

## ADASS EAST Accommodation Services (OP) v23.2 for Annandale Lodge



### Overall Rating



## Involvement and Information

### Respecting and Involving People Accessing the Service

### Standard Rating

Good



**A01** The care plan should be individually tailored, person centred, include appropriate information on the individual's preferences and views and clearly evidence that they were involved in the decisions about how their care and support is to be delivered This is confirmed via the pre-admission, daily records & across care plans.

**Excellent**  
★★★★★

### What We Found

- Three service user care plans were reviewed during the assessment visit . Electronic care plans were in place for all service users via the providers Person Centred Software system (PCS) .
- Plans were signed by the service user or by their nominated representative.
- Plans were comprehensive and person centred being written in the first person. Plans included service users individual likes and dislikes, hobbies and interests.
- Pre admissions assessments were in place and key health and support needs had been transferred over to service user care plans.
- Care plans are reviewed monthly with no gaps in monthly reviews.
- Care plans contained clear details of care tasks service users are able to do for themselves, along with specific details of how service users like to spend their own time. One service users care plan stated they enjoy reading on their I -Pad and particularly like crime investigations.
- Daily records are electronic using the providers PCS system. Daily records evidenced on going monitoring checks being carried out such as service users requiring regular re positioning.

**A02** There is evidence that people have been given information in appropriate formats (meeting the accessible information standards) to enable them to make informed decisions about their care and support (e.g. signed information on admission forms).

**Good**  
★★★★★

### What We Found

- The manager provided a copy of their Service Users Guide which was available in easy read formats with pictures and symbols added with reduced text.
- Pictorial menu sheets were seen to support service users with choosing their daily food choices and meals.
- Clear evidence was recorded on daily care notes of regular visits and involvement with families and friends of service users visiting the home supporting service users with their decision making.

**B01** Through observation of staff interaction and discussion with people there is evidence that people are not discriminated against, are treated as an individual and their diversity is respected and their privacy, dignity and independence is maintained and upheld at all times. People are treated with kindness, compassion and empathy. Care workers are seen to support people's choices and preferences in regards the way their care and support is delivered.

**Excellent**  
★★★★★

### What We Found

- My assessment visit was conducted over two days and during this time i spoke to six service users who all confirmed they were very happy living at Annandale Lodge and none could think of anything they would improve.
- All six service users and one service users relative shared how they felt the staff were all very supportive and helpful . A number of service users stated they couldn't fault the staff or the service provided saying it was like "home from home".
- Service users confirmed all staff were very caring and understanding and were kind and patient not rushing them.
- Observations made reflected what service users had said , with staff seen offering choices to service users and making sure call bells were answered promptly along with regular checks and discussions with service users who were classed as bedbound and residing in their bedroom.
- Staff were observed offering regular drinks to service users in the bedrooms and knocking on doors before entering to check individual service users were being cared for appropriately . Staff were overheard asking service users if they were ok and checking if they needed anything. Staff were heard talking to service users respectfully and were calm in their approach and manor and were actively seen engaging with service users.

**B02** Through observation of staff interaction and discussion with people there is evidence that Individual's are always placed at the centre of their care and provided with appropriate and adequate information to enable them to make informed decisions about the care and support they receive.

**Excellent**  
★★★★★

### What We Found

- Service users spoken to were able to confirm they were aware they had a care plan and they are involved in monthly reviews which staff talk to them about. One service user shared "if my health changes staff will update my care plan". Service users spoken to told me when they first moved into the home they were introduced to staff and made aware of key information like main meal times and how to use their call bell.

**B03** People confirm that they are encouraged to provide feedback about how the service might be improved and confirm that that they are listened to and their feedback is acted upon.

**Good**  
★★★★☆

### What We Found

- Four service users recorded on their Bedford Borough surveys that they are involved in providing feedback about the running of the home and the service they receive via the providers own satisfaction surveys which they are given. With one service user recording they couldn't remember being asked about the quality of care they receive.
- All six service users spoken to confirmed they did feel staff listen to them .

