

Serenity One LTD

Dr Anderson Lodge

Inspection report

East Lane
Stainforth
Doncaster
South Yorkshire
DN7 5DY

Tel: 01302350003

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29 July 2020

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

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 were using the service at the time of the inspection.

People's experience of using this service:

People gave us positive feedback about the home. One person's relative described the service as "fabulous" and another said they could see improvements had been made since the last inspection in December 2019. Another person's relative said they had always found the staff to be: "brilliant, caring and accommodating."

People were supported by staff who were deployed in sufficient numbers to meet their needs. Staff were aware of how to safeguard people from abuse and had good knowledge on how to recognise and respond to concerns. A relative we spoke with confirmed they felt their relative was safe at the home.

The home environment had much improved since the last inspection, with some improvements still to be made. The registered manager assured us these improvements were ongoing, and acknowledged some delays had been caused by the pandemic and the resultant restrictions on who could enter the home safely.

Medicines were managed in a way that had improved since the home was last inspected, and audits ensured managers had a good oversight of this. We found some minor shortfalls in the medicines we looked at, but the deputy manager assured us these would be addressed immediately.

The registered manager told us they had worked hard over the preceding eight months to address the breaches and shortfalls identified at the last inspection. They produced a comprehensive action plan, although we noted it did not cover all the areas CQC had requested. We saw evidence of many improvements, although we noted some areas, including how the provider obtains people's consent, or how it proceeds when people lack the capacity to consent, required considerable further improvement.

Rating at last inspection:

The last rating for this service was inadequate (published January 2020)

Why we inspected:

This was a planned focussed inspection based on the rating at the last inspection. As this was a focussed inspection, we reviewed the key questions of safe and well led only.

Ratings from previous comprehensive inspections for those key questions were used in calculating the

overall rating at this inspection.

The overall rating for the service has not changed.

Follow up:

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

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within six months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures

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

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

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 Care Act 2014.

Inspection team

The inspection was carried out by three inspectors. Two inspectors undertook a site visit, and a third inspector carried out telephone interviews of staff and people's relatives.

Service and service type

Dr Anderson 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 registered manager. 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

We gave the provider 48 hours' notice of the inspection. This was due to the Covid-19 pandemic to ensure we had prior information to promote safety. Inspection activity began on 27 July 2020 and finished on 31 July 2020. A visit of the home took place on 29 July 2020.

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 did not ask the provider

to complete a Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with seven relatives of people using the service about their experience of the care provided. We spoke with eight members of staff including the registered manager and the deputy manager. We carried out an inspection of the premises, and observed lunch and activities taking place. We reviewed a wide variety of records relating to the management of the service, including audits, policies and procedures, as well as six people's care records.

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 inadequate. At this inspection this key question has improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found the provider did not act appropriately when suspected abuse was identified. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The registered manager had introduced a system of monitoring incidents to identify any risks of abuse and ensure steps were taken to minimise risks
- People's relatives told us they were confident any suspected abuse would be appropriately dealt with, and told us they felt their relatives were safe at Dr Anderson Lodge.
- The provider had predominantly taken the correct action when incidents of suspected abuse occurred, although we noted one occasion where they had failed to notify CQC. We discussed this with the registered manager after the inspection. As they had notified the local authority on this occasion and misunderstood the requirement to notify CQC, we took no further action.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

At our last inspection we found the provider did not robustly assess, monitor or manage the health, safety and welfare of people using the service. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The registered manager had implemented a new system to identify and monitor risks to people's wellbeing. This had been in operation for a few months and appeared to be more effective than the previous system.
- Where risks were identified, the provider implemented actions to minimise risks and make improvements to safety; for example, by making appropriate referrals to external healthcare professionals.
- When action plans were put in place to respond to and reduce risks, the registered manager monitored this closely to ensure they were adhered to.

Staffing and recruitment

At our last inspection we found the provider did not ensure there were sufficient staff to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- We found the provider deployed enough staff to ensure people's needs were met.
- People's relatives and staff confirmed people's needs were met and they had no concerns about any

staffing shortfalls. Staff told us they believed staffing numbers were safe and effective.

- Staff were always present in communal areas, and whenever someone asked for assistance staff were on hand.
- Staff were deployed in the provider's planned numbers, in accordance with people's identified needs.

Using medicines safely

At our last inspection we found the provider did not ensure that medicines were effectively and safely managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There were secure storage systems in place to support people in managing their medicines.
- Medicines, and records of medicines, were audited frequently to ensure any shortfalls were identified, although we identified some areas that had not been identified by the audits. For example, there was a stock discrepancy in one person's medicines, and two people's medication records did not indicate they were receiving their topical medication at the required frequency.
- Where people required medication on an "as required" basis, often referred to as PRN, there were protocols in place to guide staff when these medicines should be used.

Preventing and controlling infection

At our last inspection we found the provider did not effectively protect people from the risk of infection. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had overhauled its approach to infection prevention and control since the last inspection. New audits had been implemented, and the registered manager had a good oversight of these. The provider had worked closely with the local authority in addressing this area.
- Staff told us they had the correct personal protective equipment (PPE) to carry out their jobs safely.
- Staff were using appropriate PPE.
- Improvements had been made to the premises, although further improvements were planned. The registered manager shared their action plan with us, showing that these areas, such as improving bathroom areas to ensure they could be effectively cleaned, were part of the ongoing action plan.
- Staff told us they had received training in infection control, and said they felt confident in their understanding of the requirements placed upon them.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found there had been a significant deterioration in the quality of care since this provider had taken over the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17, although further improvements are required.

- Following the last inspection, the provider implemented an action plan which they told us would address the shortfalls in the service. However, we found this did not fully address all areas.
- The action plan stated that all action had been completed for the service to be compliant with regulations in relation to consent and capacity. However, considerable work was required by the provider in this area. We discussed the steps required with the registered manager after the inspection.
- One incident of suspected abuse had not been notified to CQC. The registered manager told us they hadn't understood this was notifiable, indicating they did not fully understand regulatory requirements.
- Staff told us they were much clearer about their roles since the last inspection. They told us they thought the service was better run and felt supported by managers.

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

- People's feedback was regularly sought, and it was incorporated into the way the service was run.
- There was a system of meetings for people using the service, which encouraged people to make decisions about day to day life in the home.
- Staff we spoke with told us they felt they could make suggestions and felt listened to.

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

- The registered manager had a good understanding of delivering person centred care.
- Records showed care delivered was provided in a person centred way. Staff we observed demonstrated this.
- Relatives told us the staff team and the registered manager were approachable and professional.

- The registered manager described how they were regularly in contact with people's relatives to share information about the service and obtain their feedback. Relatives we spoke with confirmed this.
- Complaints responses did not direct complainants to any next steps should their complaints be unresolved, which did not support a good quality complaints process.

Continuous learning and improving care

- Following the last inspection, the registered manager and provider committed to making improvements and learning from the findings of the inspection. One person's relative told us: "Since the last inspection they have been excellent and have done everything possible to make improvements."
- The action plan devised following the last inspection covered many areas of care provision, and was used as a model to improve care and develop the service. For example, the action plan covered the steps required to improve the mealtime experience in the home, and we found the lunch we observed was much improved from the last inspection.
- Staff we spoke with praised the learning opportunities now available to them. They told us they were confident in their roles and said they believed this contributed to good quality care.

Working in partnership with others

- The service worked in partnership with other organisations to make sure they met people's needs. This included healthcare professionals and advocacy services. We found this had improved since the last inspection, which meant people's care needs were met in a safer and more person-centred way.