

# Lansglade Homes Limited

# Annandale Lodge

## Inspection report

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## Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

## Overall summary

Annandale Lodge is a residential home providing personal and nursing care for up to 24 older people with social, psychological and physical needs. It is situated in a residential area of Bedford, close to the town centre.

The inspection was unannounced and took place on 9 June 2015.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe and told us they were protected from abuse by staff. Staff understood how to identify abuse and were aware of how to respond to allegations of abuse to keep people safe.

Risks to people's safety had been assessed and were detailed clearly within people's care plans, providing guidance for staff to use to assist people to remain as independent as possible

# Summary of findings

There were sufficient staff members on duty, with the correct skill mix, to support people with their required care needs.

The service had a robust recruitment process to ensure that suitable staff were employed to look after people safely.

Systems were in place to ensure that medicines were administered, disposed of, recorded and handled safely.

New staff underwent a robust induction programme which prepared them appropriately for their role. Staff were also provided with a range of on-going refresher training to update their skills and knowledge.

Staff had regular supervision meetings with the registered manager and annual appraisals to support them with training and development needs.

People's consent to care and treatment was sought in line with current legislation. Where people's liberty was deprived best interest assessments had taken place.

People were provided with a balanced diet and adequate amount of food and drinks of their choice.

People were supported to see health and social care professionals as and when needed. Prompt action was taken in response to illness or changes in people's physical and mental health.

People were looked after by staff that were caring, compassionate and promoted their privacy and dignity.

People's needs were assessed and regularly reviewed to ensure that the care they received was relevant to their needs. They were supported to take part in meaningful activities and pursue hobbies and interests.

People knew how to make a complaint if they needed to, and were confident that the service would listen to them. The registered manager investigated and responded to people's complaints in accordance with the provider's complaints procedure.

The service promoted a culture that was open and transparent. Quality assurance systems were in place and these were used to obtain feedback, monitor performance and manage risks.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

This service was safe.

The service had systems in place to identify abuse or poor practice and respond appropriately. Staff had received training in the safeguarding of vulnerable adults and understood their responsibilities.

Where risks to individuals were identified, specific plans were in place to minimise any adverse effects from these.

The service ensured there were adequate numbers of staff employed to keep people safe.

The service followed robust procedures to recruit staff safely.

Medication was managed, stored and administered safely.

Good



### Is the service effective?

This service was effective.

People were supported by staff that had the knowledge and skills to undertake their roles and responsibilities.

People's consent to care and support was sought in line with current legislation.

People were provided with adequate amounts of food and drink to maintain a balanced diet.

People were supported by staff to maintain good health and to access healthcare services when required.

Good



### Is the service caring?

The service was caring

Staff supported people to develop positive and caring relationships.

People were supported by staff to express their views and be involved in making decisions about their care and support needs.

Staff supported people to promote their privacy and dignity.

Good



### Is the service responsive?

This service was responsive.

People's needs were assessed before they began using the service and care was planned in response to their needs.

People received care and support from staff that was personalised and responsive to their needs.

The service had a complaints policy which outlined how formal complaints were to be dealt with. Complaints and concerns were discussed with staff to identify lessons learned and improve the service.

Good



# Summary of findings

## Is the service well-led?

This service was well led.

The service was led by a registered manager who had vision and values that were shared by staff, for the development of the service.

Staff said the management team had an open culture and were confident that their opinions were respected. They were aware of how to raise a concern about any poor practice, but none of them had needed to do so.

Systems were in place to ensure the service learnt from events such as accidents and incidents, whistleblowing and investigations.

The registered manager and provider recognised the importance of regularly monitoring the quality of the service provided to people.

**Good**



# Annandale Lodge

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 June 2015 and was unannounced.

The inspection was undertaken by one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also spoke with the local authority to gain their feedback as to the care that people received.

During our inspection, we observed how the staff interacted with the people who used the service and how people were supported during meal times and during individual tasks and activities.

We spoke with five people who used the service, one relative and one healthcare professional who had regular involvement with the service. We also spoke with the registered manager, the operational manager, two nursing staff, three care staff and one housekeeper.

We looked at seven people's care records to see if their records were accurate and reflected people's needs. We reviewed four staff recruitment files, staff duty rotas, training records and further records relating to the management of the service, including quality audits in order to ensure that robust quality monitoring systems were in place.

# Is the service safe?

## Our findings

People said that they felt safe and protected from harm. One person said, "I have no worries about my safety here, I know they will look after me." Another person told us, "As soon as I came here, I knew I would be safe, it's great peace of mind to have people looking after you." Relatives we spoke with also said that their family members were looked after safely at the service.

