

Anchor Hanover Group

# Annesley Lodge Care Home

## 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?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Annesley Lodge is a purpose built residential care home providing personal and nursing care to 36 people aged 65 and over at the time of the inspection. The service can support up to 48 people.

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

People were provided with safe care, staff understood their responsibilities in relation to protecting them from potential abuse, and the risks to people safety were assessed with measures in place to mitigate the risk. People were supported by adequate numbers of staff, and staff recruitment was ongoing, to allow consistent care for people. People's medicines were well managed, and they were protected from the risks of infection through safe staff practices.

People were supported by staff who had received appropriate training for their roles. Their nutritional and health needs were supported. The environment people lived in was well maintained and the provider was undertaking refurbishment of some areas of the home. 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.

People were supported by staff who were caring, people trusted and liked the staff who supported them and felt their views on their care were considered. Staff worked to maintain people's privacy, dignity and independence.

People received personalised care from staff who knew their needs, however, the information in some people's plans was not always reflective of their needs. People were supported to undertake social activities of their choice and there was an activities program in place. People told us the provider listened to their concerns or complaints and dealt with any issues of concern quickly.

People at end of life received personalised and compassionate care, and there was information in people's care plans about their wishes in relation to their end of life care.

We were told the management team were open and approachable. Governance systems and audits were in place and used regularly to maintain good standards of care for people. There was good engagement with people, relatives and staff through meetings and quality monitoring questionnaires. Staff were supported with regular supervisions. The management team worked with external professionals to improve the quality of the service.

### Rating at last inspection

The last rating for this service was requires improvement (published 31.05 2018) and was in breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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.

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

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service was Effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service was Caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service was not always Responsive.	<b>Requires Improvement</b> ●
<b>Is the service well-led?</b> The service was Well Led.	<b>Good</b> ●

# Annesley Lodge Care Home

## 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

There were two inspectors who undertook this inspection over a period of one day. We were accompanied by an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Annesley 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 the inspection

We reviewed information we had about the service prior to our inspection. This included previous inspection reports, details about incidents the provider must notify us about, such as abuse and accidents. We spoke with the local authority quality monitoring team 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 this information to plan our inspection.

#### During the inspection

During the inspection we spoke with five people at the service and two relatives to ask about their experience of the care provided. We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four members of care staff, the cook, a laundry assistant and a housekeeper. We also spoke with the deputy manager, the regional manager and the company's head of care for the region.

We reviewed a range of records. This included five care records, medication records and five staff files. We also looked at the training matrix, audits, accident records and records relating to the management of the home.

#### After the inspection

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

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People we spoke with told us they felt safe living at the service. One person said, "Yes I feel safe, it's the idea that the staff are there for us and you can depend on them." People liked and trusted the staff who cared for them.
- Staff received appropriate training to support them recognise and deal with any safeguarding issues.
- We saw all safeguarding concerns were reported to the local safeguarding teams and the registered manager worked with the team to undertake robust investigations in an open and transparent way.
- The registered manager and her deputy worked with staff to ensure learning from any incidents, errors or accidents was shared with staff so learning from events could take place. This was undertaken in several ways; through recorded daily handovers, individual staff supervisions and staff meetings. Should there be a particular issue then the deputy manager told us they would produce a written briefing and ensure all staff read and signed the document.

Assessing risk, safety monitoring and management

- The risks to people's safety were assessed, and measures put in place to mitigate these risks. People who had mobility issues had appropriate aids to assist them. We saw information in people's care records giving staff guidance on what aids people required, and during our inspection we saw the aids in use.
- Staff supported people to maintain their independence by offering appropriate support at the different levels people needed. For example, assisting people to stand but allowing them to walk independently with their walking aids.
- Where people required support to maintain a healthy skin and reduce the risk of pressure ulcers they had pressure relieving equipment in place. If people needed support to reposition themselves staff gave this support in line with their assessed needs.
- People had personal emergency evacuation profiles in their care plans and in the fire safety folder. This was to ensure should people require emergency evacuation, emergency services had clear information on people's needs to provide safe care.
- People told us the equipment they used to support them was regularly checked by staff and there were regular fire alarm tests. We saw there was a servicing and maintenance programme in place to ensure equipment and the environment was safe.

Staffing and recruitment

- People's feedback about staffing levels were mixed. One person said, "I have a call button in my room."

