

Review of compliance

<p>Ideal Care (North) Limited St Aidan Lodge Residential Care Home</p>	
<p>Region:</p>	<p>North East</p>
<p>Location address:</p>	<p>Front Street Framwellgate Moor Durham Co Durham DH1 5BL</p>
<p>Type of service:</p>	<p>Care home service without nursing</p>
<p>Date of Publication:</p>	<p>April 2012</p>
<p>Overview of the service:</p>	<p>St Aidan Lodge is a purpose built care home. It provides up to 62 places for older people and people with dementia care needs.</p> <p>It is registered with the Care Quality Commission for the regulated activities; accommodation for persons who require nursing or personal care. This home is not registered to provide nursing care.</p>

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

St Aidan Lodge Residential Care Home was not meeting one or more essential standards. Improvements are needed.

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 12 January 2012, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

We spoke with several people who lived at the home and their relatives during this visit. They made many positive comments about the home. One person said, "It's nice and quiet here. All of my friends are here too."

Another person said, "It's very restful here, it's nice."

All of the people that we spoke with told us that the food was very good. One person told us, "The food is excellent, I get a choice of what I want."

Another person said, "Lunch is very nice, lovely. We always get a nice meal."

People told us they felt involved with the running of the service, and that their choices were respected. One person said, "There are residents meetings at least once a month, I've been to one, we talked about the food and what we'd like to see on the menu."

Another person said, "We get lots of choices and we can please ourselves about what we want to do with our time."

The people who we spoke with told us they were well cared for. One person told us, "They really do look after us well here, as soon as I ring my bell then someone is here to see what I need."

People told us there were lots of activities to take part in. One person said, "There is always something going on, which is good as it takes your mind off things."

The people who spoke with us were very complimentary about the staff at the home. They told us the staff were very friendly. One person told us "The staff are all very kind."

Another person told us, "They are nice and friendly in here."

People told us the staff were very helpful and supported them. One person said, "It's a lovely place, and the staff are always around if I need anything." Another person said, "The staff will help you in any way you want and I enjoy being looked after by them."

The people that we spoke with told us the management team were often seen around the home, and they felt they could approach them if they had any problems. People told us they thought the home was run well. One person told us, "If I had any complaints I'd tell them." Another person said, "I have no complaints, the staff are very good."

What we found about the standards we reviewed and how well St Aidan Lodge Residential 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

Overall St Aidan Lodge met this essential standard because people were treated with respect and dignity and were involved in their care.

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

Overall St Aidan Lodge met this essential standard as people experienced effective and safe care which was planned to support their individual needs.

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

Overall St Aidan Lodge met this essential standard because there were arrangements in place to protect people from potential abuse.

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

Overall St Aidan Lodge did not meet this essential standard. This was because the home did not have a robust system in place to make sure that staff received appropriate training, supervision and appraisal.

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

Overall St Aidan Lodge met this essential standard as there were systems in place to monitor and assess the quality of service that was provided.

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

Overall St Aidan Lodge did not meet this essential standard. This was because not everyone had been protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

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.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

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

We spoke with several people who lived at the home and their relatives during this visit. They made many positive comments about the home. One person said, "It's nice and quiet here. All of my friends are here too."

Another person said, "It's very restful here, it's nice."

All of the people that we spoke with told us that the food was very good. One person told us, "The food is excellent, I get a choice of what I want."

Another person said, "Lunch is very nice, lovely. We always get a nice meal."

People told us they felt involved with the running of the service, and that their choices were respected. One person said, "There are residents meetings at least once a month, I've been to one, we talked about the food and what we'd like to see on the menu."

Another person said, "We get lots of choices and we can please ourselves about what we want to do with our time."

Other evidence

The deputy manager showed us an information booklet for the home called a service user guide. We were told that this guide was given to people thinking about using the care home, and this helped people to make a choice about where they wanted to live.

The guide contained important information such as what people should expect from the home and how people could make a complaint if they needed to. We also saw that information on the complaints process was displayed in the main hall.

The manager told us the service user guide was available in large print, and could be translated into other languages if people needed it.

The home produced a daily newspaper which gave information about the home such as the planned activities for the day. We saw that the daily newspaper had features such as "What happened on this day" and quizzes and crosswords.