Staff demonstrated a good understanding of the signs they would look for, and explained the action they would take if they thought someone was at risk of abuse. One member of staff said, "I would report it straight to the manager, or if they weren't about, the nurse in charge." Another staff member told us, "I would make the person safe and ensure that everything was documented in the records." Where required, staff told us they would escalate concerns to external bodies; including the local authority safeguarding team, the police and the Care Quality Commission (CQC).

The registered manager told us they worked in association with the local authority in addressing safeguarding matters. We were told, "There is so much that could be considered as potential abuse, we have to ensure that we care for people properly to protect them." We saw that contact details were available for people and staff to use should this be required. Records confirmed that the registered manager had taken appropriate action in response to safeguarding concerns and investigations and had been able to use the findings to improve future practice.

We found that staff had attended training on protecting people from abuse, and the staff training records we reviewed confirmed this.

There were risk management plans in place to promote and protect people's safety. Staff told us they were keen to keep the people they supported safe and free from harm and used all available information to support them to do so. People's identified risks were monitored on a regular basis and risk assessments had been completed for people in areas including moving and handling, falls and nutrition. Where risks had been identified, guidance was given within care records to advise staff on how risks could be minimised.

The registered manager told us that the service had contingency plans in place in case of an emergency. We saw that there were contact details of emergency telephone numbers displayed in the service which were accessible to staff should they be required.

Staff told us they had been through a robust recruitment process before they commenced employment. One staff member told us, "They did all the checks before I started working here." The registered manager explained that the recruitment process was managed by the head office and detailed the information obtained before staff commenced employment. Records were well organised and we found that new staff had completed application forms which included a full employment history. We saw interview questions and answers and completed skills tests. Staff files also included evidence of criminal record checks, proof of their identification and two employment references. We saw evidence that safe recruitment practices were followed.

Both people and staff told us there was enough staff on duty to care for people safely. One person stated, "There must be enough staff, they spend time speaking to us and they always come quickly." One member of staff said, "Staffing is not a problem, if we need to cover shifts then we do so, it is better we care for people because we know them well." Staffing levels within the service were flexible to accommodate busy periods or cover sickness and were reviewed regularly and adjusted when people's needs changed. There were sufficient numbers of staff available to keep people safe.

People were supported by staff to take their medicines safely. One person said, "I get my tablets on time each day, they always ask me if I need anything else." Nursing staff told us that it was important to make sure medication was administered correctly and that they had received training to support them with this. The registered manager told us about the changes they had made in respect of improving the medication systems; implementing more robust audit checks and ensuring that medication stocks were accurately recorded to ensure that all medication could be reconciled.

We observed a medication round and saw that staff took time to explain to people what they were taking and to make sure they did not require any analgesia. We looked at Medication Administration Record (MAR) charts and noted that there were no gaps or omissions. The correct codes

## Is the service safe?

had been used and when medication had not been administered, the reasons were recorded. We found there were suitable arrangements for the safe storage, management and disposal of people's medicines, including controlled medicines.

# Is the service effective?

## Our findings

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. One person told us, “They seem to know what they are doing; they just get on with it.” Our observations confirmed that staff used their knowledge to ensure that care was delivered in accordance with best practice guidelines.

Staff told us that they received the appropriate support and training to perform their roles and meet people’s needs. They received an induction at the start of their employment and told us this was beneficial in giving them experience of the work they would go on to do. For example, care work or housekeeping. Staff confirmed that there was no set period of time for the induction process, which meant it could be tailored to their individual needs. One nurse told us they had spent time shadowing other nursing staff and the registered manager to help them understand people’s needs before they began to work independently.

Staff told us they had access to regular training which was useful in helping them keep up to date. They confirmed that they had a range of training including first aid, infection control, safeguarding and mental capacity. One staff member said, “Yes, we get lots of training and it is all helpful.” Another staff member told us, “I have just done my Level 2; we are always supported to do extra training to help bring us on.” Staff told us they were encouraged to complete further qualifications, such as Qualification Credit Framework (QCF) Level 2 and 3. Training records we looked at confirmed that staff had received appropriate training to meet people’s assessed needs.

Staff told us they received on-going support from the manager as well as three-monthly supervision and an annual appraisal. Staff said they found supervision invaluable and used it to identify and address their developmental needs. The registered manager said that all staff were given the opportunity to achieve a recognised national qualification at level 2 or 3 and to undertake external courses to support them in their personal and professional development. We saw certificates of achievement in the staff files we examined.

People told us that staff always gained their consent before providing them with any care and support. One person said, “Oh they always ask me, I wouldn’t mind if they didn’t but they are good like that.” Our observations confirmed

that they obtained people’s consent before assisting them with personal care or supporting them to transfer. Where people refused, we saw that their decisions were accepted; staff knew that people had the right to refuse or accept their support.