They (staff) come pretty quickly." Another person said, "They are always short of staff in the mornings. Sometimes when people press the buzzer they have to wait."

- Our observations during the early part of the morning showed some people were at times waiting for periods of over ten minutes for call bells to be answered. We fed this back to the management team who said they would monitor and work to address this. However, at other times we saw staff responded quickly to people and supported them in a timely way.
- Staff told us there was a reliance on agency staff at the service. However, they also recognised that the management team were working to address the issue.
- The senior management team we spoke with told us they were aware of the recruitment issues and had been actively trying to recruit staff to reduce the need for agency staff. However, they and the staff we spoke with told us where ever possible they worked with particular agencies, so they had agency staff who worked at the home regularly. This helped with consistency and continuity of care which the senior management team and the deputy manager told us was very important for people in their care.
- The deputy manager also told us they regularly reviewed rosters to ensure consistency of staff. They told us staff were also offered incentives to work extra shifts to maintain consistency.
- The deputy manager also worked shifts on the floor and this allowed her to see if people's needs were being met.
- Safe recruitment processes were undertaken by the provider to ensure staff were of good character and would provide safe care for people. We viewed staff records and saw references and background checks via the disclosure and barring service (DBS) were undertaken. The DBS checks show if potential staff have any previous criminal convictions. This allows employers to make safe decisions when employing staff.

#### Using medicines safely

- People were supported with their medicines in a safe way. One person said, "They (staff) look after my medicines and bring them to me – in my room or here (Lounge). There's never been any mix ups."
- We observed staff administration of medicines, viewed people's medicine administration record (MAR) charts. Checked storage and ordering of medicines.
- We were assured that people received their medicines appropriately and safely. The registered manager had implemented a robust auditing system that would highlight any errors quickly. Staff had received appropriate training for their role and regular reviews of their practice.

#### Preventing and controlling infection

- People were protected from the risk of infection through good staff practices. We saw staff used personal protective equipment (PPE) appropriately, and good hand washing techniques. There were posters showing effective hand washing techniques around the service.
- The environment and equipment we viewed was clean and well maintained, and the housekeeping staff undertook safe practices when carrying out their roles

# 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.

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, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

When we last visited the service we found they were not always working within the principles of the MCA. They were in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found they were and were no longer in breach of this regulation.

- People who lacked capacity had mental capacity assessment in place with input from relatives and health professionals to ensure any decisions made on their behalf were the least restrictive option and, in the person's, best interest.
- Throughout the visit we saw when staff engaged with people they took care to offer explanations of care and ensure people gave their consent to the care being provided.

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

- People's needs were assessed using nationally recognised assessment tools and evidence based guidance to ensure support was appropriate to their needs. For example, the use of the malnutrition universal scoring tool (MUST) to guide staff to provide effective management of people's weights.

Staff support: induction, training, skills and experience

- People were supported by staff who received training and guidance for their roles. People told us staff provided care in a confident and skilled way. We saw mandatory training was supplied for staff to support them in their role.

- Staff also received training in supporting people who lived with dementia. One person gave us an example of how staff managed a situation with the behaviours of another person who lived with dementia. The person said, "Staff handled it well. I wouldn't have half the patience they've got."
- Our observations supported people's views. We saw a range of staff supporting people with their care needs. The interactions showed staff used their skills to ensure positive outcomes for people in their care.
- Staff were supported with regular supervisions. The deputy manager told us they, the registered manager and team leaders had different groups of staff to support, to ensure staff received regular supervision. Staff we spoke with told us they found the supervisions useful and felt able to raise any issues they wanted to discuss.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives

- People were supported with their nutritional needs. People told us they enjoyed the food at the service. One person said, "We have a very good cook who always tries to produce something we like."
- Our observations supported this. The cook and kitchen staff worked with care staff to provide a well-balanced diet for people, and during our visit offered support throughout mealtimes to ensure people's dietary preferences were catered for. People were provided with a range of snacks which included fruit, savoury and sweet options they could eat throughout the day.
- Guidance on people's dietary needs from health professionals were recorded in people's plans, and where people needed support to eat, or required a specialist diet staff provided this support based on the information that had been provided.
- The kitchen had received a rating of five from the food standards agency and we viewed the storage and supplies of food available for people. We saw a wide range of foods available stored safely.
- The cook undertook a daily feedback audit to ensure the foods and choices available for people were of the quality and variety they enjoyed.

