

Jennifer's Lodge Residential Care Home

Jennifer's Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Jennifer's Lodge provides accommodation, care and support for 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 15 February 2017. At our previous inspection on 26 March 2015 the service was rated Good. At this inspection, we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that relates to safe care and treatment, fit and proper persons employed and good governance. You can see what action we have told the provider to take at the back of the full version of this report.

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.

There were no effective systems to assess and monitor the quality of service provided as concerns about the service had not been identified and resolved. We also found that records were not always maintained, updated and clear. Records relating to day to day care provided to people were not completed for the three weeks period before our inspection.

Risk assessments were not comprehensive to ensure risk associated with the care of people and their well-being were identified and action plan put in place to reduce such risks. Health and safety checks such as the weekly fire alarm and emergency lights test were not conducted to ensure they were functioning properly to keep people safe. There was a fire risk assessment in place. People had personal emergency evacuation plan in place for staff to follow in the event of an emergency.

The system for managing people's finances was not robust at protect them from the risk of financial abuse. Records of financial transactions for people were not clearly documented to clearly show money received, money spent and balance. There was also no system to check and audit the account regularly so as to identify discrepancies in the account.

Recruitment checks were not fully completed for some staff. We found that references were not always obtained from volunteers. There was also no personnel file set-up for them to show who worked at the service, their experience, professional trainings and qualifications.

People were supported to had their individual needs and preferences met. Staff were aware of people's support needs and what they were able to do independently. Staff communicated with people using the methods they understood. People were encouraged and supported to access the community and participate in activities of their choice.

Staff were knowledgeable about safeguarding adult procedures. Staff knew how to report concerns and how to escalate any concerns if not addressed by their manager.

Medicines were handled and administered safely. Staff understood the organisation's medicines procedure and followed it to ensure people received their medicines safely and in line with good practice. People were supported to eat and drink to meet their dietary and nutritional requirements.

There were sufficient numbers of staff on duty to meet people's needs safely. Staff understood their responsibilities within the Mental Capacity Act 2005. Staff were supported through effective induction, supervision, appraisal and training to provide an effective service to people.

The service worked with social care and health care professionals. People were supported to arrange appointments to ensure their health needs were met. Staff followed the instructions and recommendations given to them by professionals to ensure people's needs were met.

People, their relatives and staff were encouraged to provide feedback and to raise concerns. The registered manager investigated and responded to complaints and concerns appropriately to improve the service.

People told us staff treated them with kindness, compassion and respect. Staff provided support to people in the way they wanted to be cared for. People and their representatives were involved in their care planning and these were reviewed and updated regularly to reflect people's changing needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

There were aspects of the service that were not safe. Health and safety checks were not always carried out to ensure equipment was working properly. Risk assessments were not comprehensive to ensure risk associated with the care of people and their well-being were identified and action plan put in place to reduce such risks.

Recruitment checks were not fully completed for all staff members. Records relating to people's financial transactions were not kept.

There were sufficient staff to meet people's needs and keep them safe. Staff were knowledgeable in recognising the signs of abuse and knew how to report any concerns

Medicines were administered and managed safely. People received their medicines in line with their prescription and were recorded accurately.

Is the service effective?

Good 

The service was effective. Staff were supported through comprehensive induction, supervision, appraisal and training.

Staff understood the principles of the Mental Capacity Act 2005 and supported people to make decisions. People's rights and freedom were safeguarded.

People were supported to prepare food and drink as required.

The service worked with health and social care professionals to ensure people's health needs were met.

Is the service caring?

Good 

The service was caring. Staff treated people with dignity and respect.

Staff understood the needs of people and how to support them accordingly. Staff were aware of people's communication needs and communicated with them using their preferred method.

People were involved in their own care and were supported to maintain their independence. People were supported to maintain relationships important to them within and outside the service.

Is the service responsive?

The service was not fully responsive. Daily care records to show the support people received and activities undertaken were completed by staff.

Care and support was delivered to people in the way and manner they wanted. Care plans detailed the support people required to meet their needs.
People were supported to maintain their interests and hobbies. Staff encouraged people to participate in activities they enjoyed.

People and their relatives knew how to raise concerns if they were dissatisfied with the service.

Requires Improvement ●

Is the service well-led?

The service was not well led. There were no systems in place for monitoring the quality of the service delivered. Records were not always completed and this was not identified by the registered manager. The registered manager notified of notifiable incidents as required by their registration with us.