**B04** People spoken with (where appropriate) confirm that they are supported to maintain relationships with family, friends and the community in which they live and are supported to play an active role in their local community as far as they are able and wish to do.

**Good**  
★★★★☆

### What We Found

- All six service users spoken to all confirmed they are supported and encouraged to keep in contact with their family/friends should they wish to do so.
- Service users shared they do have visits from family which varied in frequency depending on locality of family members.
- One service user spoken to confirmed their wife visits everyday as she lives locally to the home.
- All six service users commented they can choose if they wish to mix more with other service users and attend in house daily activities .

**B05** People spoken with confirm that they are supported to enjoy a variety of activities and social opportunities and these are based on their preferences and strengths and form part of everyday life.

**Good**  
★★★★★

### What We Found

- Service users spoken to confirmed they will attend daily activities provided by the home if they wish to do so. A number of service users shared they like to spend time in their own bedroom choosing how they wish to spend their time. Two service users spoken to have their own mobile telephone they can use to call their family when they wish to do so.
- Another service relies on staff to let them know each day of activities planned for the day, they then choose whether or not they wish to attend.

**C01** Staff are able to explain how they ensure people are treated with dignity and respect.

**Good**  
★★★★★

### What We Found

- From Bedford Borough staff surveys completed staff were able to provide the following examples of how they treat service users with dignity and respect.
- Offering choices, being person centred ,listening to service users, encouraging service user to make their own choices ,making time to talk, knocking before entering bedrooms, respecting privacy and dignity with personal care tasks

## Involvement and Information

**Standard Rating**

### Consent

**Good**  
★★★★★

**A03** Care plans evidence that appropriate capacity assessments have been carried out and reviewed regularly, best interest decision making documented and that any advanced decisions are both recorded and followed in line with the MCA and that any restrictions are taken into account in line with DoLS when providing care and support. Care plans contain the date of the expiry of any authorised DoLS (and any conditions). POA is clearly documented and evidenced across the care plan where relevant.

**Good**  
★★★★★

### What We Found

- One service users care plan reviewed confirmed they had been assessed as lacking capacity and MCA and Best Interest assessments were on file along with a copy of the service users DoLS authorisation forms 3 and 5.
- MCA assessments were decision specific and Best Interest assessments contained evidence of the service users family involvement . MCA / Best interest assessments also contained review dates and the service users DoLS authorisation had been granted until 31/03/24.

**B06** Through observation there is evidence that staff understand when to obtain consent, when to take verbal or implied consent and how to document records of consent.

**Good**  
★★★★★

### What We Found

- Service users spoken to all confirmed staff gain their consent when carrying tasks such as personal care, and they don't feel rushed. This was observed at the time of the visit.

**C02** Staff are able to describe how they ensure that the principles of the MCA are put into practice in their daily work.

**Good**  
★★★★★

### What We Found

- Staff confirmed via their completed surveys that they support MCA principles in their daily work practice by offering service user choices , encouraging service users to make their own informed choices and decisions, examples included service users choosing their own meals and daily activities.

## Personalised Care and Support

Standard Rating

### Care and Welfare of People accessing the Service

Good



**A04** Care plans are signed by the person where appropriate to evidence their involvement in their care and support planning.

Good



#### What We Found

- Care plans reviewed were signed by the service user when they were able to do so. Care plans also evidenced monthly reviews taking place for each area of the care plan which was being recorded within the providers electronic PCS care plan recording system. Details of staff discussion held was documented each month under each separate heading of the care plan.

**A05** There is evidence that where a key worker system is in place that this is clearly recorded in the care plans and that the person has been given appropriate information about key working system.

Good



#### What We Found

- A Keyworker system was in operation and each service users allocated Keyworker was recorded within their Care Plan. Service users bedrooms also had details of their nominated nurse along with the name of their Keyworker.

**A06** There is evidence that people have been given information about how to make contact with the care provider.

Good



#### What We Found

- The provider has a Service User Guide document that provides comprehensive details of all services and staff support available for service users living at the home. The guide includes contact numbers should a service user wish to make a complaint, this included contact details for the local authority's Safeguarding team and CQC as well as the home manager.

