Ourris Residential Homes Limited

Anastasia Lodge Care Home

Inspection report

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Date of inspection visit:
05 April 2016

Date of publication:
04 May 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This focused inspection took place on the evening of 5 April 2016 and was unannounced. We undertook this inspection because we had received some concerns about staffing levels, especially during the evenings, and the management of complaints and concerns. This report only covers our findings in relation to staffing levels within the home within the safe section and the management of complaints and concerns under the responsive and well-led section. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Anastasia Lodge on our website at www.cqc.org.uk

Anastasia Lodge Care Home provides residential accommodation for up to 29 people, the majority of whom originally come from Greece. On the day of our inspection 28 people were using the service. The home covers three floors. There are two lounges and one dining room situated on the ground floor and 27 bedrooms over all three floors. There is a lift for access to the first and second floor.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were happy with the care that their relatives received. However, out of the ten relatives that we spoke with, five of them made a comment about there being fewer staff in the evenings compared to the day. They also stated that care workers were rushed and did not spend the appropriate required time with their relative.

One staff member also told us that possibly an additional one staff member in the evening until 8pm would be beneficial. However, they also said that if the shift was organised appropriately the work could be completed with the current level of staffing.

The service completed level of needs assessments for each person living at the service. These were regularly reviewed and updated. However, the service did not carry out a collective review of those assessments to assist with determining staffing levels within the home.

Most relatives felt confident to highlight any issues and concerns with the registered manager and senior management. However, one relative told us they felt some apprehension about reporting concerns out of fear of negative repercussions in relation to the person potentially being issued notice to leave because they had complained.

The provider held six-monthly resident and relatives meetings. The last one was held in March 2016 and certain relatives had been quite vocal at the meeting regarding certain issues relating to the care of their relative. Relatives commented that the meeting did become quite volatile and that the provider and senior managers did not deal with the situation in a professional manner.

We have made two recommendations in relation to staffing levels and how the provider and senior managers respond to complaints in a professional manner. At the last inspection the service was rated as 'good', however, as a result of this focused inspection the overall rating for this service is now as 'requires improvement'.

We will undertake another unannounced inspection to check on all other outstanding breaches of regulations identified for this service.

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

During this focused inspection we found that the service was not always safe.

Relatives and one staff member felt that there was a shortage of staff especially during the evenings.

The service completed level of needs assessments for people using the service but had not carried out a combined review to determine overall staffing levels.

Is the service responsive?

Good

The service was responsive.

Relatives felt confident in raising complaints and concerns and felt that the management team would deal with their concerns appropriately.

Is the service well-led?

Requires Improvement

During this focused inspection we found that the service was not always well-led.

During the resident and relatives meeting held in March 2016, the provider and senior management did not deal with a volatile situation in a professional manner.

Anastasia Lodge Care Home

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.

We undertook an unannounced focused inspection of Anastasia Lodge on the evening of 5 April 2016. The inspection was carried out by a single inspector at approximately 5.25pm.

The inspection was carried out due to recent concerns that had been brought to the attention of the Commission regarding low staffing levels in the evenings and the management of complaints and concerns.

On the day of the inspection we spoke with three people who used the service, four relatives, the registered manager, the operations director and the operations manager. Two days after the inspection we also spoke with an additional six relatives and two staff members. We looked at three people's support plans including level of needs assessments and risk assessments, staffing rotas, complaints log and resident and relatives meeting minutes.

Requires Improvement

Is the service safe?

Our findings

This focused inspection was carried out in response to concerns that the Commission had received in relation to poor staffing levels at the home especially in the evening.

We visited the service in the evening and found that the atmosphere was calm and relaxed. Rotas showed that there were four staff members between 5pm and 6pm and three staff members on duty from 6pm to 10pm. One staff member from 5pm to 10pm was a senior care worker who was responsible for medicine administration as well as ensuring people who were in the lounges were safe and not left unattended. The other three staff members were care workers who were responsible for supporting people with their meals between 5pm and 6pm. After 6pm two care workers would remain to support people with their personal care and retiring to bed. The additional third staff member between 5pm and 6pm would assist the team with the mealtime and any other tasks that needed to be completed so that after 6pm the remaining staff member could concentrate on people's care and support needs.

When we arrived at the service, staff members from the day shift were still visible including the activity worker. We asked to look at the staff signing in and out book to confirm that the staff who had signed in or out corresponded with the rota. We were unable to confirm this as we found that staff members were not consistently completing the signing in book. We highlighted this to the registered manager and operations director who told us that they would address this issue and ensure staff members did sign in and out of the attendance book.