People, their relatives and staff told us that the registered manager was experienced, supportive, open and listened to them.

Requires Improvement ●

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.

This unannounced inspection was carried out on 15 February 2017 and was undertaken by one inspector.

Before the inspection we reviewed the information we held about the service, including statutory notifications received. Statutory notifications include information about important events which the provider is required to send us by law.

At the inspection we spoke with five people using the service, one relative, the deputy manager and the registered manager. We reviewed six people's care record, four staff records which included information on recruitment, training and supervision. We also 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 two staff members, one relative and one healthcare professional involved in the care of people at the service. The local authority monitoring team sent us the report of their last visit.

Is the service safe?

Our findings

People told us they felt safe at the service. One person said "I am safe here. I have never been so safe. This is the best place of all the places I have lived. Staff treat me well." Another person told us, "I am safe. ... You get no trouble or harassment from anymore." One person's relative said, "[Relative] felt safe. Staff are around to help if my relative needs help." Despite what people and their relatives told us, we found some aspects of the service were not carried out safely.

The service did not ensure that health and safety checks were always completed to ensure people lived in place that was safe. The service had a fire risk assessment in place that gave staff guidance on how to maintain fire safety. There were fire extinguishers available at strategic locations throughout the service. We also saw fire systems including fire alarm and emergency lights were serviced annually to maintain their optimum function. However, records showed that the weekly fire alarm and emergency lighting systems had not been tested for the three weeks period before our inspection. The weekly test of these systems helps identify issues with them so they can be rectified promptly. We were concerned that they were not tested to ensure they were in good working condition. This meant that people could be at risk in the event of fire or other emergencies as the fire alarm may not sound to alert them and there may not be emergency lights supplied to enable them evacuate the building. We brought this to the attention of the registered manager and deputy manager and they confirmed that they had not been checked. They told us they would ensure these systems are checked immediately and done regularly. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did not always ensure that risk assessments were detailed and covered all areas of activities that may pose a risk to a person. We saw that the registered manager undertook assessments to identify risks to people and developed guidance for staff to address risks identified. There were risk management plans for staff to follow to support people safely with moving and handling tasks, mobility, maintaining their mental and physical health. We saw that the service supported one person to care and manage their percutaneous endoscopic gastrostomy tubes (PEG tubes). This is a tube passed through a person's stomach through which they are fed. It is usually used when it is not medically safe for a person to feed orally. Relevant health professionals such as district nurses and dieticians were involved in ensuring the safe care and management of the tubes. However, we found that the risk assessment in place did not fully detail staff responsibilities in managing the tubes. The risk assessment did not clearly identify and detail action plan for staff to follow in emergency situations where health care professionals such as district nurses who usually manages the PEG were unable to carry out the tasks. We also noted that where staff carried out activities such as flushing the tubes or changing them, there was no risk assessment in place that covered these tasks. There was also no information to show that staff been trained and assessed by a relevant health professional as competent to do so. We were concerned that staff may be carrying out tasks that they are trained and permitted to thereby exposing people to unsafe care. These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was not always robust in the recruitment of staff. We found that where staff had been recruitment from outside the organisation that comprehensive checks had been carried out to ensure that

were safe and suitable for their role. They submitted application forms and were interviewed for their role to test their experience and suitability for the role. Records showed that relevant checks such as references and criminal records disclosures were obtained before they started work. However, those who came to work at the service as volunteers and from within the organisation were not always fully checked. For example, the registered manager told us about one staff who assisted as when required at weekends but there was no recruitment file set-up for them and no checks had been done. We spoke to the registered manager about this and they told us they knew this volunteer well and they only called them to help in emergency circumstances. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did not maintain proper records of people's finances they managed. The registered manager told us they managed the personal allowance for one person as requested and agreed with the person's relatives. The money was kept in the service's bank account and an agreed amount given to the person weekly. However, there was no clear system for keeping record of transactions to ensure it open and effective. Notes were made in the diary when money was received and when money went out. There was also no system for auditing and checking the accounts to ensure it balanced against money received and money spent. We discussed this with the registered manager and they agreed to change the system. There was the risk that people's finances may not be adequately protected due to the lack of robust system. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff understood abuse, the signs to recognise possible cases and the procedure for reporting them. They explained that they would speak to the registered manager about any suspected abuse and if necessary they would contact the local authority safeguarding team. Staff told us they were confident the registered manager would take appropriate action to ensure people's safety. Staff told us they knew how to whistle-blow to external agencies if required.