**A07** The care assessment has been conducted in a way to reflect the person's strengths, abilities and interests to enable them to meet all of their needs and preferences. These are reflected in the written care plan(s) and include maintaining links with family, friends & the community as well as social engagement and/or preferred activities.

Good



#### What We Found

- Care plans reviewed all evidenced support tasks that individual service users were able to do for themselves to maintain their independence.
- Plans all detailed a section entitled Daily Life/Lifestyle which included outcomes / goals of "assist in maintaining all personal and social relationships with family and friends outside the home"?

**A08** There is evidence that the person's needs, together with any risks to their health and wellbeing, have been taken into account through the assessment process and that this is reflected in the planned delivery of care and support to ensure that the person remains safe, their needs are adequately met and their welfare is protected.

Excellent



#### What We Found

- Pre admissions assessments were on file for each service user reviewed with evidence of the providers own pre assessment to review all specific care and support needs .
- Care plans contained information from pre assessments to include key information such as pressure equipment required was in place, and effective daily monitoring of pressure relieving equipment such as air flow mattresses and repositioning recording daily. Care plans also contained evidence of involvement of more specialist services such as Tissue Viability Nurses (TVN's), Dieticians and Food First support.

**A09 Evidence that care and support plans are regularly reviewed and maintained to reflect the current needs of the individual, including reviews of risks and that these are effectively managed to keep the person safe.**

**Good**  
★★★★★

### What We Found

- Three care plans were reviewed and all contained evidence of consistent monthly reviews taking place. Individual risk assessments including MUST and Waterlow recording were also being reviewed as part of the providers monthly review process with evidence of service user involvement and discussion.

**A10 Evidence that daily records are maintained with up to date information to reflect the current needs of the individual.**

**Good**  
★★★★★

### What We Found

- Three service users daily care notes were reviewed which were recorded within the providers electronic PCS system. Care notes contained evidence of daily choices being offered including personal care tasks, meals, activities', and how the service user prefers to spend their time.
- Daily care notes also contained specific medical details such as visits from medical professionals.
- Daily care notes contained evidence of specific service user support needs being maintained with repositioning charts and food and fluids recorded. Medication administration and room checks to those who are bed bound were also documented .

**A11 Evidence that the care planning and support is designed to maximise the person's independence and quality of life and that people are supported in setting goals to maximise their independence and improve their quality of life wherever possible.**

**Good**  
★★★★★

### What We Found

- Outcomes and goals were recorded within each care plan reviewed , these were reflective of service users individual level of ability and tended to be based on maintaining skills such as being encouraged to mix with other service users and take part in activities and maintain social inclusion.
- Examples of goals recorded included to have a good nights sleep in a safe environment which detailed night checks, call bells within service users reach , along with person centred night time routines such as a service user choosing to have their bedroom door open and a side light left on.

**B07 People spoken with confirm that they are involved in their assessment and care & support planning, they are supported in setting goals to maximise their independence that meets their needs and preferences and this is reflected in a written care plan that is regularly reviewed with their (and their carers) involvement.**

**Good**  
★★★★★

### What We Found

- Two service users spoken to confirmed they are involved in their care planning . All five service users who completed a Bedford Borough survey stated they have been involved in writing and agreeing their care plan.

**B08 If a key worker system is in place then people accessing the service are aware of who their named care worker is.**

**Good**  
★★★★★

### What We Found

- A keyworker system is in place with three service users confirming within their BBC survey that they are aware they have a Keyworker with one other service users survey being left blank and another service user recording "No" they didn't know if they have a Keyworker.
- A Keyworker and allocated nurse information poster was on display in each service users bedroom which was observed from meeting service users in their bedrooms during the assessment visits.
- One service user had recorded within their survey the name of their allocated Keyworker.

**B09** Observation of care staff interaction and care delivery demonstrates that the person accessing the service remains safe; their needs are adequately met; and their welfare is protected and that delivery of care is effective, enabling and maximises the person's independence and quality of life.

