

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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

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.

At the last inspection on 09 June 2015 we rated the service Good. At this inspection we found the service remained Good.

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.

Without exception during our inspection we received highly positive comments about the staff and the way they cared for the people who used the service. People consistently told us they valued their relationships with the staff team and felt that they often went the 'extra mile' for them, which made them feel as though they really mattered. People were able to influence the care they received and this made them feel valued and in control of their life.

The service had a very strong, visible and person centred culture. This was reflected in discussions with the management, staff, people who used the service and relatives involved in the service and from records seen. Staff told us and we found that there was a drive from the registered manager and the provider to enable staff to provide the best possible care for people in a personalised and kind way.

The service was also caring and supportive towards the relatives of the people living in the home. Relatives told us how they were helped to understand their loved ones condition and this made them more confident in taking an active role in the care and support people received.

People told us they were safe and they liked living in Annandale Lodge. They told us their needs were met by staff employed at the service. Staff were aware of safeguarding processes and how to report any concerns to the registered manager or local safeguarding authorities.

People were involved in the development and the review of their care and support plans. Support plans were detailed and descriptive of how people wished to be supported. People were supported to take decisions about their care and be independent.

There were sufficient staff employed through robust procedures to meet people`s needs. People's health care needs were assessed, reviewed and delivered in a way that promoted their wellbeing and improved their quality of life. People were supported to pursue their hobbies and interests.

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.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People and relatives told us that staff were extremely kind and compassionate and the personalised care people received improved their quality of life.

People's rights to independence, privacy and dignity were valued and respected by staff who understood how important it was for people to maintain control of their life.

People were involved and included in making decisions regarding their end of life wishes.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained 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 07 September 2017 and was unannounced.

The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of having used a similar service or who has cared for someone who has used this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We also reviewed a recent quality audit carried out by the local authority.

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, three relatives, five staff including nursing staff, the registered manager and the operational manager. We looked at 2 people's care records and other records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe at the home. One person said, "Yes, I certainly do [feel safe]." Another person said, "Yes [I feel safe]. Staff are always around and it's a secure building." A relative told us, "Yes [person is safe]. The staff do things properly. They know what they're doing."

Staff were knowledgeable about the risks of potential abuse and knew how to report any concerns they had to the relevant local safeguarding authority, which included by way of 'whistleblowing' if necessary. We saw that contact details for the local authority were available and displayed around the service to remind people, visitors and staff to report if they had any concerns regarding people`s safety.

Where potential risks to peoples' health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of their changing needs and circumstances. This included in areas such as falls, mobility and nutrition. This meant that staff were able to provide care and support safely. For example we found that a person had several falls during the night when they rolled out of bed. Staff discussed options to mitigate the risk of injury with the person where they considered multiple options like lowering the bed to the floor and using a crash mat and the use of bed rails. The person chose to use bed rails and this prevented them from falling out the bed and they felt safe.

People told us there were enough staff at all times to meet their needs. One person said, "They [staff] are quick at answering [the call bell]." Another person said, "The staff come quickly if the buzzer is pressed." Relatives told us they felt there were enough staff to meet people`s needs.

On the day of the inspection we observed staff responding to people in a timely way. They went about their duties in a calm and relaxed way often stopping and having a laugh with people. We also saw the registered manager helping staff when it was needed and also chatting with people who they clearly knew well. Recruitment was completed robustly with all appropriate pre-employment documentation being sought. This included written and verified references, criminal record checks, eligibility to work in the UK and proof of previous qualifications.

People told us that their medication was brought on time and that it was always available. People received their medicines safely by trained staff who had their competencies checked regularly. We found that medicine administration records (MAR) were completed accurately and signed by staff each time after they administered people`s medicines. We counted medicines for four people and we found that the stock corresponded with the records kept.

Is the service effective?

Our findings

People told us that staff were well trained and knew how to support them effectively. One person told us, "Staff go to training sessions. They are very good." A relative said, "Staff are always going on training. They know what they're doing."

Newly employed staff told us that they received an induction and this was beneficial in giving them experience of the work they would go on to do. One newly employed staff member told us about their experience of the recruitment process and the training they received. They said, "It was good. They [interviewing managers] explained everything, and then in a second meeting I met the [registered] manager and talked about expectations of the role. A lot of training was provided after references and criminal records were taken up." A relative told us, "New staff are introduced. [Registered manager] runs a tight ship; she wouldn't put anyone here who didn't know what they were doing." Staff told us they had access to regular training which was useful in helping them keep up to date. Staff told us they received on-going support from the registered manager, nurses as well as regular supervisions and an annual appraisal.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that appropriate DoLS applications had been submitted by the registered manager to local safeguarding authorities. People were asked for their consent before care was given and they were involved in decisions about their care. People's care plans contained a range of documents to indicate that people agreed and consented with the decisions made relating to their care. For people who were identified as lacking capacity their appointed relatives were involved in their care.