We found that the service was meeting the requirements of the Mental Capacity Act 2005 (MCA). The registered manager had a robust working knowledge of the MCA 2005 and the Deprivation of Liberty Safeguards (DoLS) and the steps that should be followed to protect people’s best interests. We found that, when appropriate, people had been involved in best interest decisions and mental capacity assessments, to ensure that their wishes had been represented. The registered manager told us that three people living at the service were subject to a DoLS authorisation, and the records we reviewed confirmed this.

People were supported to eat and drink and to maintain a balanced diet. They told us they were provided with adequate amounts of food and drinks. One person said, “I have a fried breakfast, it’s lovely, and the food is really very nice.” The registered manager and staff told us that they worked hard to ensure that people enjoyed their food, if they wanted something that was not in stock, they would make every effort to get it.

We observed the lunch time activity. One person said, “That was the best meal I have had.” They ate their meal with appreciative noises, and gave a big smile when they had finished. We saw that pureed meals were kept separate and consisted of fresh vegetables. Meals were served attractively to stimulate appetite and senses. The menu was displayed on a board within the communal lounge to remind people of what was on offer. There were accessible drinks near people in the communal areas, and when people wanted a drink, staff were quick to respond. We saw that the service was involved with a special food project which was being run by a dietician. Staff were provided with advice and training to enable them to support people to maintain a balanced diet.

People confirmed that their health care needs were managed by staff. One person said, “I always get to see a doctor if I need to.” The nursing staff and registered manager told us they liaised with health and social care professionals involved in people’s care if their health or support needs changed. The healthcare professionals we spoke with were keen to tell us that the service always acted upon the advice that was given and were vigilant in

## Is the service effective?

monitoring for any changes within people's conditions. The registered manager told us that if staff were concerned about a person, they would support them by contacting a

GP. Where people had seen healthcare professionals and the advice had an impact upon the care, care records had been reviewed to ensure that they met people's assessed needs.

# Is the service caring?

## Our findings

People told us they were very happy with the care and support provided. One person said, “They are so friendly and caring.” Another person told us, “I really don’t know what I would do without them, they really do care.” Staff told us that they wanted to give people the best possible care because that was what they deserved.

We observed that both care staff and nursing staff spent time interacting with people and addressed them by their name. One person said, “They’re just lovely, I love them all, they make me feel loved.” When communicating with people, staff got down to their level and maintained good eye contact. They took time to ensure that people understood what was happening, for example, during hoist transfers or when being given medication. We saw that staff provided people with reassurance by holding their hands, showing that they were aware of people's emotional needs. Positive and caring relationships were developed with people who used the service

We saw that people were supported with care and compassion. For example, we observed one person being comforted by staff when they became upset. We saw that staff responded to the person in a kind, calming and reassuring manner, which worked well and reduced the person’s anxiety. Support was provided in a kind, calm and relaxed way and people were at ease in the presence of staff.

The service supported people to express their views and be involved in making decisions about their care and support. Staff told us they involved people and their relatives in planning and reviewing their care. None of the people who used the service that we spoke with were able to confirm this, but records confirmed that both people and their relatives had been involved in making decisions about their care requirements. We saw that people were given the opportunity and were supported to express their views about their care. For example, we saw staff consulting and involving people with their daily living activities. People told us that they gave feedback to the registered manager so that improvements could be made.

People had differing levels of needs, and we observed that staff offered varying levels of support to each person,

depending upon their assessed needs. Our observations demonstrated that staff had positive relationships with the people they supported. The demeanour of the people, who were being supported, was seen to be open and trusting of the staff and there was a desire to engage in meaningful conversation.

It was evident that people had the opportunity to choose where they wanted to be within the service, for example in their bedrooms or communal areas. Staff provided gentle support and encouragement, at an acceptable level for the person. Care and support was based on individual preferences and it was evident through our observations, that staff were caring and knowledgeable about each person and knew how each person liked to be supported.

People told us they were treated with dignity and respect. One person told us, “They always say hello before they come into my room.” People told us that the way in which staff communicated with them, made them feel that they were respected and ensured their dignity was maintained.

Staff were able to describe how they ensured people’s privacy and dignity was respected, by knocking on doors and making sure they were shut before supporting them. We observed this happening in practice. We found that the service had clear policies in place for staff to access, regarding respecting people and treating them with dignity.

We spoke to the registered manager about whether advocacy services were available and were told that the home had previously used the services of an advocate for some people. We saw that the home had available information on how to access the services of an advocate. Records confirmed that various advocacy services were available for people to use to ensure that their views and opinions were listened to.

Relatives were able to visit their family members when they wished and, in general, our observations confirmed this. Visitors could see people in their rooms or in the lounge areas and outside in the garden and were able to visit at any time. The registered manager and staff told us that there were no restrictions on relatives and friends visiting the service. It was evident that the service supported people to maintain contact with family and friends.