Staff working with other agencies to provide consistent, effective, timely care; access healthcare services and support

- People's health needs were well managed. People and their relatives told us if people needed the support of health professionals, staff ensured people received this care in a timely way.
- People's records contained a "grab sheet" which was used when people were transferred to hospital or other services in an emergency. This contained relevant information on people's care needs that health professionals would use so people received appropriate care.
- The deputy manager told us the staff team worked closely with the service's G.Ps and they undertook regular home visits every two weeks to provide consistent care, as well as visiting at other times should the service request this support. Staff also found the out of hour G.P service very useful for advice and help.
- We saw records of health professionals' visits in people's care records that showed timely support was sought for people, and recommendations of care were followed.

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

- People lived in an environment that allowed them the freedom to move around the service safely. There was a large communal area which was divided into smaller areas to allow people to sit in small groups.
- There was easy read signage to support people with their independence clearly showing communal areas, bathrooms and toilets. The environment was laid out to allow people to move freely around the service in a safe way.

# 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 were treated with respect and kindness by the staff who supported them. We received a high number of positive comments on staff's attitude and kindness toward both people and their relatives. One person said, "It's a very nice place to be. I wouldn't want to be anywhere else. The staff always look after you and are always there if you need them."
- Staff showed good knowledge of the people they supported and ensured their choices about their everyday lives were followed.
- Throughout our visit we saw all staff working to support people. For example, greeting people when they came into communal areas. When communicating with people staff did so in ways people could understand, sitting at eye level and speaking clearly waiting for people's responses.
- The housekeeping, kitchen staff and maintenance staff were well known to people, stopping to chat to people throughout the day. One relative said, "Nothing is too much trouble, you can ask for anything and staff help, I'm happy with all the staff. Everybody is so nice including the agency staff, even the painters have made time to talk to [relation] – they are really respectful."
- We noted that staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their spiritual needs.

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

- People were supported to express their views about their care. They told us they and their relatives had been consulted to plan their care needs. One person said, "There's a folder about all my needs in the office and they come round regularly to check I'm happy with everything and what I want."
- The care plans we viewed showed evidence of people's input about their care. We saw where people had identified how they wanted to spend their day, they were able to do so. One person who liked to spend time in their room had chosen to have their pet budgie in their room with them. A staff member told us the person's relative help clean out the cage, but if the relative was unable to, then staff were happy to do this. This ensured the person had the support they needed to keep their pet.
- People had access to information on Advocacy services available. We saw information displayed, in formats people could understand, around the service. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them. The deputy manager told us no one at the service was using the services of an advocate at the time of the inspection.

## Respecting and promoting people's privacy, dignity and independence

- People told us staff worked to maintain their privacy and dignity. One person said, "They help me with the shower, they respect my privacy. I choose for them to stay with me, so I feel safe."
- Our observations of staff practices supported what we had been told by people. We saw several interactions that showed staff consistently managed people's privacy and dignity when they supported them.
- People gave us numerous examples of how they were supported to maintain their independence. One person said, "I can go out on my own. I just get someone to sign me out and then sign back in again. I'll tell them (staff) where I am going, and I take my mobile phone with me in case I have a problem."
- We found that suitable arrangements had been made to ensure that private information was kept confidential. Written records which contained private information were stored safely when not in use. In addition, computer records were password protected so that they could only be accessed by authorised members of staff.

# 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 requires improvement. At this inspection this key question has remained the same.

This meant people's needs were not always met.

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

- People received personalised care from staff who knew their needs. However, the information in people's care plans did not always accurately reflect this.
- One person had recently had an increase in falls. Their care plan did not reflect the care that was in place to support this person. Staff we spoke with, and the person's relative told us of the changes that had been made to support the person. However, the lack of detail in the person's care plan meant temporary and new staff would not have the correct information on their care and this could lead to inconsistent care.
- Some of the care plans we viewed had people's personal histories in place, but one care plan we viewed for a person who had lived at the service several years, had this information missing. However, there was some information on their preferences, such as their wish to take part in the weekly religious service that took place each week. We saw the person enjoying this experience.
- The provider worked to meet people's social needs. There was an activities program in place and staff told us of a planned trip for the following week to join people at another service for a cream tea.
- The service was also undergoing refurbishment of some of the areas in the home. The deputy manager told us they planned to create a small lounge which would be used as a music room, as some people at the service had expressed a wish for this area.

