

# Anchor Trust

# Leofric Lodge

## 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?

**Good** 

Is the service well-led?

**Good** 

### Overall summary

We undertook an announced inspection of Leofric Lodge on 21 January 2015. We told the provider before our visit that we would be coming. This was so people could give consent for us to visit them in their flats to talk with them.

Leofric Lodge provides housing with care. People live in their own home and have a tenancy agreement with Anchor Trust. Staff provide personal care and support at pre-arranged times and in emergencies. The unit consists of 46 flats, at the time of our visit there were 40 people using the service.

The service did not have 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. The provider had recently made changes to the management of the service. An interim manager had been appointed who was in the process of applying to register with us.

# Summary of findings

People who used the service said they felt safe living at Leofric Lodge. Staff understood their responsibilities around keeping people safe and there were systems and processes in place to protect people from the risk of harm. These included a risk management process, a thorough staff recruitment procedure and an effective procedure for managing people's medications.

There were enough suitably trained staff to meet people's individual care needs. Staff understood about gaining people's consent before they provided personal care and respected the decisions people made about their daily lives. People were supported to maintain their independence and were able to live their lives as they chose.

People were happy with the care they received and said they got on well with the staff who provided their

support. People said staff maintained their privacy and dignity when providing personal care; were respectful and provided care in the way they preferred. Care plans and assessments contained information that supported staff to meet people's needs. People said they were listened to and were confident they could raise any concerns about their care or support. There were processes in place for people to express their views and opinions about the service.

People and staff told us they had new managers who had implemented changes to how the service operated. Most people said the service was well managed and they were happy with the service they received. There were systems in place to monitor the quality of the service. This was through feedback from people who used the service, staff meetings and a programme of checks and audits.

# 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.

Staff understood how to keep people safe and there were processes in place to protect people from the risk of harm. There were safe procedures for recruitment of staff and for managing people's medication. There were enough suitably experienced staff to meet people's care needs.

Good



### Is the service effective?

The service was effective.

People were supported by staff who were appropriately trained to support people effectively. Staff understood about consent and respected decisions people had made about their daily lives. People who required support had enough to eat and drink during the day. People were supported to manage their healthcare needs

Good



### Is the service caring?

The service was caring.

People told us staff were caring and respected their privacy and dignity. People were involved in planning their care and making decisions about the support they received. Staff had a good understanding of people's care and support needs.

Good



### Is the service responsive?

The service was responsive.

Care and support was available when people needed it and people were happy with the service they received. People received a personalised service and the care people required was reviewed and recorded. People were able to share their views about the service they received.

Good



### Is the service well-led?

The service was well-led.

The manager and the staff understood their roles and responsibilities and what was expected of them. Staff said they were supported by the senior team and had no hesitation raising concerns with the manager. The quality of service people received was regularly monitored through a series of audits and checks.

Good



# Leofric 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.

The inspection of Leofric Lodge took place on 21 January 2014 and was announced. We told the provider before our visit that we would be coming so that people who used the service could give their agreement for us to visit them and talk with them during the inspection. One inspector and an expert by experience undertook the inspection. The expert by experience had experience of caring for a relative who used a care service.

Before the inspection we reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted the local authority contracts team and asked for their views about Leofric Lodge. They had no concerns about the service.

During our inspection we spoke with the manager, care co-ordinator and four staff members. We spoke with six people who used the service. We looked at care records for three people to see how they were cared for and supported. We looked at other records related to people's care including the service's quality assurance audits, records of complaints and incident and accidents records.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe using the service. One person told us, “Oh yes very”. People said they would speak to the manager or team leaders if they didn’t feel safe.

Staff had a good understanding of abuse and how to keep people safe. All the staff we spoke with had completed training in safeguarding and knew what they should do if they had any concerns about people’s safety, or if they suspected abuse. For example a staff member told us, “I would report it to the office, they would look into it and report it to social services.” The manager and senior staff we spoke with understood their responsibility under safeguarding procedures and knew how to refer safeguarding concerns to us and the local authority.

Staff understood how to manage risks associated with people’s care. There was a process in place for assessing and managing risks identified with people’s care. Risk assessments included information about how risks should be managed to minimise the possibility of harm and to make sure people received their care and support in a safe way. For example, some people had restricted mobility. Information was provided to staff about how to support people safely, such as transferring them in and out of chairs or bed.

Accident and incident forms were completed and analysed to identify patterns so action could be taken to manage emerging risks. For example where people had more than two falls; a referral had been made to the GP who then referred the person to the falls clinic for an assessment.

There were sufficient numbers of staff available to meet people’s needs and keep people safe. People told us there were enough staff when they needed them. Comments included, “Yes, there’s always someone popping in to check on me,” and “There seems to be.” All the staff we spoke with

said there were enough staff to meet people’s individual needs. Staff told us they had work cards which identified the people they would support during their shift and the time and duration of the calls. The manager told us staffing could be increased at busy times if people’s needs required this.

