

Serenity One LTD

Dr Anderson Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Dr Anderson Lodge provides nursing and personal care to people with a range of support needs, including dementia, physical disabilities and sensory impairment. It accommodates up to 60 people and 32 people were using the service at the time of the inspection.

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

People were supported by staff to stay safe. Risks to people's safety had been assessed and actions taken to reduce any known or potential risks that could harm them. People received their medicines as prescribed. A small number of medicine records were incorrect, and the medicine audit had not identified this. We found no evidence that people had been harmed. The registered manager immediately investigated how this had happened and acted to prevent a reoccurrence of this. Systems to ensure people were protected from risk of abuse were effective. The registered manager and staff understood their individual and collective safeguarding responsibilities. Staffing levels were safe and recent recruitment had been successful.

People and relatives were happy with the care and told us the staff were "very kind," "caring" and "compassionate." Relatives said their loved ones had improved in various ways, weight gain, grooming, and demeanour, since living in the home. They said, "When I see [name] and observe the amount of care staff give, I have no concerns at all about their safety," and "I am happy with their care. [Name] is safe, warm and eating again. No one could look after them any better."

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.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements. We were assured the provider was adhering to infection control practices. Infection prevention and control measures were in place and staff understood how to prevent the spread of infection. Staff wore personal protective equipment as required by the current guidance.

The registered manager had effective governance systems in place to maintain and improve the quality and safety of the service. Due to a change to an electronic system of recording medicines, the medicine audit had not picked up a difference in the way staff were recording medicine that was refused. The registered manager took immediate action to rectify this. Analysis of accidents and incidents included all accidents that had happened and identified any patterns or trends to help mitigate risk and prevent reoccurrence. People were provided with a good quality service, which was regularly assessed and closely monitored. Any shortfalls identified were addressed without delay. The management teams oversight at the home had

greatly improved.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The last rating for this service was requires improvement (published 24 November 2020). The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Dr Anderson Lodge

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector and one 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

Dr Anderson Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 received about the service since the last inspection, and reviewed feedback from the local authority and professionals 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

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, deputy manager, a nurse, care workers and ancillary staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely; Learning lessons when things go wrong

- In the main people's medicines were safely managed.
- A new electronic recording system for medicines was in place. When we checked multiple medicine records, we found two where the amounts recorded did not tally with the number found. During the inspection the registered manager investigated this. They found this was an error in the way some staff had electronically recorded when a person had refused their medicine. Following the inspection, this was resolved by the registered manager meeting with staff and speaking to the provider of the electronic system.
- People spoken with assured us they were given their medicines at the required times. Relatives also confirmed this. A relative told us, "[Name] initially refused to take medicines. In this home staff have managed to get her to accept a pain patch and have got her up to date with her jabs."
- Staff responsible for administration of medicines had received training in medicines and had their individual medicines competency checked.

Systems and processes to safeguard people from the risk of abuse

- Systems to ensure people were protected from a risk of abuse were consistent and effective.
- People and relatives told us they felt safe and raised no concerns.
- The registered manager and staff were aware of their responsibility to raise safeguarding concerns and liaise with the local authority and CQC.

Assessing risk, safety monitoring and management

- Risks to the health, safety and well-being of people were assessed and appropriately monitored within the home.
- Where risks had been identified, action was taken to reduce the risk of harm to people. For example, one person had difficulties swallowing, staff had contacted the Speech and Language Therapy team and a specialised diet was being provided. The cook had been given guidance and advice about the diet and care staff were monitoring the persons weight to ensure this was maintained within a healthy range.
- Systems were in place to ensure such things as risk assessments and care plans were reviewed and kept up to date regularly and when peoples need changed.

Staffing and recruitment

- There were enough staff to provide care and support safely.
- Records confirmed assessed staffing levels were maintained. We observed that, although staff were busy throughout the inspection they responded quickly to people's needs.
- Relatives told us, "Staff answer the door within a minute and answer the phone quickly. They are busy but

available. [Name] has a security mat as they wander and staff are responsive to that," and "Staff are quick to respond if [name] needs the toilet or wants to go back to her room. They all know her and it's the same staff working with her. She doesn't know their names but knows their faces."

- Safe recruitment practices had been followed. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

- We found the service had effective measures in place to make sure this requirement was being met.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- In the main systems for audit, quality assurance and improving practice were effective.
- The registered manager and senior staff carried out regular and thorough audits of all areas of the service. However, the errors found in the records of two medicines had not been identified during the medicine audit. Following the inspection, the registered manager reviewed how this had happened and took immediate actions to prevent this from happening again.
- There was a clear management structure in place, consisting of the registered and deputy manager, nurses, senior care workers and care workers. Staff were clear about their roles and responsibilities and led by example.
- The management team were involved in the day to day running of the service and had the much-needed oversight. The registered manager completed a daily walk around to keep in touch with people and check for compliance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received care from a consistent staff team who knew them well, understood their individual needs and were responsive to changes.
- Relatives told us the service was well managed. They knew the registered manager whom they described as "approachable" and "caring."
- When asked about the atmosphere in the home relatives told us, "It's very professional, there's lots of laughter and the conversations between staff and people are very kind, caring and compassionate. I have not seen any disrespect to people at all. It's like one big family, there are no raised voices, I have never heard anyone shouting. It's totally chilled out and I have been impressed with it from day one," and "It's really caring, everybody seems happy and are always smiling. They get on with one another, and I've never seen a miserable face in the place. they all talk to me even if I have not met them, it's welcoming."

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

- The registered manager was clear what was expected of them in their role and had worked very hard to meet the requirements from previous inspections. This was reflected in the ongoing improvements being made to support safe care and practices.
- A relative told us, "The manager has been very open, and told me if I need to know anything or want to talk

it's not a problem at all. When I phone, I get to speak to the person who is looking after my relative and I never feel I am being fobbed off."

- Professionals gave positive feedback on the service reporting that they had seen positive changes to areas such as IPC, medication and the environment.

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

- The provider had a system in place which gave everyone involved in the service an opportunity to give feedback.
- Quality assurance questionnaires were sent to people, staff, relatives and healthcare professionals every year. From this a report was written showing what actions would be taken in response to people's comments and views.
- Regular staff and resident meetings had taken place. The actions in the minutes showed people had been listened to.

Working in partnership with others

- The service worked with organisations including local authorities that commissioned the service and other health and social care professionals to ensure people received the care, treatment and support they needed.
- The management team welcomed our inspection and feedback. They showed their commitment to continually making improvements and keeping people at the heart of these.