had developed a good relationship with an organisation that had experience in supporting the health needs of the person and was also supportive of the wider needs of their family. The manager told us they could contact the organisation any time they felt they needed to and had created a good rapport with them.

After the visit we spoke with a member of the community nursing team for the area who told us they visited the home twice weekly. She told us, "The care is marvellous and they always tell us anything they think we need to know, for example if someone's skin is looking a little pink. If we ask the staff to do anything they always do it."

When we spoke with care staff and nurses they told us of the procedure they followed if a person was taken to hospital. A transfer form was completed which held details of, for example, what medication they were taking, what their care needs were and what state their skin was in, as well as any past medical history. The manager told us they also sent their medicines with them.

During feedback to the manager, she told us she was concerned that the information that was sent to hospital about a person did not always get to the correct place. She was often rung up about it by the ward the person was eventually admitted to. That worried her.

The manager also told us the home was going to be part of a pilot project scheme involving weekly visits by a GP from one surgery to the home. The visits would include all those people recently discharged from hospital as well as those people the care staff and nurses were concerned about. The manager said she was "excited" about being part of the scheme. She felt it would ensure better care for people in the home and improve the home's working relationship with the GP practice.

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

The people we spoke with told us they felt safe living in the home. One person said, "I feel absolutely safe." A relative told us, "I do feel she's safe. I can't fault the place."

When we observed the care being given to people this was done in a friendly, encouraging and supportive way and people seemed at ease with the care staff and appeared happy.

Other evidence

We spoke with staff about their understanding of abuse and what they would do if they suspected a person in the home was being abused by someone. They were able to tell us the different forms of abuse and knew they needed to tell the manager if they had concerns. They also knew where important telephone numbers were kept to alert different agencies if an incident occurred.

Training for the staff on the protection of vulnerable adults had been completed for all staff in the past twelve months.

Our judgement

The provider was meeting this standard.

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

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

People who lived in the home were happy with the environment although some people said their rooms were a little small. One person told us, "By the time you've got the furniture and things in here, there's not a lot of room for anything else."

Other evidence

The manager told us the home was twenty-five years old and the dependency level of people in the home had gone up during those years and hoists were used on a regular basis. She told us that when a double room became vacant she always looked at who needed the additional room the most, in relation to safe moving and handling techniques for the person.

On our tour of the premises we noticed a number of areas of the home had been recently upgraded. These included the dining room downstairs and a corridor. The décor and furniture in these areas was clean and bright. We also saw people sitting in the conservatory having their tea in the afternoon. They told us they enjoyed to sit there because it was pleasant room and they had the opportunity to chat.

However, we noticed three areas of the home where there was an unpleasant odour. The manager told us she had done everything possible to get rid of this but it hadn't seemed to work very well. This had included regular cleaning of the carpets.

When we looked in the two sluice rooms in the home, we saw the rooms were not well maintained. For example, one of the tiles was missing from the ceiling in the ground floor sluice and there was water damage that was evident. Décor in both of these areas

was of a poor standard.

The provider may find it useful to note that the premises should always be well maintained.

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

The people we spoke with told us that they felt the staff were well trained and knew their individual needs and how to care for them.

One person told us, "I'm sure the staff know what they're doing and they do it properly." The person told us how they were moved and this was reflected in their care plan. Another person said to us, "They all know what to do for me. They're great."

Our observations showed staff approached people and tasks with knowledge and confidence, for example talking to people in an appropriate way that was right for them and supporting people effectively at lunchtime.

Training sessions had been delivered to the staff we spoke with and included dementia, infection control and fire safety. Care staff who administered medication were not permitted to do this until they had received the appropriate training.

Other evidence

We spoke with two members of staff during our visit. They told us they felt they had the knowledge to care for the people in the home properly. They were also able to tell us all about the people they looked after and the way they cared for them.

The manager gave us information about the number of care staff who had undertaken a nationally recognised care qualification. Over 50% of them had achieved at least a level 2 in health and social care.

