

Samalodge Limited

# Anita Jane's Lodge

## Inspection report

126 Uppingham Road  
Leicester  
Leicestershire  
LE5 0QF

Tel: 01162768071

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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 ●

# Summary of findings

## Overall summary

### About the service

Anita Jane's Lodge is a residential care service providing personal care and accommodation to people with mental health needs. At the time of the inspection the registered manager confirmed the service was providing personal care to 11 people.

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

People felt safe with staff from the service. Staff understood how to protect people from the risk of harm and understood potential signs of abuse. Care plans provided guidance for staff to follow, and staff had read the care plans. Risk assessments reduced risk for people, though one risk assessment needed to be more detailed in order to fully reduce the risk posed. Staff went through a recruitment process that ensured the provider only employed suitable staff, though this needed to be made more robust.

People received their medicines as prescribed and they were protected from the risk of infections through staff working practices. There were enough staff to meet people's needs. Staff undertook induction and specialist training which provided knowledge and skills to do their job well and effectively meet people's needs.

People were supported to have 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 were provided with care and support that ensured they had good nutrition and hydration. They had access to healthcare that maintained their health and wellbeing. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

Staff knew people well. People had developed positive relationships with staff which helped to ensure good communication and support. Staff respected people's privacy and dignity. They supported people to be independent.

People were involved and consulted when deciding how support was provided. Staff knew and understood the needs of the people using the service and care was provided based on their assessed needs. Staff were responsive to changes in people's needs to ensure people received help to maintain their health and wellbeing.

People knew how to raise any concerns or make a complaint. The provider responded to complaints by investigation and solutions to put things right. The complaints policy provided information about how these would be managed and responded to.

People and staff spoke positively about the management and leadership of the service. They said staff were very friendly and caring, and they had built good relationships with them.

Systems were in place to monitor the quality of care and support people experienced through quality assurance systems and processes to improve the service. The service worked in partnership with external agencies to ensure people achieved good outcomes from their care and support.

Rating at last inspection: The last rating for this service was Good. This was published 14 February 2017.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well Led findings below.

# Anita Jane's 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and one inspection manager.

#### Service and service type

This service is a residential home. It provides personal care and accommodation to people with mental health needs and younger adults.

The service had a manager who was registered with the Care Quality Commission. This means that when a manager is registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced.

#### What we did before 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who lived in the home about their experience of the care provided. We also spoke with three members of care staff and the registered manager.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

The registered manager sent us additional evidence after the inspection visit to follow up on the issues raised in the report.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management.

- An assessment of health and safety of premises had been carried out for the home. This was comprehensive and included plans to evacuate people safely in the event of fire. Fire checks were in place including fire drills.
- The registered manager had assessed individual risks to people's safety. Information was in place for staff of action that needed to be taken to reduce these risks. Risk assessments were reviewed and updated regularly. For example, a team leader had completed an earlier review to consider behaviour that challenged the service. One risk assessment did not detail what action was needed in the event of a person becoming unwell and potentially being unsafe in the community. The registered manager followed up this issue and sent us the amended risk assessment after the inspection visit..
- Staff members had a good understanding of people's needs in order to keep people safe. For example, how to assist people to eat to prevent the risk of choking.

Systems and processes to safeguard people from the risk of abuse.

- People said? they felt safe and secure with staff. A person said; "Yes I feel safe here. Sometimes, there is a bit of shouting between people but the staff calm things down."
- Staff members knew how to recognise signs of abuse and to act, including referring any incidents to a relevant outside agency if needed. Staff had safeguarding training. The training was completed by new staff during induction.
- A whistleblowing procedure was in place for staff to report to outside agencies if they were not confident that management would deal with the incident properly.

Staffing and recruitment

- Prospective staff members suitability was checked before they started work. The Disclosure and Barring Service (DBS) allows providers to check the criminal history of anyone applying for a job in a care setting.
  - A risk assessment was in place to assess risk when staff had issues in the past. This did not fully detail what the level of risk was. The registered manager said this issue would be followed up.
- People said that staff were always available if they needed them. Staff said staffing levels were sufficient to keep people safe.

Using medicines safely

- People said staff gave them their medicines. Records showed that people had received their medicines at prescribed times.
- Medicines were stored safely. Temperatures for storing medicines in a fridge and in the medicine room were monitored to ensure medicine was effective to use. Medicine was kept securely.

- A medicine audit checked that medicine had been supplied to people as prescribed.

