

Jennifer's Lodge Residential Care Home

Jennifer's Lodge

Inspection report

105 Wellmeadow Road, Catford, London, SE6 1HN
Tel: 020 8461 2516

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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 

Overall summary

Jennifer's Lodge provides accommodation, care and support to up to six older people. Some of whom have mental health needs, physical health needs or dementia. At the time of our inspection six people were using the service.

We undertook an unannounced inspection of this service on 26 March 2015. At our previous inspection on 6 January 2014 the service was meeting the regulations inspected.

The service has 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.

People were provided with an individually tailored service that met their needs. Staff were aware of people's support needs and what they were able to do independently. Staff spoke with people to identify their hobbies, interests and wishes, and supported them in line with their preferences. People were encouraged and supported to access the community and participate in activities.

Summary of findings

Risks to people's safety were identified and people were supported to maintain their welfare and safety. Staff were knowledgeable about safeguarding adults procedures, and would escalate any concerns they had to their manager and the local authority as necessary.

Staff liaised with other healthcare professionals as required to maintain a person's health and provide them with any specialist care and support they required. People safely received their medicines in line with their prescription.

Staff received regular training to ensure they had the knowledge and skills to meet people's needs. Staff were supported by their manager and received supervision to reflect on their performance and support them with any areas of their role they found challenging.

The registered manager undertook reviews of the quality of service provision, which included checks on the medicines management process and people's care and support to ensure people were provided with high quality care. The registered manager used feedback to further improve the quality of care delivery.

Summary of findings

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 safe. There were sufficient staff to meet people's needs and keep them safe. Staff were aware of any risks to people's safety and followed management plans to reduce the risk of harm.

Staff were aware of safeguarding adults procedures and would report all concerns appropriately.

Medicines were securely stored and people received their medicines as prescribed.

Good



Is the service effective?

The service was effective. Staff had the knowledge and skills to meet people's needs. Staff updated their knowledge and skills through regular attendance at training courses.

People were supported with their dietary requirements, and supported to maintain their health needs. The staff liaised with other healthcare professionals involved in a person's care as required.

Good



Is the service caring?

The service was caring. Staff spent time speaking and engaging with people using the service. Staff were aware of people's methods of communication, so support and care could be provided in line with their wishes and preferences.

Staff respected people's privacy.

People were able to have visitors at the service and were encouraged and supported to maintain relationships with friends and family.

Good



Is the service responsive?

The service was responsive. Staff provided care and support in line with people's needs. People had individually tailored support plans outlining how they wished to be supported.

Staff were aware of how people wished to be supported if they were stressed or anxious, and how people's anxiety affected their support needs.

People were asked for their feedback about the service. The majority of feedback received was positive. People, and their relatives, were supported to make a complaint.

Good



Is the service well-led?

The service was well led. There was open and transparent communication amongst the staff team. Staff felt supported by their manager and were able to speak with her if they had any concerns or questions.

The registered manager reviewed the quality of service provision. They also used feedback from quality visits from the local authority and external companies to improve the quality of care delivery.

Good



Jennifer's 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.

A single inspector undertook an unannounced inspection of this service on 26 March 2015.

Before the inspection we reviewed the information we held about the service, including statutory notifications received.

At the inspection we spoke with the registered manager, the deputy manager and a care assistant. We spoke with four people using the service. We reviewed four people's care records. We read two staff records which included information on recruitment, training and supervision. We undertook a tour of the service and reviewed records relating to the management of the service, including incident records, health and safety checks, and reviewed medicines administration procedures.

After the inspection we spoke with three people's relatives and a representative from the local authority who funds placements at the service.

Is the service safe?

Our findings

One person told us they felt safe at the service. One person's relative said, "[The person] has a buzzer but [they] do not need to use it. [The registered manager] is always around." They told us they had no concerns about the person's safety, and that staff were readily available if they needed anything.

One person told us the staff were always around, "day and night." The registered manager ensured there were sufficient staff on each shift to meet people's needs. This included ensuring staff were available to support people at the service, and to accommodate people in the community if that was what they wanted. During the inspection we saw that when one person wanted to go to the shops a staff member was available to support them to do so.