We observed lunchtime and saw that people enjoyed their lunch and the dining experience. We saw that people were offered a choice about what they would like to eat. Staff supported people who needed help with their meal in a respectful way. Staff sat down with them and engaged with them while they supported people to eat at a pace which suited them.

We saw that staff spoke to people in a respectful way and treated people with dignity. Staff seemed to have a good knowledge of people's pasts and saw staff using prompts about people's animals, families or past jobs to encourage people to engage.

We were told residents meetings were held once a month, and that the notes from the meetings were typed up and put on the notice board. The people we spoke with confirmed that these meetings were held regularly.

We looked at a selection of care records and saw people's personal preferences had been recorded. We also saw that care records had been signed by people, which showed they were involved with and agreed to their plans of care.

We were told some of the people who lived at the home suffered with dementia. We looked around the building and saw the environment had not been fully adapted to help people with dementia find their way around. For example there were no signs along corridors to tell people where the lounges, toilets and bedrooms were. However one of the directors from the home told us they had researched ways to make the environment more suitable for people who suffered from dementia and would put together an action plan to address it.

Our judgement

Overall St Aiden Lodge met this essential standard because people were treated with respect and dignity and were involved in 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

The people who we spoke with told us they were well cared for. One person told us, "They really do look after us well here, as soon as I ring my bell then someone is here to see what I need."

People told us there were lots of activities to take part in. One person said, "There is always something going on, which is good as it takes your mind off things."

Other evidence

The home employed a full time member of staff who arranged activities for the home. We spoke to the activities co-ordinator who told us they held regular meetings with people to talk about what they would like to do. The activities plan showed that there were a range of things for people to take part in. The activities plan showed that gentle exercise classes were put on regularly, entertainers had come to the home to perform, and trips outside of the home had been arranged.

During our visit the activities coordinator used a bat and ball during an activity. People appeared to enjoy the activity. All of the staff were very enthusiastic about the activity and they encouraged people to get involved.

We looked at four people's care records. A range of assessments had been completed which included a pre-admission assessment and risk assessments, which looked at for example whether a person was at risk of falling or if they were at risk of developing malnutrition.

Care plans had been developed from the assessments. Three of the care records contained care plans which were specific and set out clearly what the person's needs were, and what support was required to meet their needs. The care plans covered people's physical and mental health needs. These care plans had been signed by the person or their families to show their involvement and agreement to the care plan. These care included people's choices and preferences.

One person's care plans were less specific, but the deputy manager was able to explain to us how the staff knew how to care for the person by discussions in staff handovers. The person needed a special diet, and the deputy manager was able to show us evidence that the chef had instructions of the person's nutritional needs and prepared food which met their needs.

Our judgement

Overall St Aidan Lodge met this essential standard as people experienced effective and safe care which was planned to support their individual needs.

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

We did not ask people about this specific essential standard.

Other evidence

The deputy manager of the home showed us the document which told staff what to do if they suspected someone who lived at the home was at risk of abuse. This document was called the safeguarding procedure. The document contained telephone numbers for the local council's safeguarding team. The document was kept in a file which all staff could access. This meant staff had easy access to any information and contact numbers they may need.

The deputy manager told us care staff had been trained in safeguarding people from abuse. We were told the training included details on how to spot abuse, and how to follow the safeguarding procedure.

We asked staff about the safeguarding procedure and they told us they had received training and they were confident in following the correct procedure.

Our judgement

Overall St Aiden Lodge met this essential standard because there were arrangements in place to protect people from potential abuse.

Outcome 14: Supporting staff

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

There are moderate concerns with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

The people who spoke with us were very complimentary about the staff at the home. They told us the staff were very friendly. One person told us "The staff are all very kind." Another person told us, "They are nice and friendly in here."

People told us the staff were very helpful and supported them. One person said, "It's a lovely place, and the staff are always around if I need anything." Another person said, "The staff will help you in any way you want and I enjoy being looked after by them."

Other evidence

We looked at four staff files. The files showed that inductions had been completed within the first week of new staff starting work at the home.

We saw three of the staff files held documentation which showed a Criminal Records Bureau (CRB) check had been carried out. However one of the staff files did not have this documentation. We told the deputy manager this evidence was not available. They said they were sure that the check had been carried out, but the documentation must have been mislaid. We asked the provider to provide us with this evidence within a week of the inspection. However one of the company directors told us they had not been able to find it, and therefore had applied for a new CRB for the member of staff.