There was a system in place to make sure care staff were recruited appropriately and to ensure they were safe to work with people who used the service. Staff told us about the recruitment process and how they had to wait until their DBS (Disclosure and barring scheme) and reference checks had been completed before they could start working in the service. Records confirmed this and showed the provider also made sure people had the right work permit to seek employment.

Procedures supported people to take their medication safely and as prescribed. Some people who used the service needed support to manage their prescribed medication. One person told us, “Yes, I need so many that even I forget. I’ve got so many illnesses now I’m off my legs.” Another person told us they took their own tablets. Where people were supported to take medication this had been clearly recorded in their care plan. Staff completed a medication administration record (MAR) and recorded when medication had been given to show people received their medicines as prescribed. There was a record of prescribed medication in people’s files so staff could check the dispensed prescription to make sure people received all their medicines.

Administration records had been checked regularly to make sure people received their medicines. We looked at three people’s completed MAR; there were no gaps or errors. All the staff we spoke with said they had completed training in medicines and had competency assessments completed to make sure they continued to administer medicines safely.

# Is the service effective?

## Our findings

People were supported by staff who had the knowledge and skills required to meet their individual needs. One person told us, “They [the staff] know what they are doing.” Another person told us, “It’s not a bother to them at all. I have a laugh and a joke with them. They help me get dressed – well put my bottoms on. I can do the top myself but need help with that. They come here four times a day. They give me a shower. They give me my medicines. I have one carer each time.”

Staff said they were supported by senior staff so they could effectively carry out their role and the tasks required. All staff completed an induction programme when they started to work in the service which included understanding policies and procedures, completing training and working alongside an experienced member of staff. Staff told us the training included moving and handling people, safe handling of medication and safeguarding adults training. Staff said they had regular updates in training and were able to complete a vocational training qualification to support their personal development. The training matrix showed some staff member’s training required updating. Dates had been arranged to update training to make sure staff continued to have the knowledge and skills to carry out their role and to meet people’s individual needs. Staff had supervision meetings to review their practice and personal development which supported staff to maintain their skills and knowledge.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report what we find.

The MCA protects people who lack capacity to make certain decisions because of illness or disability. All staff spoken

with had completed MCA training and understood issues around people’s capacity to make certain decisions. If people were not able to make complex decisions, care staff were aware they needed to involve other people to make sure decisions were made in a person’s best interest. There was no one using the service at the time of our inspection that lacked capacity to make their own decisions. DoLS is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. This law has recently been revised to include people who live in their own homes. There was no one using the service who had their freedom restricted or were deprived of their liberty.

Most of the people we spoke with prepared their own food and drinks. “I am very independent I able to do things for myself – if the girls come in we have a cup of tea together.” One person we spoke with required assistance from staff to prepare food and drink. “They [the staff] come and make me breakfast and tea.” We were told staff arrived at the times arranged to support them with meals and drinks. People had the option of purchasing a meal at lunchtime from the unit’s dining room. There was no one using the service that required specialised diets or their food and drinks to be monitored.

People told us most of their health care appointments and health care needs were arranged by themselves or their relatives. One person told us, “If I am able to I will go to the doctor or he’ll come here. The optician and chiropodist also come out when I need them to.” Staff were available to support people to access healthcare appointments if needed. One person said, “Yes if I am ill they will do something. They will call my daughter too.” If requested, staff liaised with health care professionals on behalf of people, for example their GP, and arranged routine healthcare appointments with a dentist, optician or chiropodist.

# Is the service caring?

## Our findings

People were happy with the care they received and said they got on well with the staff who provided their support. One person said, “Oh yes they are very, very nice. They couldn’t be nicer to me.”

Five of the six people we spoke with said staff were respectful and caring. We were told, “I have nothing but praise for them.” One person mentioned that one staff member could have a better attitude as at times they appeared rude. They said they had told one of the managers and they were certain this would be looked into.

We were unable to observe care directly but responses from people indicated their privacy and dignity was maintained. People told us, “They are very good about all that. Never any problems, they know their job.” All the people we spoke with confirmed staff knocked on the door and waited for a response before entering their homes.

People were encouraged to maintain their independence and where possible undertake their own personal care and

daily tasks. People told us they were able to continue to do things for themselves including managing their own medication if they were able to. One person told us, “Life here is very good. There are values here”.

People were involved in their care and support. Comments from people included, “Everyone was involved in the care plan – my family they all know.” Another person told us, “Yes I was involved, but my daughter did most of that.” A member of staff told us, “We try to involve people with their care as much as we can. Some people want to be involved, others don’t.”

People said they felt listened to and their views and opinions had been taken into consideration in the care they received. One person said, “It has been okay so far. I can’t grumble. I am very sociable and they are too. They will listen to you when you need to talk, they talk to everyone.” People told us the service was flexible and care staff responded to their requests to change their care times. For example one person told us, “I just ask them to come back in a bit and they do.”