#### Preventing and controlling infection

- Staff were aware of the need to use protective equipment when supporting people with personal care.
- Staff had been trained on maintaining infection control. This helped to protect people from acquiring infectious diseases. Premises were clean apart from some stained carpets which the registered manager said were to be deep cleaned.
- Staff were aware of the need to wash their hands thoroughly after completing a task to prevent the risk of infections being passed to people.

#### Learning lessons when things go wrong

- The registered manager said that they were aware of the need to learn if situations had gone wrong.
- There was evidence in place which showed that an approach to manage behaviours that challenge the service had been highlighted and discussed with the staff team.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff providing consistent, effective, timely care within and across organisations

- People's needs had been assessed to ensure they received the right support. Staff said that the registered manager asked them to read care plans and these plans helped them to provide care that met people's needs.
- People said their needs were met by staff.
- Staff received training in equality and diversity and understood people as individuals.

Staff support: induction, training, skills and experience

- People said they thought staff had been well trained to support them. One person said; "Staff know what they are doing."
- People were supported by staff who had received ongoing relevant training. Staff said if they requested more training, management would arrange this for them. Training on people's mental health conditions was also provided to staff, which help staff to understand symptoms of people's mental health needs.
- On joining the service, staff received an induction and training in relevant issues such as how to assist people to move safely, and how to safeguard people. They were shadowed by experienced staff to give them an understanding of how to provide personal care to people. Staff were given opportunities to review their individual work and development needs in their supervision and appraisal sessions.

Supporting people to eat and drink enough to maintain a balanced diet

- People said the quality of food was good. One person said; "The food is good. If I don't like it I can ask for something else." People were provided with food of their choice. People enjoyed the lunchtime meal and the teatime meal was freshly prepared and smelled appetising.
- Staff had information about people's needs to ensure food was safe for people to eat and drink. Drinks and snacks were always available to people to help themselves to ensure they were not hungry or did not become dehydrated.
- Staff were aware of people's dietary requirements. People had food provided that respected their cultural choices, though one person said this was not always the case. The registered manager said they did not feel this was accurate and would discuss the issue with the person and review their food to ensure it fully met their needs.

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans included information on meeting health and social needs.
- If people had an accident staff knew they had to call the emergency services to obtain healthcare.

Supporting people to live healthier lives, access healthcare services and support

- One person told staff there was a problem with their leg. Staff supported them to elevate their leg and arranged a GP appointment.
- People said if they needed to see a doctor, this was arranged. Some people were able to go to the GP surgery themselves, with or without staff assistance. People said staff helped them with their health. One person said; "Staff help me to go to the surgery for appointments."
- People's health and wellbeing was supported by staff. Records of people's care showed this happened as there was contact with a range of professionals such as specialist nurses, GPs and consultants.
- An Accident & Emergency grab sheet was available if people needed to go to hospital so hospital staff could understand their needs. This had been reviewed regularly to ensure their needs were up to date.

Adapting service, design, decoration to meet people's needs

- People said they were happy with the home's facilities and they liked their bedrooms. The registered manager said maintenance had improved and was carried out more swiftly when issues were reported to them.
- People were able to personalise their rooms with their own belongings.
- The registered manager said one bedroom with damaged paintwork was going to be repainted in the near future. Some toileting bedroom doors had frayed paint work. The registered manager said repainting was planned.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found this to be the case.

- Staff were trained to understand the MCA. Some people who had restrictions placed on them, had authorisations from the DoLS team in place to show this was being done lawfully.
- People said they were asked for permission before being provided with support from staff.
- Mental capacity assessments had been completed to determine people's capacity to independently make decisions about their lives.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said that staff were friendly and caring. One person said; "Yes, staff are good. They help you when you need it." People said they were treated fairly. Discussions between staff and people were relaxed and positive.
- We saw staff assisting people, being friendly and caring and reassuring people. Staff chatted with people and responded to what people said. A person who was asleep at lunchtime, was gently woken by staff and asked if they wanted to have food.
- People said that staff listened to what people said, and that people's wishes were respected.
- The service statement of purpose stated that staff should treat people equally whatever their backgrounds. Staff were aware of this principle and said it happened in practice. A person said that they could go to temple if they wanted. Religious events were celebrated, such as Diwali, the Hindu festival of light. People's sexuality was positively considered in care plans to ensure people were treated equally.

Supporting people to express their views and be involved in making decisions about their care

- People said they had been involved in care planning. A person said; "I can remember talking about my care plan and I was happy with what was in it."
- People said management checked that they were satisfied with the service they received. For example, there was CCTV in communal areas, to help keep people safe. Consent forms were available to people and staff, who had signed and consented to this use.
- Reviews of people's care had taken place. People confirmed that they had been consulted about whether care provided still met their needs.