The deputy manager told us the manager of the home had dealt with the staff training and supervision. The manager was absent from the home on the day of our inspection. We were told the manager had been absent from the home for approximately a month

when we carried out our inspection.

We asked staff on duty how often they took part in supervision. (Supervision sessions allow staff to talk through any issues about their role, or about the people they provide care, treatment and support to, with their line manager or supervisor.) They said that they regularly took part in supervision approximately once every two months. However we could not find any record of staff supervision in staff files.

We spoke with staff who told us they were up to date with their mandatory training. We asked to see the home's training record for the current year; however the deputy manager could not find this during our visit. We asked the provider to provide us with evidence within a week of the inspection. However one of the company directors told us that they could not provide this. The company director explained that during a visit carried out by Durham County Council in May 2011, they had shown the supervision records for the beginning part of the year, and the report written after the visit had referenced this. However they explained they could not find the supervision records or the training records.

The company directors said supervision sessions with all of the staff had been scheduled, and a new training record had been created. We were told training certificates had been used to input training into the new training record and that training had been scheduled where it was needed.

Staff told us staff meetings were held each month. They said if they couldn't attend they would be given minutes which showed what had been discussed. We saw evidence from minutes of meetings, that staff meetings had been held regularly.

Our judgement

Overall St Aidan Lodge did not meet this essential standard. This was because the home did not have a robust system in place to make sure that staff received appropriate training, supervision and appraisal.

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

The people that we spoke with told us the management team were often seen around the home, and they felt they could approach them if they had any problems. People told us they thought the home was run well. One person told us, "If I had any complaints I'd tell them." Another person said, "I have no complaints, the staff are very good."

Other evidence

During our visit we spoke with one of the company directors about the process the home used to check the quality of the service they provided. They told us that surveys were sent to relatives three times a year. Feedback from the surveys had been used to make improvements to the way that the service was run. New activities and menu changes had been introduced following the results of the relatives survey.

The company director told us surveys were also sent three times a year to the staff and to health professionals outside of the home to gather their feedback.

We saw evidence that the company director carried out monitoring visits to the home at least once a month. The reports from these visits showed the company director spoke with people and to staff in the home, as well monitoring the equipment and decoration. When actions needed to be taken, these were written in the wording of the report, but we did not see this information had been added to an action plan. This meant it was difficult for us to see which actions had been taken, and which were still ongoing.

We saw evidence health and safety checks were carried out regularly.

Our judgement

Overall St Aidan Lodge met this essential standard as there were systems in place to monitor and assess the quality of service that was provided.

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

There are moderate concerns with Outcome 21: Records

Our findings

What people who use the service experienced and told us

We did not ask people about this specific essential standard.

Other evidence

We looked at four people's care records. Three of the records had been fully completed and were very detailed.

However one person's care record contained very little information. This person's care record showed they had received care from the home for just over one month. A range of assessments had been carried out, but sections of the forms had been left blank, such as the date and which staff member had filled it in.

Care plans which detailed what staff needed to do to meet the needs of the person had not been fully completed. For example information such as the date the care plan had been filled in and the name of the staff member who wrote out the plan had been left blank.

We saw that important information about how to care for the person had been provided by social services when the person had been admitted to the home. However some of this information, on how to care for the person, had not been added to the person's care plan. For example we saw that the social services assessment said the person had lost interest in food, and there were concerns over the person's weight. We did not see this recorded in the person's care record. The deputy manager of the home told us the

person was on a high fat diet. They told us the home's cook knew this and prepared meals which met their dietary needs.

However as this information was not detailed in the person's plan of care it meant staff had no written instructions of how to support this person's needs. We asked the deputy manager how staff knew how to care for this person and they told us that it was through word of mouth. This practice was unsafe as the person could be at risk if all of the staff did not know how to care for the person properly.

We saw the "Daily accountability record" only had information recorded in it for two days when a doctor had seen the person. We did not see daily information on the person's health anywhere else in the care record.

We asked the deputy manager why the care record had so little information recorded in it, and they told us it had been an oversight but they would make sure the right information was added to the care plan straight away.

Our judgement

Overall St Aidan Lodge did not meet this essential standard. This was because not everyone had been protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	How the regulation is not being met: The home did not have a robust system in place to make sure that staff received appropriate training, supervision and appraisal.	
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	How the regulation is not being met: Not everyone had been protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

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.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, 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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Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA