

## Jennifer's Lodge Residential Care Home

# Jennifer's Lodge

### Inspection report

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Date of inspection visit:  
09 July 2019  
12 July 2019

Date of publication:  
06 August 2019

### Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

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

Jennifer's Lodge is a residential care home providing personal care to six people in a large, adapted house. It supports older people, including those living with dementia and adults with disabilities. The accommodation was spread over three floors. There was a communal lounge, dining area, kitchen and a large rear garden. The service can support six people.

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

We received universally positive feedback about the home from people who lived there, their relatives and staff. The home had a homely, family atmosphere and people told us they loved living there.

People told us they felt safe. They were protected by well-trained staff who knew them well and understood their needs. People's medicines were safely managed and stored. Fire safety checks and drills were regularly completed, however several critical fire doors were routinely propped open.

People had detailed care plans they helped develop. Care plans and risk assessments were holistic and well-recorded.

People accessed the community, took part in meaningful activities and had fun with staff and each other. People were treated with kindness and respect.

The home was very clean and tidy. People told us they enjoyed the food and we could see it was fresh and plentiful.

The home had a caring and dedicated staff. The registered manager also lived at the home and people, relatives and staff all told us that she was an excellent manager. Improvements had been made to procedures and record-keeping since the last inspection.

There were regular, documented safety checks and external assessments of safety and equipment. The registered manager regularly audited and reviewed the home's records, policies and procedures.

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.

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

### Rating at last inspection

The last rating for this service was requires improvement (published 10 July 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Jennifer'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

This consisted of one inspector.

#### Service and service type

Jennifer's 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 manager registered with the Care Quality Commission. 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

This 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 five people who used the service and one relative about their experiences of the care provided. We spoke with the registered manager.

We reviewed a range of records, including four people's care records and medicines records. We looked at four staff files and records related to safety and the management of the service.

After the inspection

We spoke with another relative, two members of staff and two professionals. We reviewed policies and procedures and other documents.

# 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 Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- We observed several fire doors in corridors on all floors that were propped open, which would lead to smoke spreading were there to be a fire anywhere in the building. This would present a serious risk of people suffering from smoke inhalation and could significantly delay or even prevent safe evacuation. The importance of closing fire doors had been discussed at the most recent staff meeting but this was not embedded into daily practice and it was still routine to leave some doors propped open.
- A Personal Emergency Evacuation Plan (PEEP) had been completed for everyone to ensure there were arrangements in place to support them to evacuate the building safely in the event of an emergency and these were reviewed regularly. There were regular fire drills and alarm tests, and records were kept. The alarm system and fire extinguishers were regularly serviced. An external fire safety assessment had recently been completed and the registered manager was awaiting the results of this.
- Detailed risk assessments were completed to identify risks to people's safety and wellbeing. These were reviewed monthly or when people's needs changed. Staff were familiar with the assessments and described the risks people faced and how these were managed to keep them safe.
- The provider had systems and procedures in place to routinely monitor the safety of the premises and equipment. Records were up to date and were reviewed regularly by the registered manager.

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

- People were supported by staff who were aware of the signs of abuse and knew how to report any concerns. Staff had received training in safeguarding which was refreshed regularly, and they understood whistleblowing and how to contact us. People and their relatives told us they thought that the home was a safe place.
- Up to date policies and procedures were in place and staff were following them. For example, we saw that staff were keeping records and receipts to protect people from financial abuse.

### Staffing and recruitment

- There were enough staff to support everyone. Regular agency workers were used as bank staff and knew people well. A relative told us, "I go at different times of the day and the week, and it's always very well staffed." People had regular one to one time with staff and the registered manager.
- Staff were recruited safely. Full checks were completed which included verified references and a full employment history. Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

### Using medicines safely

- People's medicines were managed and stored safely. Processes were in place to ensure medicines were ordered and supplied regularly. Audits of records and stock were carried out monthly by the registered manager.
- People were supported with their medicines by staff who had been trained in the safe administration of medicine. Staff knew the home's procedures and adhered to them.
- Medicine administration records (MAR) were completed correctly each time a person was supported.
- The support people required with their medicines was assessed and clearly documented. Information about people's medicines was detailed and included potential side effects and interactions, and a photograph of the person. There was clear guidance around medicines taken 'as required' and homely remedies.