People were supported to minimise identified risks associated with their health, well-being and activities of daily living. The registered manager undertook assessments to identify risks to people and developed guidance for staff to address risks identified. There were risk management plans for staff to follow to support people safely with moving and handling tasks, mobility, maintaining their mental and physical health. We saw that relevant health professionals were involved where necessary to assess risks and in drawing up management plans to ensure people were supported by staff appropriately. For example, a member of the community district nursing team and dietician was involved in devising a risk management plan for a person fed through a tube. The plan included how to position the person while feeding. Staff knew the plan and we saw that they complied with it.

People had their needs met by sufficient numbers of staff who had appropriate skills and experience. People told us staff there were available to meet their needs at all times. One person said "There is always someone here to help me. [Registered manager] is always here." Another person told us, "I can use my buzzer at any time. Staff are around night and day." Relatives told us that there were adequate number of staff respond to people's needs. One relative we spoke with told us "I think staff are enough. At least when we visit or call, they [staff] attend to us and we see them attending to people promptly." Staff confirmed there were enough on duty to support people safely. One staff member said "We are fine. It's not too busy." Another said "We are enough. We do all we need to and support the residents with their needs. The [registered manager] helps us if we need help." During our visit, we observed staff supporting people with their needs. Staff had time to spend with people to talk and were not rushed. The registered manager told us that they had flexible staff that were happy to work extra shifts to cover annual leave and sickness. Staff we spoke with confirmed this. The night staff told us they were able to meet people's needs too and if they needed support they called the registered manager who was willing to help. This meant that people received the care and support they

needed from staff.

People received their medicines as prescribed. People told us they received their medicines at the right time. We observed staff administer lunchtime medicines to people. The staff took time to explain to people what medicines they were having and gave them the support they needed. All medicines administered were recorded on a medicine administration record (MAR). We checked the MAR for the six people using the service for the three weeks period before our visit and saw they had been completed correctly. We checked the stocks of medicines for six people and they tallied with records. The registered manager told us they checked the MAR daily to ensure they were accurately completed. People's medicines were securely stored. Medicines were securely stored in a locked in cabinet and only staff had access to the cabinet.

Is the service effective?

Our findings

People were cared for by a staff team who were experienced and knowledgeable in their role. People told us staff knew how to support them with their needs. One person said "They [staff] are really good. They help me with everything I need and they do it well." Another person told us "They [staff] help me as I want." And a third person said "The staff are good. They help me with a bath. They have experience to do the job." A relative told us that "[Registered manager] and all the staff understand how to care for [person] they have not had any problem with supporting [person]. They are well cared for and we don't have to worry." Another relative said "[Relative] has improved and doing very well since she moved into this service."

People were supported by staff that had the skills to do the job effectively. Staff told us and training records confirmed they had completed relevant training to carry out their roles and responsibilities. One staff member said, "I have done all the required training." Another staff member told "[Registered manager] is always encouraging us to do training." The training record showed that staff were up to date with training such as safeguarding adults from abuse, infection control, fire safety, moving and handling and first aid. Staff we spoke with demonstrated their knowledge and skills in caring for people they looked after and they explained how they applied the knowledge gained through training in every day practice.

People were cared by staff that were adequately supervised and supported in their roles. Staff were supported to do their jobs effectively. Staff told us they received regular one-to-one supervision and annual appraisals. They told us this provided them with the opportunity to discuss any concerns relating to the people they supported, team issues and training they might need. Staff told us they received an induction when they first started working at the service. The induction covered the day to day operations of the service, policies and procedures, health and safety and the needs of people who used the service.

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. We checked whether the provider was working within the principles of the MCA.

People consented to their care and support before they were delivered. Staff had received training in MCA and understood their responsibilities in enabling people make their own decisions and respecting their choices. One staff member told us, "You cannot force any person to do anything. You must ask them first. I will refer the matter to [Registered manager] if I have concerns." Records held in the service in connection to MCA showed that people were appropriately supported to make decisions and where there were concerns about a person's capacity to make decisions, assessments were carried out involving relevant professionals, the person and their representatives.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS)

which applies to care homes. DoLS protect the rights of people who may require their liberty restricted lawfully in order to protect them from harm. The registered manager and staff understood their responsibilities under this framework. The registered manager told us there was no one currently subjected to DoLS and they were liaising with the local authority safeguarding team to complete all necessary processes in line with the legal framework, to ensure they did not deprive people of their liberty unlawfully.

