

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

St Aidan Lodge Residential Care Home

Front Street, Framwellgate Moor, Durham, DH1
5BL

Tel: 01913709691

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Staffing	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

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

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 September 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We spoke with nine people about their experiences of the care and support they received. We also spoke with the deputy manager and five staff.

People and staff told us that consent was gained before care was delivered and we found that the provider acted in accordance with people's wishes.

We found people's needs were assessed and care and treatment was planned and delivered in line with their individual care plans. We observed that relationships between staff and people appeared to be good and people looked clean and well cared for.

People were protected from the risk of infection because appropriate guidance had been followed.

There were enough qualified, skilled and experienced staff to meet people's needs. One person said, "There is always someone available when I need them."

There was an effective complaints system available and a clear way of identifying complaints. We found that comments and complaints people made were documented and responded to appropriately.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

People told us they felt involved in decisions about their care and how the service was operated. One person said, "We have meetings to discuss how we would like things to be and any changes we want." Another said, "They are always checking that things are right for me and if I want anything different."

The manager and staff explained how they made sure people understood their care and treatment. We found they recognised the importance of ensuring people could give their informed consent prior to receiving care. One staff member said, "We have documents whereby people consent to things, like using their photo, but it's a constant thing, we wouldn't do anything unless they agree." We observed that people were asked for their consent before they received any care or treatment.

We found reviews had been carried out to establish people's level of ability as part of a mental capacity assessment. We noted from records that people's next of kin had been involved in this process. For people who did not have any next of kin their Independent Mental Capacity Advocate (IMCA) was involved. No formal arrangements were in place under the Mental Capacity Act 2005 to restrict or deprive any person of going freely in and out of the home at this time.

We spoke with five staff members. They understood where people lacked capacity to make an informed decision then best interest meetings needed to be held. The staff had good knowledge about the Mental Capacity Act 2005. They also knew about how to access an independent advocate who could act on people's behalf.

We found that where people did not have capacity to give consent that arrangements were in place to ensure they were involved in their care planning. One staff member said, "As part of the new care plan we have worked with the family and completed a life history for each person, it helps us to know about them and their preferences, we've documented what kind of things they prefer to help us support them make decisions throughout the

day."

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People using the service told us they were happy with the care provided. One person said, "This is the next best thing to home, I didn't think I would like it but they are all so good it's hard not to." Another person said, "We get a morning exercise class, it really is very good, it's a lovely break and gets me going for the day."

We viewed care plans for six people and saw that people's needs were assessed before they began to use the service. Care records contained appropriate risk assessments; such as, falls and moving and handling. Care was then planned in a way which met people's individual needs. For example, one person had a 'Waterlow Risk Assessment' in place, used to assess for pressure sore risks. The results of the risk assessment had been used to implement a care plan for skin integrity to reduce the risk of pressure development. This helped to ensure that people were protected from the risks of receiving inappropriate or unsafe care and treatment.

We found other individual detailed care plans were in place and covered areas such as communicating, mobility, personal hygiene and challenging behaviour. We saw monthly reviews of these plans were carried out and where people's needs had changed their plans were updated more frequently.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. During this observation we saw that staff members interacted in a positive and respectful manner towards the people they supported.

On the day of our inspection there were a range of activities including reading 'The Daily Sparkle', the home's reminiscence and activity newspaper, singing and chair aerobics. One person told us, "There is always lots to do, I like sitting with the other ladies while we have a sing and a natter." One staff member said, "All of the residents love 'The Daily Sparkle', the lounge is always full, it's nice to see them taking the turn to read about history." We saw records to confirm the activities and outings provided.

There were arrangements in place to deal with foreseeable emergencies. We saw that

each person had a Personal Emergency Evacuation Plan (PEEP) in place. These gave staff guidelines about how to evacuate people from the building should this be necessary in the event of an emergency.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

We found the premises were clean and tidy and free of any malodour. The bathrooms and toilets were stocked with paper towels and hand wash. There was information in the bathroom and kitchen about infection control and posters displayed which promoted good hand washing techniques.

We spoke with staff who were knowledgeable about the national colour coding system for cleaning materials and equipment. Staff told us they had access to suitable personal protective equipment, such as aprons and gloves, and we saw that staff wore these appropriately. One staff member said, "We have everything we need to clean, anything we want they get us, we have all the relevant colour coded mops, their heads can go in the washing machine and we use colour coded clothes for different areas like dusting and the toilets."

Staff showed us the daily cleaning rota which included cleaning of the bathrooms and communal areas, as well as extra tasks such as cleaning the curtains and windows. We saw the rota was signed and completed on a daily basis. We concluded that effective infection control systems were in place and these were adhered to.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We noted there were enough qualified, skilled and experienced staff on duty to meet people's needs on the day of our inspection. We looked at the staff rota and saw there were seven care workers and two senior care workers on duty during the day to care for 58 people who lived in the home. The provider had bank staff available to cover sickness, holidays and training.

We noted, during our SOFI observations, that people were not rushed or left alone for long periods. We saw there were sufficient numbers of staff to provide the appropriate level of support to people. People told us they thought there was enough staff. One person said, "There is always someone available when I need them, I don't have to wait." Another said, "They work hard but they never miss a thing."

Staff told us there were enough of them to meet and respond to the needs of people requiring care. One staff member said, "We always have enough staff, that is never a concern." Another staff member said, "We all stick together, we would never be short, we work together as a team so if someone is ill we know we can always get things covered, it's rare that we need that though, it's a good atmosphere."

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People told us they were aware of how to make a complaint and expressed confidence that, if they needed to make a complaint, this would be addressed in a fair and prompt manner. One person said, "If I had anything I'd say it, they would listen too." Another person said, "I wouldn't have any problem telling them if something wasn't right but they are so good I don't need to."

We saw that people were made aware of the complaint's procedure and that this was provided in a format that met their needs. All people within the home were given a copy of the complaints procedure as part of their pack when they moved in to the home. A dedicated 'compliments, comments and concerns' form was available in reception and a copy of the complaints policy was advertised on all notice boards within the home.

We talked with staff and they confirmed they were aware of the complaints procedure. They were able to describe the steps they would take, should they need to support an individual to make a complaint.

A summary of complaints people had made was available. This meant that an audit trail of the steps taken and decisions reached was kept. Records showed those complaints which had been formally reported were dealt with promptly and in line with the homes complaints procedure.

About CQC inspections

We are the regulator of health and social care in England.

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

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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

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

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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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