**Good**  
★★★★★

### What We Found

- From meeting with six service users located within their bedrooms , observations confirmed call bells were within reach of each service user. Bed rails were observed being up with bumpers on as specified within the service users care plan as the service user was resting in bed at the time.
- Staff were observed regularly checking on service users remaining in their rooms and making sure food and fluids were being maintained and checking the service user had everything they needed .

**C03** Staff understand and can explain the role of the keyworker if used in the service.

**Good**  
★★★★★

### What We Found

- Staff confirmed within their surveys that the home does operate a Keyworker system and staff gave examples of Keyworker roles and responsibilities by recording ."each resident has a Keyworker and the Keyworker is responsible for spending 1-1 time with the resident and will keep in touch with the relatives .Another staff member commented "spending time with the resident getting to know them and their likes and dislikes" and "supporting with hospital appointments".

## Personalised Care and Support

**Standard Rating**

### Meeting Nutritional Needs

**Good**  
★★★★★

**A12** Care plans clearly and accurately document any dietary restrictions, choices, allergies as well as likes and dislikes.

**Excellent**  
★★★★★

### What We Found

- Care plans reviewed all have a main section entitled Nutrition / Hydration which contained specific details of any dietary needs such as the need for a fortified diet to have extra calories to boost low weight.
- One service users care plan contained details of a recent review taking place in December 2023 which recorded the service user is now down to having one Fortisp drink a day to provide additional vitamin intake to support with the recovery of a pressure sore .The same service users plan added the need to have their meals cut into small pieces to avoid the risk of choking and sitting up right in a chair when eating which was observed during one lunch time.
- Care plans also contained person centred details around specific food likes and dislikes and other details such as "I like to have salt and pepper available to add to my meals to enhance the flavour.

**A13** Care plans include appropriate details of nutritional assessment information and the use of a 'MUST' if indicated and required.

**Good**  
★★★★★

### What We Found

- From the three service user care plans reviewed all contained details of MUST and specific support guidance from Food First and dieticians involved.
- MUST plans contained risk scores indicating how often service users required weighing to monitor any weight gain or loss.

**A14** If required as part of the service to the individual the care and support plans should evidence details of support to access any specialist services that are required as well as a clear record of any guidance.

**Good**  
★★★★★

### What We Found

- One service users Care Plan under nutrition/hydration stated they were of low weight and required a fortified diet and being closely monitored with weekly weights being recorded.

- The care plan detailed actions staff should take should the service user continue to lose weight.
- The care plan confirmed the service user had been referred to the dietician at the end of December 2023 and detailed the home were now chasing up the referral. Food First referral letters were seen within the service users paper file, there was also evidence of food and fluids being recorded over set time periods as recommended by healthcare professionals involved.

**B10 People accessing the service confirm that they are provided with information about food choices, supported to eat a healthy and balanced diet and are offered a choice of food and portion size that meets their preferences.**

**Good**  
★★★★★

### What We Found

- Five service users who completed a Bedford Borough survey all confirmed meals provided are satisfactory and meal choices are offered. From observations over one lunch time a number of service users were eating their meals independently and were encouraged by staff in attendance to retain their independence skills by helping themselves to drinks and cutting up their own food if they were able to do so.
- Meals seen being offered to service users looked nutritious with a choice of vegetables and were prepared to specific individual needs . Two main lunch choices of fish pie or cottage pie were offered which service users had chosen earlier in the morning via the daily menu. Two service users spoken both confirmed they were enjoying their lunch and happy with choices available.

**B11 Staff are observed to offer choice and advice as appropriate and understand individual preferences and support these.**

**Good**  
★★★★★

### What We Found

- Menu choices were seasonal with a winter menu being offered at the time of my visit . Meal portion sizes were offered in line with service users personal choices.
- Staff support service users to make their meal choices each morning , one service user confirmed if they don't what is being offered or don't feel very hungry other alternative lighter meals are available such as a jacket potato, sandwich or soup.

