

Serenity One LTD

Dr Anderson Lodge

Inspection report

East Lane
Stainforth
Doncaster
South Yorkshire
DN7 5DY

Tel: 01302350003

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10 November 2020

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Ratings

Overall rating for this service

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Summary of findings

Overall summary

About the service:

Dr Anderson Lodge provides nursing and personal care to people with a range of support needs, including dementia, physical disabilities and sensory impairment. It accommodates up to 60 people, and 29 were using the service at the time of the inspection.

People's experience of using this service:

People gave us positive feedback about the home. Relatives told us they had seen a lot of improvements in the year since the last comprehensive inspection, with one saying, "I thought it was good to begin with anyway, but you can see how things have got better." One person using the service said, "It all looks very nice here now."

Staff showed imagination in relation to the provision of activities, acknowledging the impact of the COVID-19 related lockdowns. One said, "It has been difficult but everyone is working really hard. We have music sessions with musical instruments, film nights with popcorn and pizza which people really like. We've just got NetFlix and the movie nights are really popular." In our observations we saw staff took time to engage with people and spend time chatting with them.

Staff treated people with dignity and respect in their interactions with people, speaking with people with a genuine warmth and affection. People told us they valued the staff, with one describing them as, "lovely." Meals were well presented, and mealtimes were a calm and pleasant experience. People told us they enjoyed the food. People's needs in relation to nutrition and hydration had been assessed, and where required referrals to external healthcare providers had been made.

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.

Care plans were detailed and reflected people's needs. They were regularly reviewed to ensure any changes to people's needs were incorporated, and people and their relatives, where appropriate, were encouraged to be involved in these reviews.

Rating at last inspection:

The last comprehensive inspection of this service identified multiple breaches and the service was rated inadequate (published December 2019) We subsequently carried out a focussed inspection, looking at two domains (published September 2020) and found the breaches we looked at had been addressed. The rating remained inadequate as we did not look at all domains. At this inspection we found the provider had addressed the remaining breaches of regulation and was no longer in breach.

Why we inspected:

We carried out an unannounced comprehensive inspection of this service in December 2019. Multiple breaches of legal requirements were found. The provider completed an action plan after that inspection to show what they would do and by when to improve the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions of 'is the service effective?', 'is the service caring?' and 'is the service responsive?', which contain those requirements.

The ratings from a previous focussed inspection completed in July 2020, for those key questions not looked at on this occasion, were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at the last two inspections.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

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.

Dr Anderson 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.

Service and service type

Dr Anderson Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a registered manager. This means that 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

We gave the provider short notice of the inspection. This was due to the COVID-19 pandemic to ensure we had necessary information to promote safety during the inspection. Inspection activity began on 5 November 2020 and finished on 13 November 2020. A visit to the home took place on 10 November 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, and reviewed feedback from the local authority and professionals who work with the service. We did not ask the provider to complete a Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with three people using the service about their experience of the care provided, and two people's

relatives. We spoke with six members of staff including the registered manager, and one visiting professional. We carried out an inspection of the premises, and observed lunch and activities taking place. We reviewed a variety of records relating to the management of the service, including audits, policies and procedures, as well as four people's care records.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 comprehensive inspection this key question was rated inadequate. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we found the provider had failed to ensure the nutrition and hydration needs of people were met. This was a breach of regulation 14 (Meeting nutrition and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- People's care plans contained information about their food likes and dislikes, and records showed this was adhered to. Staff had a good knowledge of people's preferences in this area.
- People's hydration and nutrition was monitored by staff, and where concerns were identified appropriate referrals to external professionals were made.
- One person's relative had expressed concerns about their nutrition. We found staff had a good knowledge of this person's specific needs in this area, and appropriate measures were in place to support them.
- We observed lunch taking place within the home, and saw staff provided unhurried and respectful support. One person said, "The food is smashing, no problems."
- The provider had introduced themed speciality drinks days, to promote good hydration within the home, and had introduced a range of enriched milkshakes, to assist people who were at risk of calorie deficit.

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

At our last comprehensive inspection we found the provider had failed to ensure that premises and equipment were suitable for purpose and properly maintained. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15

- The home was decorated and maintained to a good standard and further work was ongoing. Part of the home, known as "The Annexe" was not in use at the time of the inspection, in order to facilitate improvements to the premises.
- People were able to decorate their bedrooms with personal effects and their own choice of furniture.
- Communal areas and corridors were suitable for people who used wheelchairs. Hand rails were in place to assist people in getting around.
- Notice boards contained information to inform people about the service, such as activities and changes.
- Various things had been put in place to assist people living with dementia, such as memory boxes and a grocer's shop display.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider regularly assessed people's needs, to ensure the care provided was suitable.
- People told us they felt staff understood their needs well.
- Care plans were person-centred. Care was planned and delivered in line with people's individual assessments.
- The registered manager had a good understanding of their responsibilities in relation to complying with standards and the law.