### Preventing and controlling infection

- People were protected from the risk of infection. The home was clean and smelled fresh throughout. Staff told us cleanliness was very important to the home.
- There was a plentiful supply of personal protective equipment (PPE) and staff told us there were always enough gloves and aprons. We observed staff using PPE correctly to ensure that people were protected from the risk and spread of infection.
- The kitchen had a rating of five (the highest possible score) from the Food Standards Agency. On the day of our visit the kitchen was clean and food was stored correctly. Records of safety and hygiene checks were being kept and were up to date.

### Learning lessons when things go wrong

- Processes were in place to record any incidents and learn from them. There had been no incidents of note in the past year. A relative told us, "I've never had a real complaint."



# 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 Requires Improvement. At this inspection this key question has now improved to Good. 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

- People's needs and preferences were assessed and recorded clearly. These assessments considered people's strengths and included information about their physical and health needs, emotional needs, communication and relationships, and how best to support people to make choices.
- People's personal care needs were assessed and recorded in an appropriate level of detail for their needs. Where people required support from the care staff, this included important details such as oral and denture care.
- People's protected characteristics under the Equality Act were identified and any related needs were assessed.
- We saw that information was available to staff on noticeboards to enable them to keep up to date with best practice guidelines and meet people's needs effectively.
- Where people were unable to advocate for themselves or had no representative that could advocate on their behalf, they were supported to access advocacy and related services. An advocate is someone who can offer support for people who lack capacity to make specific important decisions.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed an induction programme and further training which was refreshed regularly. Staff were knowledgeable and confident in their role. We saw they had practical skills when supporting people. A relative told us, "the staff are very good." A professional told us, 'the care and support provided by the staff at Jennifer's Lodge is of a good standard and meeting our client's needs.'

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

- People were supported to eat a varied, balanced diet. People told us they enjoyed the food and that there was plenty available. The home had a varied menu which included lots of fresh fruit and vegetables and ensured people were offered foods they liked.
- We could see that people's dietary requirements, such a low-sugar diet for diabetes or a high fibre diet, were properly assessed and being met.

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

- Staff helped people to have access to healthcare services and receive ongoing healthcare support. People living at the service had regular access to a range of healthcare professionals in the community or who visited the home as appropriate. Detailed records were kept.
- People were supported to receive good care when they had to transfer between services. For example,

there were red bags for a person's medicines, personal information, a summary of their needs and anything else considered important when they went into hospital.

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

- The home was accessible for the people who lived there. There was a stair lift in place. Each room had an ensuite with a sink and a toilet with adaptations for height when required. The communal bathroom was on the ground floor and included a bath with a shower above, which was accessible using a bath chair. A relative told us, "it would be great if they had a proper [level access] shower in there."

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

- People were supported to meet their healthcare needs with visits to and from healthcare professionals and services such as their GP, opticians, chiropodists, dieticians and others.
- Staff understood the physical and mental health needs of the people they supported.

#### 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 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 saw people's capacity to make decisions had been considered in their assessments and these included information about how people used non-verbal communication to express consent or not. We saw care staff seeking consent from people before supporting them and in making decisions about what they wanted to do and what they wanted to eat.
- At the time of the inspection, there were current DoLS authorisations in place for two people who were being deprived of their liberty. The registered manager ensured conditions were being met and the arrangements were regularly monitored and reviewed.

# 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 has 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 told us they were treated well. The home had a welcoming atmosphere and we saw staff treating people with kindness and respect. Relatives told us, "staff are nice and friendly" and "it's so homely, like a home from home."
- Staff knew people well and what was important to them. They spoke to people in a positive and caring way. People and staff had fun together and were happy and comfortable. Relatives told us, "they know how to make [loved one] laugh" and "they make a fuss of [my family member]."
- Relatives told us of times the registered manager, who lived at the home, and other staff had been particularly caring of their family members. One told us, "If any of them are ill or upset about anything [registered manager] will sit up with them."