**B12 Discussion with people accessing the service and observation in the service confirms that there is appropriate access to food and drink and that these are provided in environments that promote people's dignity and they have a choice about whether to eat alone or with company.**

**Good**  
★★★★★

### What We Found

- From observations carried it was evident staff were checking on service users residing in the bedrooms throughout their shift to make sure each service user had access to fluids and snacks. Drinks trolleys were observed with staff offering different drinks and snacks in between meals .
- From spending time talking to six service users in their rooms at the time it was apparent each had a good supply of drinks and snacks available and left within their reach.
- Additionally the nurse on shift who was carrying out lunch time medication round was also checking with each service user that they had enough drinks in their room and asking service users if they would a top up or any other drinks.
- All six service users spoken to confirmed they could eat their meals in their bedrooms or the dining room or where they wanted to eat adding it was their personal choice.

**B13 Observation of staff practice confirms appropriate behaviour in relation to food and hygiene.**

**Good**  
★★★★★

### What We Found

- Staff were observed accessing the kitchen wearing appropriate disposable aprons and gloves. Staff were also observed serving meals to service users in their bedrooms and the main dining rooms wearing gloves and aprons.
- Staff were observed disposing of their aprons and gloves in designated peddle bins after use and would then put of new aprons and gloves when re entering the kitchen or serving meals to service users.
- Staff were also seen washing their hands before starting any kitchen food preparation.

## Personalised Care and Support

Standard Rating

### Co-operating with other Providers

Excellent



**A15** Where the responsibility for the person's care and support is shared with other providers, the care and support plans should evidence this co-operation, or where a named person is transferred to one or more service(s) records should reflect this appropriately.

Excellent



#### What We Found

- One service users care plan confirmed details of a referral made in December 2023 to the Dementia Intensive Support service via the service users GP due to poor dietary intake , and behaviour support .
- The service users care plan contained comprehensive details of the service users emotional needs with evidence of monthly reviews taking place involving the service user ,GP and DISS team.

**B14** Where applicable there is evidence that staff support people to access other social care or health services as and if required.

Good



#### What We Found

- Details were seen within service user care plans reviewed of staff supporting service users with medical appointments and contacting relevant health professional's including service users GP to discuss medication reviews. Daily care logs contained details of service users being encouraged and supported to maintain visits and communication with family and friends .

## Safeguarding and Safety

Standard Rating

### Safeguarding People who use the Service from Abuse

Good



**A17** Assessments, together with and care/support plans effectively maintain people's safety and DoL's are only used when in the best interests of the person accessing the service.

Good



#### What We Found

- One service users care plan confirmed they had been assessed as lacking capacity and had a DoLs authorisation in place. Appropriate risk assessments and best interest assessments were in place and detailed family involvement as well as health care professionals . MCA and Best Interest assessments in place were being reviewed monthly in line with the the service users care plan.

**B21** People confirm that they feel safe and observations of care practice confirm this to be the case. Anybody spoken with that have been subject to a safeguarding are able to confirm that they were supported appropriately by the provider.

Good



#### What We Found

- All five service users who completed a Bedford Borough survey confirmed they felt safe living at Annandale Lodge and felt supported by care staff.
- Six service users spoken to also shared they felt safe and were happy with staff support provided.

**C04** Staff are able to explain how they would identify and prevent abuse and what they would do if they suspected that abuse had occurred, including their responsibilities under the Local Authority's safeguarding and whistleblowing policy (and procedures) and who to report concerns to, both within and outside of the organisation.

**Good**  
★★★★★

### What We Found

- Staff all confirmed within their surveys that if they suspected abuse they would report their concerns immediately to the nurse in charge or the home manager.
- Staff confirmed they could contact CQC or the Police and local Safeguarding Local Authority team to report their concerns outside of the organisation.

**C05** Staff confirm that they have received appropriate training about safeguarding adults from abuse, MCA & DoLS.

**Good**  
★★★★★

### What We Found

- Staff recorded within their staff surveys that they have received Safeguarding / Whistleblowing training which was recorded on the providers staff training matrix.

**E08** Appropriate safeguarding Information is on display in the Home.

**Good**  
★★★★★

### What We Found

- Safeguarding posters were located in the main entrance area of the home as well as the managers office and displayed the contact details for the Adult Local Authority Safeguarding Team .