Staff support: induction, training, skills and experience

- Staff training records showed they had received a range of training in areas appropriate to the needs of people using the service, as well as receiving regular supervision and appraisal.
- Staff told us they felt the training they received helped them perform their roles better. One said, "We've had loads of training since the inspection last year, it's been useful, definitely."
- Every staff member we asked told us they received a very high level of support. One described the registered manager as, "amazing," going on to say, "She helps with personal things as well as work things, she's always there for you and as a team we are really supported."
- We asked people's relatives about the staff team's skills and knowledge, and they told us they believed they had the training they required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with external professionals to ensure people were supported to access health services and had their healthcare needs met. Where guidance was put in place by external healthcare professionals, we saw this was followed.
- Information was shared with other agencies when people needed to access other services, such as hospitals or specialist clinics.
- Records showed appropriate referrals were made when people needed input from external healthcare providers.

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

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 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

At our last comprehensive inspection we found the provider had failed to ensure that care and treatment were provided in accordance with people's consent.. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11

- People had given consent to their care. Where people lacked the capacity to do this, the provider had taken appropriate steps to ensure care was delivered in accordance with people's best interests.
- Where people needed best interest decisions reaching, their relatives or other representatives were consulted.
- Staff had received training in relation to consent and capacity, and the registered manager had a good understanding of their responsibilities in this area.
- Where required, the provider had made appropriate applications to the local authority in relation to deprivations of liberty. The registered manager had a good oversight of the progress of these applications, and of any conditions attached to DoLS authorisations.

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 comprehensive inspection this key question was rated as inadequate. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At the last inspection we found people did not receive personalised care in response to their needs and preferences. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9

- People's privacy and dignity was respected. Staff we observed to every step to ensure people's dignity was upheld. Where staff needed to discuss people's care this was done discreetly.
- Staff knocked before entering people's rooms, and addressed people in a dignified and respectful way. Where people had stated a preference for how they wished to be addressed, staff adhered to this. Staff we spoke with could describe confidently how they ensured people's privacy was upheld when they were carrying out care tasks.
- Staff respected people's choices. Our observations showed staff encouraging people to make choices and upholding them.
- People were encouraged and supported to be independent. We saw staff encouraging people to walk, patiently supporting them to do so at the person's own pace.

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

- People were treated with kindness and compassion by staff. One person described the staff as, "lovely" and another as, "very good."
- Staff were cheerful and kind in their interactions with people. They demonstrated a good understanding of people's interests and preferences, and took the opportunity to chat with people as they went about their tasks.
- The service treated people equally and ensured their rights were protected. A visiting professional told us, "I wouldn't hesitate to place my mum [in Dr Anderson Lodge] as I know she would be treated well."

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

- People and their relatives were involved and supported in making decisions about their care.
- People were offered choices such as what time they got up, where they wanted to spend time and what they would like to eat and drink. Staff demonstrated a good understanding of people's individual views and preferences.
- Staff listened to people's views and acted on them. For example, when one person said they preferred to eat their lunch in the lounge rather than the dining room, this was facilitated.

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 inadequate. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; 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

At the last inspection we found the provider had failed to ensure people were treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10

- Each care plan we looked at showed the person's needs and preferences had been incorporated into the planning of their care.
- Actions taken by staff meant people were given choice and control over their day to day lives, and engaged in decision making.
- The home did not have an activities coordinator. Instead, nominated care staff each day were assigned with leading on activities. Crafts were taking place during the inspection, and plans were being made with people for other activities later that day.
- A visiting professional told us about a recent incident where they heard staff checking with people in the lounge about what mood they were in to help them choose a film to watch; they said the staff member took the time to help people reach a decision rather than deciding for them.
- The registered manager acknowledged the difficulties they had experienced as a result of the COVID-19 pandemic in relation to supporting people's relationships with their loved ones, but they had introduced a range of systems to support people to maintain contact.

Improving care quality in response to complaints or concerns

- The provider's policies and procedures relating to the receipt and management of complaints were clear, so that complaints improved the quality of care people received.
- People we spoke with told us they would feel confident to complain.
- We looked at the complaints received since the last inspection, and saw the registered manager had dealt appropriately with them.

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 provider had carried out assessments of people's communication needs. and appropriate support was provided where needed.

- There was information in people's care plans about the specific ways they communicated, and what steps staff should take to best support each person in communicating.
- Staff we observed used appropriate ways of communicating with people to enhance their understanding, and photo and picture signs were in use throughout the home.

End of life care and support

- The provider had appropriate arrangements in place to provide a good standard of end of life support.
- People's end of life needs and preferences were taken into consideration when their care plans were devised, and there was clear information when people had expressed preferences.