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

- People were encouraged by staff to make routine decisions about their support. Staff gave us examples of how they supported people to make choices about their day to day lives such as what they ate and what they wore.
- People told us they were very comfortable talking to the registered manager about their care and felt their views were listened to. A relative told us, "[my family member] knows they can tell the manager and she would work out what was wrong and sort it out." More formal feedback from people and their relatives had been recently gathered through quality surveys and feedback forms. This feedback was universally positive.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted in the home. We saw good practice such as staff knocking on doors (or if the door was open announcing their arrival) and asking to come in. We saw people being given support in a respectful and dignified way.
- People's independence was promoted as much as possible. Care plans detailed people's strengths and reflected the detailed knowledge that staff had about people, which would enable even new members of staff to provide appropriate support.

# 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 has 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

- People's care plans were highly personalised. They were written with people's input as much as possible and documented their choices, needs and preferences. They were reviewed monthly, or when a person's needs changed.
- Daily records were kept and reviewed regularly by the registered manager. There were handovers between shifts. At every staff meeting, there was discussion about people's needs and how they were being met or not. We could see that these discussions had been followed up and appropriate action taken.

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.

- People's communication needs were thoroughly assessed and well documented in line with the AIS. People's behaviour as communication and the different ways people expressed pain and discomfort were clearly described. We saw staff comfortably using different approaches and communication methods with different people. A relative told us, "although [my family member] doesn't talk, they get to know what he means, they are very very good with him."

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

- People were supported to follow their interests and take part in activities both inside and outside the home. People regularly attended day centres, went shopping and attended the cinema. There were organised activities from external providers, such as arts and craft sessions.
- People in the home were friends with each other and chose and led activities they could do together. For example, a person who particularly enjoyed films would lead film-related activities.
- People were supported to maintain and develop relationships with friends and family and access the community. People routinely attended their places of worship and took part in their social activities. A relative told us, "this has been good for [my family member], spiritually." A professional told us, 'The Home Manager seems to go that little bit extra to ensure the clients are able to access the community regularly and maintain their happiness and wellbeing.'

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. People told they understood how to complain to the registered

manager if they needed to. There had been no complaints in the past year. We could see that suggestions for improvements were sought from staff at the regular staff meetings.

#### End of life care and support

- Although the service does not support people at the end of their life, people's preferences and choices had been explored where possible, such as their spiritual needs, and this was recorded appropriately in their support plans.
- The registered manager told us they would work with relevant professionals such as nurses and hospices if a person needed 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 now 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The home had a strongly person-centred culture. Many people had lived there for some years and told us how much they loved living there. Relatives told us, "I couldn't ask for a better place" and "I would recommend, and have." Staff told us, "All of us work as a team" and "[Registered manager] looks after the residents and the staff well."
- Staff turnover was very low and they told us they enjoyed their work. One told us, "I love working here, the manager is lovely and I love the residents." A relative of someone who had lived at the home for many years observed, "Some of the staff have been there as long as [loved one] has."
- The home had close relationships with local places of worship and people attended social occasions as well as worship there. People attended day centres and other local services.
- The home had effective relationships with health and social care professionals and services. People were supported to attend appointments or were visited in the home appropriately to meet their physical and mental health needs. There were also regular visits from dentists, opticians, chiropodists and others.

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

- The registered manager understood their duty of candour. Relatives told us they were confident that any issues would be dealt with openly and that they often spoke with the registered manager.
- The registered manager understood their regulatory responsibilities around reporting to the CQC and notified us when required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and staff were clear about their roles and responsibilities. Many aspects of the home's procedures and record keeping had been thoroughly reviewed and updated in response to the findings of the previous inspection.
- The registered manager appropriately sought advice from external professionals and services in the management of risks. For example, the home worked with the Lewisham Integrated Medicines Optimisation Service (LIMOS) who offered advice and support around the safe management of medicines.
- Staff had regular supervision with the registered manager to discuss their personal development and practice. They told us they found this useful and one said, "we talk about the residents and myself, and I ask

questions."

- There were regular, well-attended staff meetings and detailed records were kept. These included discussions of good practice and ways the home could improve.
- There were systems in place to monitor the quality of the service. This included regular auditing of daily checks and records by the manager, who took appropriate action.
- The home regularly sought feedback from people and their relatives or representatives, through satisfaction surveys and residents' meetings and less formally during one to one time. This feedback was reviewed and action taken to improve the service.