Some people had support from relatives or advocates to help them with certain aspects of their lives. For example to manage their finances.

# Is the service responsive?

## Our findings

Staff were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as people's health and support needs. This enabled staff to provide a personalised service to people.

People told us their support needs had been discussed and agreed with them when they moved into Leofric Lodge. One person told us, "Yes I signed my care plan when I first came here. We have reviews." This made sure the service was able to meet the needs of people who lived there.

People told us their preferences and choices had been discussed with them and staff provided support in the way they liked. Comments from people included "Yes, they know me," and "So many carers know what I like."

We looked at the care files of three people who used the service. We saw that people had signed documents that confirmed they had been involved in the planning of their care. Plans included information about people's preferences and choices. We saw files contained information about the person's background. Staff told us this information helped them to get to know people and build relationships.

We found people had the same information in plans kept in their home and in the office which made sure staff had consistent and up to date information about the support people required. There was evidence to show plans were reviewed and updated regularly. Staff had a handover meeting at the start of their shift that kept them up to date about changes in people's care.

People had been provided with a Service User Guide that told them about the services provided at Leofric Lodge. All the people we spoke with said they could share their views

and opinions about the support they received. One person said, "They (the staff) always ask if I am ok and how things are going." People told us there were meetings they could attend if they wished.

People we spoke with knew how to make a complaint. People knew there was information about making complaints in their home folder. Five people told us they had never had cause to complain but would speak to the team leaders or manager if they needed to. One person we spoke with had raised concerns and said, "If something is wrong it needs to be said. I told [staff name] this morning she will look into it for me."

People at Leofric Lodge had access to a call system that staff responded to between scheduled call times. This meant people could get urgent assistance from staff if they needed. People confirmed staff responded to call bells. "I fell out of bed. I crawled to the bathroom and rang the buzzer. The girls came down straight away." Another said, "No I've not had to use it, I have been lucky but I know if I did they would be up here in a flash."

We looked at the complaints records. We saw information to show how complaints had been investigated and what the outcomes of the complaints were. Staff said they would direct people who raised concerns to the complaints procedure. They knew a copy of this was available in people's home folders. Staff said they would also refer any concerns people raised to the staff in the office.

People had regular meetings and were sent satisfaction questionnaires to obtain their views on the service provided. Completed surveys and records of meetings indicated people were satisfied with the care and support they received. People told us, "I go to the tenants meeting; I want to know all about these changes." "I never go. I can't hear very well and when they are all talking I can't hear a thing." "I've been once or twice."

# Is the service well-led?

## Our findings

People told us Leofric Lodge was well managed but the recent changes in management had been unsettling. Comments from people included, “There’s always someone there to talk to. It might not be the actual manager but there is always someone there. It is very good actually.” Another person said, “It is not like before. The manager used to visit us. I cannot say it is well managed I don’t know who it is. [Staff name] tells me what’s going.” All the people we spoke with were satisfied with the service they received. People told us, “It is lovely here. I can’t grumble.”

The service had a clearly defined management structure in place. However, the management structure for the service had recently changed as the organisation had appointed a new manager who was unable to take up post immediately. An interim manager had been appointed and started work in the home at the end of October 2014 and will be in post until the end of June 2015. The manager was in the process of applying to register with us. Not all the staff or people who used the service understood the management changes that had been implemented. They knew who the interim manager and the newly appointed care co-ordinator were, but not how their roles worked. We discussed this with the manager. We were told the management roles had been discussed at staff and ‘residents meetings’ but they would make sure everyone had this information again.

All the staff we spoke with understood their roles and responsibilities and what was expected of them. Staff told us they had regular supervision meetings and their practice was observed to make sure they provided care and support in line with policies and procedures. Staff had meetings and handovers that made sure they were provided with updates about people’s care as well as information about

changes in policies and procedures. Staff knew about whistle blowing and said they would have no hesitation reporting poor practice to the manager or senior staff. They said they felt confident concerns would be thoroughly investigated. Staff said the service was well managed and there was always someone available in the office to give advice and support. However, some staff were concerned that the changes the new management were making, would be changed again when the permanent manager took up post. The manager told us this would not happen as the changes they had implemented were in line with the provider’s policies and procedures.

We saw there was a process in place to audit records to make sure people received the care outlined in their care plans. This included audits on medication records and care records.

There were systems in place to monitor the quality of the service. This included regular care reviews with people; observations of staff practice, staff and tenants meetings and people were sent satisfaction questionnaires.

Records showed staff recorded when an accident or incident occurred. Incident records were reviewed to identify patterns or trends, for example when people had fallen. We saw that appropriate action had been taken to learn from incidents to avoid further reoccurrence.

The service had regular checks carried out by the organisation to make sure they were working to their policies and procedures. Coventry contracts department also carried out quarterly visits to monitor the care and support provided. We saw plans had been put into place to meet any recommendations from these checks. The contracts officer from the local authority had visited the service recently and had no concerns about the care provided.