**F12** Records evidence that safeguarding incidents are appropriately recorded and actions evidenced and improvements / changes are implemented where required.

**Good**  
★★★★★

### What We Found

- The manager provided their Safeguarding file for review which contained an overview summary sheet of each Safeguarding alert made.
- A total of 10 Safeguarding alerts were recorded with the most recent being dated 14/11/23 which had been recorded for a medication error with one service user not being given two separate prescribed medications. Details of follow actions taken confirmed the home had contacted the service users GP .
- Details of a 1-1 meeting held with the staff member concerned and a meeting held with the service users family as well as a serious event notification being made to CQC. An e mail was also on file from Bedford Brough Safeguarding team dated 14.12.23 to confirm no further action was required.

## Safeguarding and Safety

**Standard Rating**

### Cleanliness and Infection Control

**Good**  
★★★★★

**B15** Staff are observed to follow good practice in relation to cleanliness & infection control.

**Good**  
★★★★★

### What We Found

- Staff were observed washing their hands and wearing disposable gloves and aprons throughout each shift and disposing of their PPE equipment in the appropriate pedal bins.
- The home was clean and tidy and it was evident that effective cleaning was taking place. Communal toilets and bathrooms seen were all clean and tidy and were in good decoration.

**C06** Staff confirm they have received appropriate training in respect to infection control and are able to explain how to prevent infection. Care workers are able to explain how they ensure appropriate waste management.

**Good**  
★★★★★

### What We Found

- Staff confirmed within their surveys that they have received infection control training . Staff provided examples of how they reduced the spread of infection within the home by the wearing of PPE equipment such as gloves and aprons, good hand washing throughout each shift. Correct disposal of PPE equipment after each use and putting on new PPE equipment for each service user support.
- The use of aprons and wearing disposable gloves when entering the kitchen.
- Staff also detailed the correct colour coded mops and buckets allocated for different cleaning tasks.

**E01** Assessment of the environment confirms that the provider has effective arrangements in place to maintain appropriate standards of cleanliness and hygiene for the prevention, management and control of infection as identified in The Health & Social Care Act 2008 Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

**Good**  
★★★★★

### What We Found

- The manager provided their cleaning records which contained extensive daily recorded checks and cleaning being undertaken by housekeeping staff . Areas of the home were divided into communal areas, service users bedrooms which included monthly deep cleaning recording sheets for each bedroom.
- Additional walk around checks were completed and on file , daily cleaning records had been signed with no visible gaps in recording or signing by staff carrying out each cleaning task.
- The daily cleaning records reflected my observations of the home which was clean and tidy throughout.

**E02** There is sufficient information provided to people, staff and visitors about infection prevention and control matters.

**Good**  
★★★★★

### What We Found

- Effective hand hygiene posters were seen around the home with toilets having pictorial hand hygiene posters being displayed. Hand sanitiser was available in the main entrance area of the home.

## Safeguarding and Safety

**Standard Rating**

### Management of Medicines

**Good**  
★★★★★

**B16** Staff are observed to handle medicines safely, securely and appropriately.

**Good**  
★★★★★

### What We Found

- Only nurses on shift are designated to administer medications to service users. A duty nurse was observed during one lunch time supporting service users with their medication. The nurse showed me the main medication room for the home which contained an air conditioning unit to allow safe temperature storage of medications.
- The room contained two main medication trollies with one in use containing lunch time medication in the form of blister packs and the other trolley contained morning medication and evening medication that was swapped over between each trolley after each medication round.
- Controlled drug medications were stored within a separate cabinet and a controlled drug staff recording book was located on top of the CD cabinet.
- Homely Remedies were in place and were being stored within a separate cupboard with a Homely Remedies recording file which contained a HR Toolkit .
- A small fridge was in use to store all fridge line medications including eye drops and Insulin.
- Fridge temperatures were being recorded daily.