# Is the service responsive?

## Our findings

People told us that they received the care they needed to meet their needs. One person explained how they needed support with wound care and told us that staff had worked hard to ensure that appropriate care was given. Another person said that staff had helped them to settle in quickly to the service.

People and their relatives had been given the appropriate information and opportunity to see if the service was right for them before they were admitted. People told us that they had been involved in how their care was assessed, planned and delivered. One person said, "It just felt right, I was given the chance to see if I liked it." The registered manager told us that they provided people and their families with information about the service when they were admitted. This was in a format that met their communication needs and their ability to understand. The information included a welcome pack which provided information about the home, the facilities and the support offered.

People told us that they were asked for their views about how they wanted their support to be provided. For example, about their preference for their daily routine or the time they would like to go to bed. The registered manager told us that pre admission assessments of people's needs had been carried prior to people being admitted to the service; this helped them to ensure that staff could meet people's needs. Records we saw confirmed this.

People also told us that staff were aware how they wanted their care to be given to them, for example, one person told

us that staff knew what cup they liked to use. During our conversations with staff it was evident that they had a good awareness of people's needs, so that they provided person centred care.

Care plans were specific to people as individuals and provided staff with information on how to manage people's individual needs. Care plans were reviewed on a regular basis and updated as and when people's needs changed so that they remained reflective of people's current needs. Relatives and health care professionals told us that staff and the registered manager kept them informed of any changes in people's wellbeing.

We found that there was a dedicated activities person in the home who was responsible for planning activities. In addition another member of staff had recently been given additional time to spend undertaking activities with people. We observed an activity session and found that staff engaged with a group of people as a whole and focused on their responses, making each person feel valued. Conversations took place about musical tastes and things that people enjoyed in the past.

People we spoke with were aware of the formal complaints procedure in the home, which was displayed within the home. One person said, "Oh I would never need to complain about anything." People told us the registered manager always listened to their views and addressed any concerns immediately. Our observations confirmed that the registered manager made herself accessible to people on a regular basis. We saw there was an effective complaints system in place that enabled improvements to be made and that the registered manager responded appropriately to complaints. Records confirmed that there had been no formal complaints since our last inspection.

# Is the service well-led?

## Our findings

The service had a registered manager in post in accordance with their regulatory requirements. Everybody we spoke with knew who the registered manager was. One said, “We see her every day, she is lovely.” The registered manager led a team which consisted of nursing staff, senior staff, carers and ancillary staff, who all shared a common goal in providing people with high quality care and support. Staff understood the values and philosophy of the service and said there was a very open culture within the service. They felt confident that if they raised any concerns or questioned practice with the registered manager, they would be acted on appropriately.

The service promoted a culture that was positive open and inclusive. One person said, “We can talk about anything.” Staff told us that the registered manager was ‘hands on’ and worked to ensure that she knew the people who used the service. They told us that the registered manager operated an open door policy and was open, supportive and transparent.

Staff told us they received constructive support from the registered manager. One told us, “Oh yes, the manager is always here for us, we are well supported and can always ask questions about anything.” We were also told, “People should have good care, that’s what we want to give.” All staff members were very clear about their roles and responsibilities and told us they enjoyed working for the service.

Information CQC held showed that we had received all required notifications and that these had been submitted in a timely manner by the registered manager. We saw evidence that the registered manager learnt from such issues and that information was passed onto staff so that service delivery could be improved upon.

The registered manager told us that incidents were recorded, monitored and investigated appropriately and action was taken to reduce the risk of further incidents.

There was a system in place for reporting accidents and incidents to the registered manager and we found that they logged these appropriately for investigation. All possible action had been taken to review risk factors to minimise the risk of reoccurrence and to improve the service for people.

Staff we spoke with were clear about the process to follow if they had any concerns about the care being provided and told us they knew about the whistleblowing policy. They said that they would have no hesitation to use it if the need arose.

We asked staff about the ‘Mum’s Test’ and they told us that they would have no concerns in placing a family member in the service as they believed that the care that they provided was good quality.

The registered manager talked to people who used the service to find out if they had any problems with the care and support they received. People were supported to express their views through means of reviews of their support packages and annual surveys. There were procedures in place to obtain people’s views and monitor and improve the quality of the service provided. The registered manager sent out questionnaires to each person who used the service to determine how the service was performing. An analysis of the results on any areas that had been highlighted as requiring improvement was completed and used to make improvements. This ensured that feedback was used to improve practice and the overall service provided.

The service had quality assurance systems in place. The registered manager told us that the service had a system of audits and reviews which were used to obtain feedback, monitor performance and manage risks. These included areas such as medicines, infection control and care plans. Where areas for improvement had been identified we saw there were action plans in place to address the issues requiring attention. The service reviewed matters on an on-going basis, in order to improve the quality of service being provided and drive future improvement.