Respecting and promoting people's privacy, dignity and independence

- People said staff respected their privacy and dignity. One person said; "Yes, there is no problem about this. Staff knock before they come into my bedroom."
- People said they were able to choose their lifestyles, such as choices for getting up or staying in bed, involvement in activities and food and drinks choices. Care plans had information about people's preferences. People said they could do things when they wanted to. One person said; "I can go out and do things when I want."
- People said staff supported their independence to be able to do the things that they could do, such as helping out in the kitchen.
- People said staff respected their beliefs. One person said; "I do my prayers in my room. Staff don't interfere with this. They leave me to do it when I want."

- In one assessment of a person's needs it stated a person was not allowed to go into the kitchen, although there was no reason for this. The registered manager was surprised this was the case and said this issue would be followed up.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff responded to people's needs. For example, a person did not have many clothes. The registered manager contacted the person's social worker. A grant was obtained so the person was able to buy new clothes. Another person said that staff helped them with putting on religious attire so they were able to follow their religious needs.
- People said there were enough staff to provide people with care when they needed it.
- Care plans had information about people's preferences and this covered their life histories and likes and dislikes. This meant staff had comprehensive information to assist them to provide people with all their individual needs. Staff members were aware of people's important routines.
- People said they were happy with the care provided. One person said; "Staff provide support when I need it."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing them.
- The registered manager said that there were no people who currently needed alternative methods of information.
- Some people needed to have conversations in short sentences so that they could fully understand what was being said. This information was available to staff to assist people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Care plans contained information about what was important to people, people's spiritual needs, interests and what they enjoyed doing.
- There were activities for people. These included games, music and books. There was an attractive back garden with seating so people could enjoy the outside if they wanted. People said that they enjoyed going out to activities in the community, such as visiting day centres. Photos of people enjoying activities were available. They showed events that people had participated in. People's birthdays had been celebrated. An activity day have been held recently to support NAPA (National Activity Providers Association).□
- Links with family, friends and the local community were promoted. A person said that visitors were always welcomed by staff.

#### Improving care quality in response to complaints or concerns

- People said they knew how to make a complaint. One complaint had been received in the last 12 months. This had been investigated, a response provided and action taken to resolve the complaint.
- People told us they had no complaints about the service. They were confident that management would sort any issues out if there were any. This gave reassurance that swift action would be taken if needed.
- There was a complaint policy and procedure in the service user's guide. The procedure for complainants included information about referral to outside bodies if they were not satisfied with the provider's investigation.

#### End of life care and support

- End of life care and support was assessed as part of people's care plans.
- Care plans contained information about people's end-of-life wishes. Plans were easy to read and completed and signed by people.
- Staff training was planned for end-of-life care.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People said they were happy living in the home. One person said; "it's okay here. If I have a problem I can go to the staff or the office and it gets sorted."
- People had opportunities to share their views about the service through surveys provided to them and in residents meetings. A person said that if there were suggestions in residents meetings, these were taken up and acted on by management. For example, they had been provided with more activities.
- Staff were supported to share their views about people's care directly with management and in staff meetings. They said they felt confident they could always raise any issues and ideas to further improve the service.
- Questionnaires had been provided to people, relatives and professionals. The results had been analysed and an action plan developed to include activities and meals.
- Management staff promoted positive team working. Staff were thanked for their work. One staff member told us, "I know if I go to [registered manager] I always get help. The manager is always available."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A manager was registered with CQC. They were clear about legal responsibilities under their CQC registration, including notifying CQC of significant events and incidents in the service.
- Quality audits were carried out to drive improvement of the service.
- People and staff were positive about the management and leadership of the service. There was a reliable staff team who said they took pride in providing care and support for the people using the service. Staff said there was good teamwork and that all staff worked together to provide a quality service to people.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People said individual care was provided around people's needs and preferences.
- Management staff worked closely with healthcare professionals to improve people's health.
- The current CQC rating was displayed in the home.
- The registered manager understood their duty of candour responsibility, to apologise and explain to people and their representatives if things had gone wrong.

Continuous learning and improving care

- There were regular reviews of people's needs to ensure the care provided was appropriate, and reviews of the service to ensure people had the care they needed.
- Staff meeting minutes showed that different practice subjects were discussed each month with action plans and further reviews. They considered new guidance such as new safeguarding policies and discussed examples. There were examples of ongoing learning evident in the minutes.
- Audits of staff training were carried out to ensure that staff have the skills to provide care to people.

#### Working in partnership with others

- The service worked with a range of health and social care professionals.
- People were supported to use local services if this is what they wanted.