Staff said annual leave, training and sickness were always covered by the regular staff team. There was a low staff turnover. Within the last year one new care assistant had been employed. Appropriate recruitment procedures had been undertaken to ensure the employee was suitable to work at the service. This included obtaining references from previous employers, undertaking a criminal records check and checking their eligibility to work in the UK. This ensured staff had the relevant qualifications and skills to support people, and that they were of good character.

Staff understood safeguarding adult procedures. They were able to describe to us signs that possible abuse may have occurred. There had been no safeguarding concerns at the service. However, staff told us if any concerns were identified these would be escalated to the registered manager and the local authority safeguarding team so that appropriate action could be taken to ensure people's safety.

The registered manager obtained information from health and social care professionals about any risks to a person's safety before they started to use the service. She used this information and undertook her own assessment to ensure

all the risks presented to a person's safety and welfare were identified. Management plans were developed to address and minimise the risks identified. For example, one person was unable to safely judge the temperature of their bath water. Staff supported the person and monitored the temperature of the bath water, so the person did not scald themselves. People were supported to make hot drinks if there were risks that they may scald themselves whilst using the kettle. Any risks of people falling were identified and plans were developed to minimise the risk. For example, some people used a walking stick to safely mobilise around the service. One person was at risk of slips and falls in the bath. A bath chair had been purchased to aid the person to use the bath safely and to reduce the risk of falls.

People received their medicines as prescribed. One person told us they were told by their doctor to take paracetamol when they were experiencing pain due to a cold virus they had. They said staff had supported them to take paracetamol as prescribed. People's relatives confirmed that people received their medicines. One person's relative told us, "The medication is working. [The person's] settled down." Medicines were securely stored at the service. There had been a recent increase in the amount of medicines required to be stored at the service, which meant they could no longer all fit in the same medicines cabinet. All medicines were securely stored in a locked cabinet at the time of our inspection and the registered manager was in the process of purchasing a larger medicines cabinet so all medicines could be stored in the same place.

All medicines administered were recorded on a medicine administration record (MAR). We checked four people's MAR and saw they had been completed correctly. We checked the stocks of medicines for two people and they were as expected. The management team checked the MAR and medicines daily to ensure they had been completed correctly and people had received their medicines as prescribed.

Is the service effective?

Our findings

One person's relative told us in relation to the staff, "They look after you. They give [the person] what they need." A representative from the local authority said the staff and management team were experienced, and had completed the relevant training to ensure they had the skills and knowledge to meet people's care needs.

Staff updated their knowledge and skills through attendance at regular training courses. A training programme was in place which delivered a rolling programme of courses to staff. Staff had completed training on fire safety, first aid, health and safety, food hygiene, infection control, moving and handling, and safeguarding adults. Some staff had been trained in medicines administration. Training days had been booked to provide staff with further training on the Mental Capacity Act 2005 and to train those staff who had not completed their medicine administration training.

Records showed staff received supervision from their manager every two months. This provided staff with an opportunity to discuss their performance. Supervision was also used to provide staff with any additional support they needed with areas of their role they were finding challenging and to identify any training needs they had. In addition to regular supervision, staff received an annual appraisal. The appraisal reviewed staff's performance against previously set targets, and supported staff to identify new targets and areas for development for the upcoming year.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People were able to come and go from the service, and there were no restrictions on their freedom at the service. One person's relative told us, "The door's never locked." Staff were aware of what decisions people were able to make about the care and support they received. Information was provided by the health and social care professionals involved in people's care about any assessments undertaken to assess a person's capacity to consent. For example, we saw that one person was able to make the decision about where they lived but were not able to make decisions about their long term care needs. Decisions about their needs were made in their best interests in discussion with the professionals involved in their care and their families. Some of the people using the

service had been assessed as not having the capacity to make all decisions about their finances and their care and welfare, and had a power of attorney appointed. Staff were aware of who had a power of attorney assigned, and they maintained close communication with them regarding any decision about a person's care.

Staff supported people with any nutritional needs they had. One person told us, "They've done well with food." They told us they had porridge for breakfast and they enjoyed it. Another person said, "The food's nice." Meals were tailored to people's needs and preferences. We observed at lunchtime that people had meals in line with their wishes. For example, one person preferred to have small portions and this was provided for them. One person's relative told us, "The meals are suitable for [the person]." Another person's relative said, "They make sure [the person's] hydrated. [The person's] lost interest in food, but they make sure [the person] gets small regular meals."