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 worked to provide people with accessible information about different aspects of their care.
- Information about activities was shared through a noticeboard and included pictures to assist people to understand.
- We saw communication support plans provided staff with information about people's communication and sensory needs to support communication. We saw staff using this information when they communicated with people.
- Staff also worked to support people orientate themselves around the building by working with them to use the most appropriate information in a format they recognised. There were frames by people's bedroom doors and they had chosen items that reminded them that this was their room. We saw a number of examples of people's choices and a member of staff said, "We ask people and are led by people's needs."

Some people don't recognise a photo of themselves, so we have other pictures."

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

- People knew who they should speak with if they wanted to raise any complaints or concerns. One person said, "I haven't had to raise a concern, but if I did, I'd talk to the manager or deputy. I know they'd listen." A relative we spoke with also told us when their family member first came to the service there were one or two things that "needed ironing out," but they told us the management team were very responsive.
- Staff understood their responsibilities in supporting people raise their concerns and told us the management team would respond to complaints raised.
- The records we viewed showed the provider took concerns raised seriously and followed the company's complaints policy to work with people and resolve any concerns.
- The complaints policy was clearly displayed at the service.

#### End of life care and support

- Where appropriate, people's end of life wishes was recorded in their care plans. Relatives we spoke with told us they and their family member had the opportunity to discuss areas such as who they wanted with them and where they wanted to be.
- Some people had do not attempt resuscitation (DNAR) orders in their care plan. We saw these had been discussed with either the person, a family member, and health professionals where appropriate.
- We saw feedback from families who spoke positively of the care they had received from the staff at the service when staff had supported their family member and themselves at this difficult time.

# 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 a rating of 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- When we previously visited the service, we rated it as requires improvement as there was no registered manager in place. However, at the last inspection we saw the service was being supported by a regional support manager, who registered with the CQC as manager following our inspection until a permanent registered manager was employed. At the last inspection we saw the regional support manager had worked to make improvements at the service and at this inspection we found these improvements had been sustained.
- The service had a new registered manager in post who had started approximately four months previously. They had initially been supported by the regional support manager. They continued to be supported by the senior management team to ensure on going sustainability of the improvements to the service. On the day of our inspection the registered manager was not on duty and the deputy manager was supported by the regional manager and head of care for the region.
- People we spoke with were aware of who the registered manager was, and felt they were able to talk with them about any issues that concerned them. People and their relatives also told us they knew who was in charge on a day to day basis and felt the team were responsive when they discussed issues with them.
- Heads of department ten minute meetings took place daily, so key staff could feedback any issues to their teams to ensure a smooth working environment. One member of staff told us these short meetings were very useful, and improved openness and team work.
- There were robust quality monitoring processes in place that highlighted any issues in relation to people's care. The quality monitoring processes had identified the issues we found with lack of updates in people's care plans and the team were working to address this. There were clear actions in place following analysis of falls, management of people's weights and management of medicines. This gave the registered manager a good over view of people's needs and supported person centred care.
- The provider had met their registration regulatory requirements of notifying CQC of certain information. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and at the service.

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

- Relatives we spoke with told us staff were open and honest with them if there had been concerns about their family member.
- The registered manager reported important events to us through statutory notifications. This meant we could monitor how these events had been managed and ensure appropriate actions had been taken.

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

- People and relatives, we spoke with, told us residents and relative meetings were held at the home and they had completed satisfaction survey forms. One person said, "We have a residents and relatives meeting. The deputy manager usually does it, says what was raised before and what they've done about it, and what they are planning to do, and relative and residents can the ask questions and raise things."
- People told us their families were encouraged to get involved in initiatives at the service. One person said. "My son came to help tidy up the garden. The home put up a notice and they volunteered to help."
- Staff told us there were regular meetings and they were encouraged to air their views. One staff member told us the registered manager had an open door policy and was receptive to new ideas. The deputy manager told us the meetings had become more positive as staff became confident to discuss issues with the new registered manager.
- Staff received regular supervision to support them in their roles and the staff we spoke with told us they felt well supported.

Continuous learning and improving care; Working in partnership with others

- The deputy manager told us the registered manager attended management meetings. These meetings agenda included discussion on events at the provider's services, to look at ways to improve care and learn from events.
- The registered manager was also trying to access the local authority forum group for care services in the area, to continue to update themselves.
- The deputy manager told us they worked in partnership with their GP and community nurses and until recently had support from the local authority home care team.