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, "It's excellent. A good choice and plenty of it." Another person said, "I'm fussy [about food]. If I don't like it, they [staff] bring something else." A third person said, "I can have a sandwich or coffee any time. The food is pretty good. If I don't like something they will offer something else. I get up early and I can have breakfast when I want it." We found that staff regularly monitored people's weight and where they identified a weight loss people were seen by the GP or dietician.

People told us they had access to other professionals and where needed staff made sure they were visited by their GP. One person told us, "If I was not well, the nurse would come. I have had the doctor arranged for me as well." Another person said, "The nurse changes the bandages every other day. If anything changes they tell the doctor or hospital." People were helped to see a chiropodist and optician on a regular basis.

Is the service caring?

Our findings

People and relatives were overwhelmingly positive about the way staff demonstrated a caring and thoughtful attitude towards people. One person told us, "Staff are very caring." Another person said, "The staff are always kind and caring. There are no exceptions. I have no complaints." A relative said, "Yes, staff are kind and caring; always."

Without exception during our inspection we received highly positive comments about the staff and the way they cared for the people who used the service. People consistently told us they valued their relationships with the staff team and felt that they often went the 'extra mile' for them, which made them feel as though they really mattered. One person said, "Staff know me. I was asked about what I did in my life." Another person said, "Initially I wasn't happy to move to a home, but since coming here I am happy. Staff are marvellous and they do everything over and beyond my expectations."

We observed that both care staff and nursing staff spent time interacting with people and addressed them by their name. Staff engaged very pleasantly and kindly with people and relatives. They were observant and demonstrated good knowledge about the people they supported. For example we saw a staff member approaching a person who had their relative visiting. They said, "[Person `s name] looks a bit pale, is he okay?" and then checked further with the person and their relative to ensure everything was fine.

The service had a very strong, visible and person centred culture. This was reflected in discussions with the management, staff, people who used the service and relatives involved in the service and from records seen. Staff told us and we found that there was a drive from the registered manager and the provider to enable staff to provide the best possible care for people in a personalised and kind way. The provider made the resources available for the registered manager to train, coach and mentor staff to develop an understanding of what personalised care meant. For example staff were encouraged to develop in the roles of champions in their areas of interest and supported to put their knowledge in place to improve the life of the people living in Annandale Lodge. For example the falls champion improved the recording and the monitoring of the falls people sustained in the home. This improvement made it easier for staff and the registered manager to understand why falls were happening and put measures in place which reduced these.

The nutrition champion maximised the opportunities for people to benefit from the supplements they were prescribed if they were at risk of malnutrition. For example they ensured that the supplements were given a few hours after people had their meals to ensure that they benefitted from both. Staff also monitored if people liked the flavour of the supplements they were given and if not different flavours were tried. This led to people being well nourished and their well-being improved. One relative wrote to the staff and the registered manager following their family member `s stay in Annandale Lodge. They wrote, "I really had no other choice at the time other than to put my faith and trust in you and you all paid that back in bucket loads. I will always be grateful that you gave me [years of extra time] with [person] giving them excellent care right to the end."

The service was also caring and supportive towards the relatives of the people living in the home. Staff and

the registered manager recognised that relatives often struggled to accept and effectively deal with their loved one's illness or the fact that they were living in a home. The registered manager arranged a training session for the relatives of the people who lived with dementia in the home. We heard from the relatives who attended this training session how much it helped them. One relative wrote to us, "Liferoots [dementia training] helped me to understand and manage my [person] dementia. I feel more confident when I am with [name of person], plus I don't feel so guilty when I have some time to myself. Thank you Annandale Lodge for offering this to me."

People had differing levels of needs, and we observed that staff offered varying levels of support to each person, depending upon their assessed needs. We saw that people were supported with care and compassion. For example, we observed one person being anxious about an assessment they had to have on the day of the inspection. The registered manager took their time to explain and give reassurance to the person and whilst they were professional and did not give false hopes to the person they did so in a calm and caring way and the person visibly calmed down and enjoyed their breakfast. One person also told us how the registered manager helped them solve an issue which made them anxious. They said, "[Registered manager] arranged for [business official] to come to the home. The problem was cancelled."

Following our inspection relatives wrote to us to express their gratitude about the excellent care people received in the home. One relative wrote to us to say that their loved one moved into the home being very poorly and because of the care they received they improved. They wrote, "[Person] was very poorly, couldn't talk, stand or feed themselves. They can now feed themselves and talk to the nurses and is more alert. This change is all due to the nurses and carers who talk and laugh with them. The care [person] gets is excellent."

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 when appropriate in planning and reviewing their care. One person showed us their care plan and told us they knew what was in there. A relative also commented, "I have had input into the care plan and I'm invited to meetings to discuss [person's] care."

We saw that when people moved in the home they had a dedicated staff member who spent time with them and their relative to ensure they felt welcome. They also completed a welcome checklist to ensure they captured what the person's expectations were regarding the care and support they needed. Staff spent extra time to find out what people liked and disliked and ensured the care and support was tailored around this.