People were provided with food and drink throughout the day and staff supported those who required assistance. People told us that they enjoyed their meals. One person said, "The food is always nice here. They give us good food" Another person told us, "You can eat anything you like. The food is really good. It tastes nice." The supported people needed with their eating and drinking was noted in their care plan. We observed mealtime on the day of our visit, people ate at their pace and were comfortable. They were able to eat where they chose for example, in their bedrooms or in the dining area. Staff supported people to cut their food into small sizes to make it easier for them to pick up and eat. The menu showed a range of food including vegetables and fruits making a balanced diet. People told us they were able to request for extra portions if they wished.

People were supported to access to a range of healthcare services such GP, dentist, chiropodist and community nurses who visited people as required. A relative told us "[The registered manager] is very proactive. She takes them to the GP if she suspects they are unwell." Record showed people had annual health reviews by their GPs. The registered manager told us and record confirmed that they worked closely with the community district nursing team and dieticians to care for a person on PEG feed. We saw staff followed instructions given. For example, ensuring the person is in an upright position while feeding.

Is the service caring?

Our findings

People were treated with dignity, respect and kindness. One person told us "They [staff] care about us. They speak to us nicely. They never shout at us." Another person said, "[The registered manager] is a lovely person. She is kind to us and all the [staff] are kind." A relative told us, "The [Registered manager] and her staff are all caring. They show an interest in the residents and are aware of when [relative name] is upset and know how to cheer them up. They are kind people." We observed a peaceful atmosphere. People were comfortable with staff and others within the service and could be heard sharing jokes and discussions about their lives.

People had their needs met by staff who understood them. People's care plans indicated their likes and dislikes, communication needs and what they preferred to be called. We saw staff addressing people in the way they wanted to be addressed. People's preference for what time they got up, where and when they had their meals and how they had their personal care needs met were respected. For example, we saw that people had their meals in their rooms or in the lounge instead of the dining area. We saw staff communicate with a person using signs, gestures, and pictures and where necessary in writing as this person was non-verbal. Staff told us and the person's relative confirmed that staff had learnt and familiarised themselves with this person's gestures so they can communicate more effectively. Staff told us their ability to communicate with this person has helped built positive relationship with them enabled them meet their needs.

People and their relatives were involved in their care planning. One relative told us that, "[registered manager] always talk to me about what I need and they write it down." A relative said, "[Registered manager] and [deputy manager] involve us in care planning [relative] care. We talk about any concerns and how to care for [person]." People told us they were involved in day-to-day decisions about their care. One person said "They [staff] ask me what I want to do today and I will tell them and they say ok." We saw that people's choices were respected. For example, people could refuse to go out with others or activities planned. Staff told us they get regular updates through handovers about changes in people's situations. This meant staff took into account people's individual situations and adapted the way they supported them to meet their needs.

People were supported to maintain relationships and friendship that mattered to them. They were able to visit their friends and relatives and have their relatives and friends visit them at the service. One relative told us, "I am able to visit as often as I can really. They [staff] don't have a problem." Another relative said, "The staff are welcoming. We visit often and we are able to take [relative] out." People and the relatives we spoke with also told us that staff assisted them to contact their families via phone or by post. This helped people to stay in contact and maintain relationship with people important to them.

People's dignity and privacy were respected. People told us staff allowed them do what they could do for themselves. One person told us, "I can give myself a bath. Staff prepare the bath then leave and I call them when I have finished." People also told us and we saw that staff sought permission from people before entering their rooms. Staff gave us various examples of how they respected people's dignity and they

demonstrated they understood the importance of doing so. People's personal matters were discussed privately to respect their dignity and privacy and maintain confidentiality. For example, discussions about people's needs took place in a private room where other people could not overhear what was being discussed.

Is the service responsive?