Staff supported people with any dietary requirements they had. One person using the service was diabetic and staff supported them to maintain a diet suitable to their needs. Another person using the service required to be fed via a percutaneous endoscopic gastrostomy (PEG) feeding tube. This person's relative told us the staff had undertaken training to enable them to support the person with their feeding at the service. They said if there were any concerns with the PEG staff supported the person to attend hospital or receive other medical assistance to address the problem. For example, when the PEG was accidentally pulled out, staff promptly obtained medical assistance to get it put back in. The registered manager liaised closely with the dieticians involved in the person's care to ensure their nutritional needs were met.

Staff supported people to have their health needs met. One person's relative told us, "[The person] knew that if they were ill, the staff would look after them." Another person's relative said, "As soon as [the person] was ill, they took them straight to the GP." A person told us they had been feeling unwell recently and the registered manager had taken them to see their GP. Staff liaised with the healthcare professionals involved in people's care to ensure they supported the person as required with any health needs they had. For example, one person had regularly episodes

Is the service effective?

of fainting. Staff had obtained advice from the person's GP about how to support the person to reduce these episodes. They now supported the person by giving them a cup of tea and a small amount of food in bed before they got up.

Is the service caring?

Our findings

One person's relative told us, "It feels like [the service] is part of an extended family, and that's how [the staff] treat [the person]." One person told us the staff were "helpful and polite." Another person said, "[The registered manager] is a lovely lady. She's nice." One person's relative said, "[The person] was very scared when they first came. [The registered manager] would stay with them until they feel asleep. She also sits with [the person] if they are not feeling well." They also told us, "I often hear [the person] laughing with [staff]. I know [the person's] happy there."

People were able to have visitors to the service. One person's relative told us they were able to visit whenever they wished, and staff were "very accommodating." This helped people to stay in contact with their friends and family, and maintain those relationships. Staff spent time speaking with people and engaging them in conversations so they did not feel socially isolated or lonely. One person's relative told us, "The staff talk to [the person]." Another person's relative said, "Staff spend a lot of time with [the person]."

People were able to undertake their hobbies and interests. One person told us they liked Doris Day films and listening to Elvis. They told us they were able to watch their films when they wished. One of the other people at the service liked recording films and programmes for people. They helped those that could not do it for themselves to put films on at the service. This enabled the person to maintain their independence, supported the other person to follow their interests, and contributed to building a sense of community at the service. One person's relative told us, "It's

a home...a proper home." Another person's relative said, "It's like one big family home." One person's relative told us the staff encouraged people to socialise but also allowed them space if they wanted it.

Staff respected people's privacy. Each person had their own room and they told us they were able to access them during the day if they wanted some time away from the group. We saw that staff respected people's personal space and knocked on their door to obtain the person's permission before entering their rooms. Each person had an en-suite toilet and sink. There was one communal bathroom. At the time of our inspection the bathroom door had a window with frosted glass. A towel was up behind the window but did not fully cover the space meaning people's privacy was impacted when using the bathroom. We brought this to the registered manager's attention who told us a new curtain had been bought to cover the whole window and they planned to put it up later that evening.

Staff were aware of people's communication needs. One person at the service was unable to communicate verbally. Staff were aware of how this person communicated so that care and support could be provided in line with their wishes. This person's relative told us staff had got to know the person's gestures and had produced a pictorial reference chart to aid communication.

People, when able, were involved in decisions about the care and support they received at the service. Records showed people had been involved in the development of their support plans, and were involved in day to day decisions. Instructions were provided to staff about how to support people to ensure their wishes and opinions were respected. People said they were involved in decisions each day including what activities they undertook and how they spent their time.

Is the service responsive?

Our findings

One person's relative told us, "There's no other place better. It's as simple as that." Another person's relative said, "They treat people as individuals" and staff were aware of people's individual needs.

Staff received detailed information from the referring agency about people's needs. This information, together with discussions with people and their relatives, was used to develop an individualised support plan. The support plan detailed what support people required and what people were able to do independently. Support plans addressed any needs people had in regards to their physical health, mental health, personal care, and activities of daily living. People's support plans identified how their health impacted on their ability to undertake certain tasks, and how the staff were to support them. For example, one person had arthritis and instructions were given to staff about how this impacted on the person's ability to get dressed independently and how staff should support them with this.