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 a level acceptable 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. For example a person liked to have a late breakfast which meant that at times they refused lunch. Staff worked around this and ensured that the person could have their meals at the time they wanted. One person told us, "I am really free to do what I want and staff will help me. I can go in the garden in the middle of the night if I want to and I can chose to stay in my room as well. I am happy here." This meant that people were able to influence the care they received and this made them feel valued and in control of their life.

People told us they were treated with dignity and respect. One person told us, "They always knock and they are all careful about privacy." One relative who told us they visited the home at all different times said, "[People's] door is always shut if personal care is being provided." 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. We observed staff interacting with people throughout the day, they did so in a dignifying manner respecting people's individuality and making sure their approach matched people's expectations. For example we observed staff laughing and joking with a person and approaching another person more seriously. In both occasions they used people's preferred name, they got down to the same level and used appropriate tone of voice. Staff made sure if information was discussed which could have affected people's dignity, this was done in private. One staff member said, "There was no respect [previous employment]. Here, there is dignity, staff knock on doors. If someone has pulled their clothes up, we cover them up appropriately [to preserve their dignity] as they are not always aware. We do respect people for who they are." People's individuality and diversity was respected and recognised by staff and consistent attempts were made to provide people with everything they would have had, should they have been in their own home. They also supported people to remain as independent as they could be and this made people feel dignified.

People told us they could have visitors any time they wished. Relatives were able to visit their family members without restrictions. One relative told us, "I arrive at all different times. I always feel welcome." Visitors could see people in their rooms or in the lounge areas and outside in the garden. We observed that relatives were present and assisted their relative with eating and drinking in a familiar way which suggested that they were actively involved in their loved ones care. 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.

People and where appropriate their relatives were asked about people's end of life wishes. Staff respected people's choice in case they felt unprepared to talk about dying. However we saw that people were involved in making decisions about should they wished to be resuscitated and where they wanted to be cared for in their final days. One relative told us, "They [staff] explained to me about palliative care." Staff told us about 'Faith at the End of Life' course they had and a visit to a funeral director's which helped them to support relatives and people better when people were nearing the end of their life. Advocacy services were available for people to represent their voice in case it was needed. We saw that information was available on how to access the services of an advocate.

Is the service responsive?

Our findings

People told us that the care and support they received was tailored to their individual needs. One person said, "Everything happens as I want. They [staff] all know what I like and dislike." People told us that they were asked 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. Pre admission assessments of people's needs had been carried prior to people being admitted to the service; this helped to ensure that staff could meet people's needs.

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.

We found that there was a dedicated activities person in the home who was responsible for planning activities. We found that activities were tailored to people`s needs and likes and included as much group activities and individual activities as well. For example people told us they have enjoyed a garden party, curry night, a boat trip and were looking forward to the coming barbecue. We saw that another person chose to stay in their bedroom all day with the curtains drawn and refused to join in activities. However staff knew that the person used to work in a school and asked them if they wanted to help a child with their homework. Staff captured the experience with taking photos to show how the person changed and enjoyed spending time helping.

People we spoke with told us that they had not had cause to complain but knew they could raise any concerns with the registered manager of the home and were confident that their concerns would be addressed quickly. People and relatives told us that the registered manager always listened to their views and addressed any concerns immediately. We saw that that the registered manager made herself accessible to people and relatives throughout the day. There was an effective complaints system in place that enabled improvements to be made and that the registered manager responded appropriately to complaints.

Is the service well-led?

Our findings

Everybody we spoke with knew who the registered manager was and were pleased with how the home was managed. One person said, "The home is very well managed." Another person said, "If [registered manager] was not available I would ask for a message to be passed on. [Registered manager] would talk to me and do something about it." A third person said, "[Registered manager] is around most days; very good. The home is well managed; everyone knows their job." A relative told us the home was, "Well-led, even when [registered manager] is not here."

The registered manager and the provider promoted a positive, transparent and inclusive culture within the service. They actively sought the feedback of people using the service, staff and external social and health professionals. This information was used to directly shape the future of the service. For example, we saw that the recent visit carried out by the local authority in July 2017 recommended that the way staff audited and checked medicine stocks should be improved. We found that this was discussed and implemented by the time of our inspection.

The registered manager and the provider carried out a regular programme of audits to assess the quality of the service, and we saw that these were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon promptly.

People told us that the provider and the registered manager were approachable. Staff told us that the registered manager was always available and they were helpful when staff needed support. There were regular meetings for people who used the service and staff to attend to discuss anything they wanted to. This demonstrated a willingness by the provider and the registered manager to involve staff and people to have their say and influence in how the service was delivered.

The registered manager told us that they had full support from the provider in their journey to demonstrate and achieve `Outstanding` for the care and support delivered to people in Annandale Lodge.