Our findings

People's care was planned and personalised to their individual needs. Care records showed that the registered manager carried out assessments to identify people's care and support needs. The assessment covered people's needs, requirements, goals and preferences in relation to the way they wanted their care delivered. However, we could not be certain that care was always delivered to in line with people's needs as daily care records were not completed. We noted that daily contact record for people where details of day to day care and activities provided are written had not been completed for the three weeks period prior to our inspection. We spoke to the registered manager and deputy manager about our concern, they explained that they were always around and gave staff handover of events. Staff confirmed that they got updates through handover. On the day of our visit we saw staff supporting people according to their care plan but we were concerned that there were no records to show that this was consistently happening. This was evidence of a breach of regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans detailed how the identified care and support needs would be met. One person's care plan detailed the support they required with their personal care and how staff should deliver this support. Another person's care plan gave staff guidance on how to support and manage their level of anxiety and maintain their emotional well-being. The plan stated that staff should provide them with regular one-to-one sessions and encourage them to engage in activities so as to maintain the person's emotional well-being. Another had plan for staff to follow to maintain their mobility and the pain from their arthritis. The plan included regular leg exercise and encouragement to take short walks. Care plans were reviewed regularly to reflect people's needs as they changed so that staff knew how to support people.

People were supported to access their local community and participate in the activities they enjoyed or follow their hobbies and interests. People told us they regularly went on shopping trips, visits to the cinema, libraries and parks. On the day of the inspection, we saw people return from shopping trip with the registered manager. They told us they enjoyed it. People told us that they also participated in activities within the home such as games and quiz. We saw people enjoy a TV programme together in the lounge. One person enjoyed their own company. We saw them occupied themselves trying to complete a puzzle. They told us they had lots of games, books and programmes that kept them busy and relaxed.

People and their relatives told us they knew how to make a complaint. One person told us, "I would report to the [registered manager]." Another person said, "I am happy here so I don't need to complain but I know how to if I need to." People and their relatives also told us that they knew how to escalate concerns if they were unresolved. The registered manager told us that they asked people regularly to feedback any concerns so they could be addressed. There had been no complaints recorded within the last year.

Is the service well-led?

Our findings

The service did not regularly assess and monitor effectiveness of the processes in place. For example, there were processes to check health and safety systems to ensure they fit for purpose. However, we found that weekly fire alarm and emergency light test had not been completed for three weeks and this had not been picked up on. We also found that daily record notes for people had not been completed for the three weeks period before our visit and this had also not been identified so it could be corrected.

The service did not always maintain clear and comprehensive record. We saw that there were no clear documentation and record for the management of people's finances. Notes of transactions were made informally in the diary. This method was not proper for the purpose as it was not clear, detail and open.

The registered manager told us that they communicated with people and their relatives regularly to update them about the service and to gather feedback from them. People and their relatives confirmed this and told us that the registered manager listened to them and acted on their feedback. However, there was not record kept to show feedback received and action taken. We discussed this with the registered manager and she agreed to take immediate actions to resolve these issues.

These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that was aware of their responsibility to notify CQC of notifiable incidents in line with requirements of their registration and they complied with this. Staff were aware of their process of reporting incidents and accidents. There were no incidents in the last 12 months.

People, their relatives and staff told us that the registered manager was open and approachable and managed the service well. One person told us, "[Registered manager] is nice. She makes sure we are all ok." Another person said "The registered manager is good and she listens to us." One relative told us, "[Registered manager] is very experienced. She is always available and open for discussions at any time. She is very involved and looks after people like are her family. The business is a family run business and it is homely." A staff member told us, "It's a perfect place to work. The [registered manager] is really good. She looks after the residents well and the [staff] too." Another member of staff said, "I can speak to her [registered manager] about anything and she would listen. She cares about us and the residents. She is always encouraging us to do training and do better." We saw that the registered manager was approachable and related well to people and staff in a professional but relaxed manner. They discussed issues about service and shared ideas together.

The service worked in partnership with the local authority to improve the service. The registered manager told us they liaised regularly with the local authority safeguarding, learning and development and commissioning teams to seek advice and support when required. We received report of the most recent monitoring visit carried out by the local authority commissioning team. The registered manager told us they were in the process of completing the actions and recommendations made following the monitoring visit.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Fire systems test were not always carried out to ensure they were functioning properly.</p> <p>Risk assessments were not comprehensive to provide staff with the information and action for staff to follow to reduce harm to people and promote their well-being</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The systems and processes in place were not robust enough to identify pitfalls in the quality and safety of the service provided to people</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not ensure adequate checks were carried out for everyone who worked at the service to ensure they were fit to support people safely.</p>