The organisation used a computerised training programme for care staff in order for the manager to monitor their training. We saw that for all new members of staff, they have to complete 13 mandatory units in the first eight weeks of the commencement of their role. This includes moving and handling and infection control as well as fire training and health and safety.

For care staff and nurses who had worked at the home for a time, they were also required to complete the mandatory units every year. The manager monitored everyone's progress and ensured they were up to date. If they were not, she sent them a letter to remind them to complete it and then followed this up to ensure they did.

We asked a member of the nursing staff how they ensured they kept up to date with their practice and renewed their annual registration with the Nursing and Midwifery Council. They told us the manager reminded all the nurses to renew their registration just before it was due for renewal. She then photocopied their registration card and kept it in their personnel files as evidence.

The members of staff we spoke with said they felt very supported by the manager and felt they could raise issues about things with them and they would get addressed.

We saw evidence staff received regular supervision sessions. These included ensuring everyone had undertaken adequate training. These happened six times a year for all staff in the home. They were documented. However, the manager stated she had not been able to undertake everyone's appraisal on an annual basis and acknowledged that she needed to focus on this.

The provider may find it useful to note that all staff should be receiving appropriate appraisal on a regular basis.

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People we spoke with knew how to complain. One person told us, "Oh yes, I know I need to talk to the manager. She would always put things right for me." Another person told us, "I just tell the care staff if something isn't right. They always sort it out and it's very quick too."

People also told us they knew there were meetings in the home. Some people liked to go to them and others did not.

Some people told us they had been asked to fill in a questionnaire but others could not remember doing that.

Staff told us they had regular meetings and we saw the minutes for the one held on 21 March 2012. The issues discussed included smoking and new care documentation. Staff told us they found the meetings useful and could raise anything they felt was important to them.

Other evidence

We knew that the brochure provided by the home was available in the reception area of the home and contained information about what was offered, how to make contact with the service to make any suggestions for improvement and how to raise any concerns or formal complaints. We also saw a copy of the complaints procedure on each notice board in the home.

The manager told us there had been five complaints raised with the home since January 2012 and described how she responded to any concerns using the policies and procedures in place. The five complaints had been upheld and we saw the homes responses. We also saw a record of minor issues that had been documented elsewhere. The manager explained that she liked to keep a record of these as they were important to the people concerned.

On the notice board in the foyer we also saw eight 'thank you' cards from relatives praising the staff for the care they had given their loved ones.

We also saw evidence of regular residents' and relatives' meetings which enabled people to share ideas and to raise concerns if needed. We saw that the last residents' meeting had been held on 13 July 2012 and some of the issues discussed included food, activities and care.

Questionnaires were sent to all the people and/or their relatives in the home on an annual basis. They were sent out from the organisation's head office and returned directly to them by post. The manager informed us the results of the survey from 2011 had been very positive with no major issues raised.

The manager explained the home's quality audit system to us. She told us there was a total audit process which was undertaken twice a year and which the regional manager oversaw. This process amounted to seventeen elements including training, infection control, care management and documentation and medication. We were able to see how the process worked.

In addition, a monthly medication audit was also undertaken with any gaps by staff, relating to the administration of drugs and evident on medication sheets, being identified by senior carers or nurses on a daily basis.

The manager informed us any issues identified in the auditing process were audited again after a remedial action plan had been devised with realistic goals for improvement.

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us

When we visited the service in March 2011 we found the provider was not meeting this standard.

We did not ask people for their comments about this standard.

Other evidence

We saw each person had their own care file and all people's personal records were kept securely in the care staff/nurses office.

We also saw the home kept up to date records relating to health and safety. For example, the last five year electrical check was undertaken on 20 January 2012 and the last gas safety check on 23 March 2012.

The manager told us that family members provided any additional support for people in order to manage their finances safely. Where people had asked the manager to look after any day-to-day money there was a documented system in place that was checked by the manager and the administrator for the home. This included receipts for the goods and the signatures of two people.

When we spoke to the administrator following our visit, they told us all the records for the home, including people's care plan records were kept in locked filing cabinets in a

store cupboard within the home. They also told us they kept all records for at least seven years.

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment.

What is a review of compliance?

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

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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