

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Annadale Lodge provides residential and nursing care for up to 26 older people with physical disabilities and those who may be living with dementia. At the time of our inspection there were 24 people using the service.

Accommodation is provided over the ground and two upper floors with various lounges, a dining room, and an accessible garden.

People's experience of using this service and what we found

People received safe care and were protected against avoidable harm, neglect, and discrimination. Risks to people's safety were assessed and strategies were put in place to reduce the risks.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received support from staff who had undergone a robust recruitment process. They were supported by regular, consistent staff who knew them and their needs well.

Medicines were safely managed. Systems were in place to control and prevent the spread of infection. The provider ensured that lessons were learned when things went wrong, so that improvements could be made to the service and the care people received.

The service was well managed. People, relatives, and staff were very positive and about the leadership of the service and praised the registered manager highly.

There were systems in place to monitor the quality of the service and actions were taken, and improvements were made when required. Staff felt well supported and said the registered manager was open and approachable. The service worked in partnership with outside agencies.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 5 October 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Annadale Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Annandale Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Annadale Lodge is a care home. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Annadale Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of Inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people using the service and 4 relatives to gain their view of the service. We spoke with 5 staff including the registered manager, 3 care and support staff and the chef.

We reviewed a range of records. This included 4 people's care records and 10 medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance audits, training records, key policies and meeting minutes were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of potential harm. One person commented, "I know I am in safe hands. I feel very safe." A relative told us, "For the first time I feel I can relax knowing that [family member] is safe. It has given me peace of mind."
- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and were knowledgeable on how to identify the signs of abuse and how to report concerns. One staff member commented, "I would tell the manager and I would escalate if I was not satisfied."
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- People had detailed risk assessments in place which guided staff on how to keep people safe. For example, if a person was at risk of choking, we saw that a detailed risk management plan was put in place to reduce the likelihood of choking. A relative told us, "Staff are very observant, they know the risks of my [family members] condition and act upon it quickly."
- Risk assessments were reviewed and updated swiftly if there were any changes or incidents. For example, we saw that 1 person had been assessed at increased risk of falls. Their care plan and risk assessment had been updated and further actions implemented such as referral to the falls team.
- Staff told us they felt they could confidently support people safely, and that the risk assessments accurately reflected people's needs, and the way they should be supported.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Capacity assessments had been completed to ensure that people had the support they required to make decisions. This included family members input when appropriate.

Staffing and recruitment

- People and relatives felt there were enough consistent staff to meet people's needs safely. One person told us, "I think there is enough staff. Often you will find people like the deputy or nurses stepping in just for the sake of keeping well known faces and avoiding having agency."
- Staff said there were sufficient numbers of staff to make sure people's needs were met and to ensure their care was not rushed. A staff member commented, "Yes there are enough staff. We are very lucky here because we all support each other. There are no problems with staffing."
- Our observations confirmed there were sufficient staff to meet people's needs in a timely manner. The service did not use agency staff, so people were supported by a staff team who knew them well.
- The provider followed robust recruitment procedures to ensure people were protected from staff that may not be fit to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started the probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Using medicines safely

- People received their prescribed medicines from trained and competent staff. A relative said, "There has never been any worries over [family members] medication. It's all very efficient."
- Safe processes were in place for all areas of medicines practice including ordering, administration, storage, and disposal.
- Care plans included key information about people's complex medicines. For example, care plans for people who were prescribed blood thinners contained information about the risks associated with these medicines.
- Protocols were in place for medicines prescribed to be taken 'as required' and for medicines administered in a way different from the prescribed method, for example covert medicines (hidden in food or drink) to ensure it was given safely and in line with best practice guidance.
- Detailed medicines audits were regularly undertaken by the registered manager, and these were used to drive improvements.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People and staff we spoke with told us that visiting procedures within the home followed current guidance.

Learning lessons when things go wrong

- The provider had systems in place to monitor incidents and accidents so action could be taken to promote people's safety.

- The registered manager reviewed all accidents and incidents and took follow up action appropriately. The registered manager had good oversight of areas of risk to people.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture at the service was open, caring and person centred. A relative said, "What I see day in /day out is that staff are happy doing this job and they are proud of it. It's very rare to find but seems they have an excellent group of carers happy in what they are doing."
- People and relatives expressed satisfaction with the care and support provided and expressed confidence in the management and culture of the service. One person told us, "The manager came to see me and literary saved my life; giving me hope and a place to live; shelter and care, and it's not just any care, its first-class care."
- Staff felt well supported by the registered manager. One commented, "[Registered manager] is very supportive. We get support all round, from colleagues and managers."
- The provider invested in the learning and development of its staff, which benefited people through the maintenance of a stable, motivated, and skilled staff team. Staff told us this made them feel valued and appreciated.
- Effective communication systems were in place to ensure the whole of the staff team were involved in daily decisions. One member of staff told us, "The communication here is very good. The manager shares everything with us so we always feel included and feel that our views are valued."

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We received consistently high praise in relation to the management and leadership of the service. Comments included, "What we have here is a manager with 100% commitment and determination to keep high standards in the care." Another comment included, "The manager is a good manager; not shy of hard work. Very personable and not hiding in the office." A third commented, "The manager is approachable and knows her job well. I think this place is well managed because of her efforts and hard work."
- There were effective systems in place to monitor the quality and standards of the service. The registered manager completed monthly audits of all areas of the service and people's care. Any areas identified for improvement had action plans put in place with timescales for completion.
- Staff understood their roles and responsibilities and had clear lines of accountability. The staff support systems ensured all staff received regular training and supervision and we sawt staff wellbeing was high on the provider's agenda.
- The registered manager ensured there were robust systems in place to ensure compliance with duty of

candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Effective systems were used for people, relatives and staff to feedback on all aspects of the service they received. For example, staff had regular meetings and daily interactions with the registered manager, and heads of departments.
- Monthly meetings were in place for people and relatives, and we saw areas of discussion included activities, staff recruitment and menus. We saw suggestions were actioned, for example, people said they would like to see armchair exercises included in the activities and we saw this had been incorporated into the activity planner.
- The registered manager had an open-door policy. During the inspection we observed relatives were comfortable approaching the registered manager to discuss their family member's care. Relatives had opportunities to attend meetings with the registered manager and she was setting up a scheme where people could meet with the registered manager in the café to chat informally.

Continuous learning and improving care: Working in partnership with others

- The registered manager closely reviewed and monitored all accidents and incidents. Records showed timely action was taken to reduce the likelihood of repeat incidents to ensure people received safe care.
- There were systems in place to learn lessons when things went wrong, and these were shared with staff in team meetings and one to one supervision meetings.
- The registered manager and staff enjoyed good working relationships with people's GP, district nurses and other health professionals such as chiropody and dental services. These good relationships enabled people to receive timely care to help enhance their quality of life and look at ways for continual improvement. For example, timely prescribing and swift support for people's dental needs.