- The main door to the medication room contained a digi code and was kept shut when not in use, all medication cupboards and the fridge contained locks which were locked when not in use.
- Each service user had their own clearly labelled containers for their medications which included creams storage.
- The medication room was clean and tidy with worktop space available to carry out medication checks and recording.

#### B17 People accessing the service confirm that they are involved in decisions regarding their medication.

**Good**  
★★★★☆

##### What We Found

- Care plans reviewed contained on going actions within medication section which recorded each service user would be informed and updated of any medication changes to make service users aware of what they are taking and the reason for taking the particular medication.
- Service users all confirmed within their Bedford Borough surveys that staff supported them daily with their medication administration.
- One service user who had been assessed as lacking capacity and was subject to a DoLs authorisation was being supported by her Next Of Kin/GP and the home with their medications although no LPA was in place.

#### C07 Staff where responsible are able to explain the appropriate handling of medications, that they have undertaken the required training and competency skills in line with the mandatory training requirements and are aware and follow any local requirements under the contract.

**Good**  
★★★★☆

##### What We Found

- I met with the nurse in charge over a lunch time period who was responsible for administrating medications to service users. The nurse confirmed the manager carries out medication competencies to monitor medication procedures are being carried out correctly. The nurse on duty was able to demonstrate a clear understanding of medication management procedures which was also evident from medication administration observations carried out at the time.
- The nurse in charge was able to explain procedures for administration , ordering and safe storage of medication.

#### E03 Medicines are stored and administered safely including any homely remedies and covert medication.

**Excellent**  
★★★★★

##### What We Found

- All of the homes service users medication was stored in the main nurses office which was located on the first floor. The medication storage room contained an air conditioning unit with constant temperature set .
- Two medication trollies were located within the room with daily blister pack service user medication being stored.
- A fridge was in use to store all fridge line medications and daily fridge temperature checks were being recorded daily with no gaps in recording. The fridge was clean and only contained medications that required fridge storage such as Insulin & eye drops.
- Creams and bottled medications checked contained dates of when they had been opened along with staff signatures.
- All service users creams were stored within a separate cupboard and all service users had individual named storage tubs.
- Homely remedies were in place with a copy of the homely remedies toolkit and procedures dated April 2023.
- A Controlled drugs cabinet was in place with a CD recording book with evidence of highlighted weekly stock checks and all entries were double signed.
- One service user had a covert medication administration plan which had been signed by the GP on 21.03.23 and contained a next review date of March 2024. Their was also an MCA and Best Interest assessments in place with evidence of involvement from the service users family and medical professionals.

### What We Found

- Care plans reviewed contained details of medication reviews taking place along with monthly reviews of medication sections of the care plan.
- Monthly Medication Audits were in place and contained evidence of actions being followed up and completed.
- Daily CD medication checks /counts are being recorded along with weekly stock checks being highlighted in red pen.
- MAR sheets were reviewed for two service users for the month of January no gaps in recording were seen, MAR sheets contained a clear photograph of the service user taken within the last twelve months. MAR sheets also contained GP details and details of any known allergies.
- Hand written entries were double signed by staff on the MAR sheet
- MAR sheets were colour coded to highlight the times each medication was administered ie morning , afternoon, evening, bed.
- MAR sheet administration details for each medication were recorded and clear with dosage and frequency information.
- All boxed medications for service users had recorded daily running totals for accurate stock balance checks.
- PRN protocols were in place however not all protocols contained review dates , however details recorded were comprehensive.

A16 Care & support plans document that people accessing the service have been involved in all decisions regarding their medications (where they have capacity to do so). If medication is administered covertly this is evidenced by an assessment of capacity and best interest decision making and signed agreements from the GP and pharmacy provider.

Good  
★★★★★

### What We Found

- Three service user care plans were reviewed and all three confirmed evidence of monthly medication reviews. Two of the three service users have capacity and care plans recorded service users will be made aware of any medication changes. .One service user who lacked capacity had a DoLs authorisation in place which detailed support was required for medication management and daily staff administration.
- Care plans all contained details of how each service user likes to take their medication .
- Two service users spoken to shared staff make them aware of any changes to their medication and staff order their medication each month.