Care plans provided information to staff about how to support people when they were upset or anxious. One person's relative said, "When [the person's] anxious, they sit with [them]." Information was also provided to staff about how stress and anxiety impacted on their health, and what additional support they may need during those times.

People's support plans included information on people's life history, hobbies and interests they had. This enabled the staff to provide activities in line with people's interests. One person was new to the service and liked sewing. The registered manager was looking at finding a sewing class they could join. People were encouraged and supported to access the community and engage in activities. One person told us the manager often took them out. They said they

went to an art class and to a meditation class. One person's relative told us, "They take [the person] out regularly. They get out and about more than they have done in a long time."

The registered manager undertook monthly and six monthly reviews of people's support needs to establish if the person's support needs had changed, so that the care and support provided could be adjusted in line with their current needs.

The people and relatives we spoke with told us they had no complaints about the service. They told us they felt able to speak with staff if they had any concerns. Staff told us any concerns raised would be shared with the registered manager so that they could act appropriately to deal with any concerns or complaints received. No formal complaints had been received in the last year.

One person had fluctuating moods and raised a number of concerns and compliments about the service. A separate record was kept of all concerns and complaints raised by this person to staff. This information was reviewed by the registered manager, together with the health professionals involved in managing their mental health, to address any concerns raised and provide a service that met the person's needs. We spoke with this person and they told us they were happy with the service. They said, "Staff do their best...you can't ask for anymore."

The service asked people for their feedback about the service. The feedback received in 2014 was due to be analysed to identify themes and trends that the service could use to learn from and improve the quality of care and support provided. We viewed the feedback forms that were completed in 2014. The findings showed that people were satisfied and happy with the service they received. People rated the activities on offer as 'good'. Comments included; "lovely girls" in relation to the staff, and "I like the food."

Is the service well-led?

Our findings

One person's relative told us, "The manager knows what's going on. They're always around." A representative from the local authority told us the manager was transparent and had a caring nature. They felt the service was well-led.

Staff felt supported by their manager. One staff member told us the registered manager "treated them well" and that they were able to speak with their manager if they had any questions or concerns. They said the registered manager spoke with them every time they were on shift to establish how they were and if there was any additional support they required.

There was open communication amongst the staff team. Meetings were held with staff regularly to discuss people's support needs and any changes in their support plan. One staff member told us their manager updated them as soon as they came on shift of any changes in a person's health or support needs.

The registered manager and the deputy manager regularly reviewed the quality of service provision, and ensure appropriate processes were in place to meet people's needs. This included ensuring a safe environment was provided. The service undertook weekly checks on the fire alarms and emergency lighting, and undertook three monthly fire evacuation drills. Annual fire safety checks were undertaken by the London Fire Brigade and changes were made in response to any recommendations identified. For example, new fire doors had been put in and an additional smoke detector to ensure all rooms had a smoke detector fitted. We saw that personal evacuation plans were in place, however, this needed updated to include the newest person to the service. We brought this to the registered manager's attention and they told us they would ensure appropriate action was taken to address it.

Health and safety checks were undertaken monthly. No concerns had been identified in the previous checks undertaken during 2015. Gas safety checks and portable appliance tests were undertaken. The previous checks did not identify any concerns to the health and safety of people.

Staff were aware of the incident reporting process. All incidents and accidents were reported to the registered manager, and the registered manager reviewed all incident and accident reports to identify any trends of when incidents or accidents occurred. No incidents had occurred in the previous 12 months. However, they told us that any incidents that occurred would be reported to the commissioners of the service and the person's social worker if they had one assigned. We saw that where accidents had impacted on a person's health that their support plans were updated to reflect any changes in care and support needs.

A representative from the local authority said there were good joint working arrangements in place between themselves and the service. They told us they had open communication with the management team. They said the registered manager attended the local authorities' provider forum to share ideas, respond to queries and obtain further information about how to improve the service. They said the service used feedback as an opportunity to improve the quality of service provision. For example, they advised that a ramp should be put between the hallway and the dining room to improve access around the service, and this had been done.

The registered manager was aware of the requirements of their registration with us and adhered to the conditions of their registration.