We spoke with the registered manager and operations director about the concerns that had been raised about low staffing levels especially in the evenings. Concerns had been raised at the last relatives meeting in 2015. As a result of people's and relatives concerns the registered manager and deputy manager reorganised the shift so that the senior care assistant remained downstairs to ensure people who were in the lounges were safe and not left unattended. This seemed to work and relatives expressed that they were pleased with the changes that had been made.

In February 2016, the registered manager and deputy manager observed that the 5pm to 10pm shift required adjusting. The registered manager carried out a trial for one week where an additional staff member was added to the shift. The registered manager observed the shift for the week and found that four staff members on duty were useful between 5pm and 6pm but not for the remainder of the shift. The shift was therefore changed in February 2016 to be four staff members from 5pm to 6pm and three staff members from 6pm to 10pm. The registered manager and operations manager continued to monitor the 5pm to 10pm shift and were satisfied with the increased staffing level. However, at the most recent resident and relatives meeting in March 2016 concerns were raised that people's needs were not being met. Relatives highlighted that people were being rushed and not supported appropriately as there was not enough staff available in the evenings. The registered manager requested that the relatives allow the new increase in staffing to be embedded. The registered manager and operations manager continued to observe the shift and carry out spot check visits and have not found staffing levels to be of concern, however these checks had not been recorded. The registered manager and operations manager have agreed to record their spot

checks going forward.

We spoke with relatives visiting people on the day of the inspection as well as over the telephone two days after the inspection. Relatives told us that they were very happy with the care that their relatives were receiving. One relative told us, "Quite happy with the care" and "we are really pleased with the care." However, when asked specifically about staffing levels in the evening relatives told us, "carers are a little bit rushed in the evenings" and "they are good carers but there are time constraints and carers are rushing." Other relatives told us, "Carers strike me as being quite busy, but whatever we have asked for and talked about has always been done" and "some days are good and some days are bad, it is a bit hit and miss."

One staff member told us, "It can be busy but if the shift is organised properly it can be done. We could do with the fourth staff member finishing at 8pm instead of 6pm."

We spoke with the registered manager and the operations director about how they determined staffing levels. Both told us these were determined through observation and by assessing people's needs. Although level of needs assessments were completed for people and reviewed on a monthly basis, the provider had not completed any type of evaluation or combined review of people's level of need assessments to determine staffing levels within the home.

We recommend that the service seeks reputable advice and guidance in order to complete an evaluation and combined review of people's level of needs in order to determine appropriate staffing levels.

Good

Is the service responsive?

Our findings

Most relatives told us that they felt comfortable raising any concerns or complaints that they had relating to their relative's care with the managers at the service. Comments made included, "Sometimes I do complain. I can't say everything is okay. They have ups and downs but they do deal with my complaint" and "I always go straight to the registered manager if I have any complaints." Another relative told us, "If I have a complaint I ring up and talk to the manager. I am not worried or apprehensive about complaining." However, one relative told us they felt some apprehension about reporting concerns out of fear of negative repercussions in relation to the person potentially being issued notice to leave because they had complained.

We looked at the complaints folder and noted that complaints had been recorded with details of the actions that were taken as a result of the complaint. However, there were no recorded complaints about short staffing recorded. We spoke with the registered manager and operations director about these recent complaints in relation to short staffing in the evenings. The operations director told us that no individual person or relative had made any complaints to them directly and the complaints that had been raised were part of the residents and relatives meetings.

The operations director and registered manager told us that they were approachable and that if anyone had a complaint they would ensure that these were dealt with promptly and professionally.

Requires Improvement

Is the service well-led?

Our findings

The provider held six monthly resident and relatives meetings. The last one was held in March 2016 and some relatives had been quite vocal at the meeting regarding certain issues relating to the care of their relative. Relatives that we spoke with who had attended the meeting told us that relatives present at the meeting were asking questions pertaining to the care of their loved ones and that they felt their concerns were not satisfactorily addressed.

We spoke with relatives who attended this meeting and the majority of people we spoke with gave us very similar accounts of events that took place at the meeting. Relatives told us, "The managers should have been more professional" and "The meeting was not handled very well." Other comments included, "Senior staff have to be more professional" and "The meeting was quite volatile and quite embarrassing. It became a slanging match between the home and the relative which was quite unprofessional."

We spoke with the operations director about this meeting and if there was any learning that they could take away from the series of events. The operations director agreed that learning was required on the part of the directors and senior managers. The provider has also, as a result, changed the way they run any future meetings to ensure that a repetition of events does not take place. This included set timings for comments, questions and answers after each topic discussed. In addition an allocated time would be set at the end of the meeting for people and relatives to approach the director and senior managers privately to discuss personal concerns and issues.

We recommend that the service seek support and training, from a reputable source, for the directors and management team about dealing with complaints and difficult situations.