## Safeguarding and Safety

Standard Rating

### Safety and Suitability of Premises

Good  
★★★★★

E04 The premises are safe and ensure people accessing the service, staff and others are protected against the risks of unsafe or unsuitable premises.

Good  
★★★★★

### What We Found

- From my observations of the home environment , all corridors and fire exits were clear and not blocked. Service users bedrooms viewed were clean and tidy not over cluttered with furniture and no obvious trip hazards were evident.
- Staff were observed wearing uniforms name badges as clear identification.
- The main entrance door contained a digi code entry / exit keypad, and all visitors are required to sign in and out via the visitors book situated in the front entrance hall.
- My visitors ID badge was shown and checked by staff upon each visit made to the home.

**E05** The use of the premises ensures that people accessing the service with specific needs are taken into account, appropriate changes are made and that effective risk management is in place to reduce identified risks.

**Good**  
★★★★★

### What We Found

- It was apparent from observations undertaken during the assessment visit that the home is a designated nursing home with a range of specialist equipment in place for service users needs . Air flow mattresses were in place along with pressure settings in line with individual service users Waterlow assessments.
- Manuel hoists and bath hoists were in place and in use .
- The home has a lift which was in good repair enabling service users to access all floors of the home.
- The home had emergency lighting and clear "running man" fire exit signage throughout.

**E06** There are appropriate security arrangements in place to address the risk of unauthorised access to protect people who use the premises.

**Good**  
★★★★★

### What We Found

- The front entrance door has coded entry system and the home operate a visitors signing in / out recording book located in the main entrance hall.
- Staff answering the door also requested my ID badge was shown before being able to entre into the home.

## Safeguarding and Safety

**Standard Rating**

### Safety, Availability and Suitability of Equipment

**Good**  
★★★★★

**C08** Staff confirm that they have received appropriate training on how to use equipment safely and that they are confident to do so and that support is available if required.

**Good**  
★★★★★

### What We Found

- Care staff supporting service users with their manual handling all confirmed within their staff surveys that they have received training to use equipment such as hoists and slings.

**E07** Equipment is suitable for its purpose, available, properly tested and maintained, used correctly and safely, is comfortable and promotes independence and is stored safely.

**Good**  
★★★★★

### What We Found

- The home had a maintenance file which contained evidence of safety equipment checks which were divided into weekly, monthly, quarterly ,and six monthly checks . Gas safety certification was on file dated 18/04/23 .LOLER inspection test certificates were on file for hoists , slings, bath hoists and the lift. Hoists and slings were being inspected twice yearly by Fairfield and the providers own insurance company.
- Recorded checks included fire alarms and fire equipment, hot and cold water outlets, bed rails, window restrictors ,door closers, nurse call systems, pumps mattress cushions, fire doors inspection, monthly emergency lighting , weekly fire alarm testing , wheelchair inspections and monthly hoists and slings inspections. On checking the monthly hoists and slings recording sheets for January, February, March, May June, July and Decembers check sheets all contained ticks recorded under the heading of "defaults identified" . However the manager addressed this issue at the time of my visit with their maintenance team who are responsible for carrying out these audits. The manager has now provided updated evidence of the audit template being reviewed to make the template clear .
- The maintenance person responsible for the checks confirmed this column had been ticked in error and no faults had actually been identified within any of the months as stated above. The manager confirmed they would address this recording issue.

## Requirements Relating to Staff Recruitment

Good  
 ★★★★★

**D01** Recruitment records confirm that the organisation has carried out all relevant employment checks when staff are employed, including (but not limited to) ensuring that all staff have a suitable DBS check before starting work, that the member of staff has the right to work in the UK and that they are registered with any relevant professional body and, where necessary, are allowed to work by that body.

Good  
 ★★★★★

## What We Found

- Three staff personnel files were reviewed all three files contained Application forms , recruitment letters and checks with two references on file.
- Photo ID was on each staff members file as proof of country of origin as part of the required employee recruitment checks. Job description's were also seen on file. Terms of employment , training agreements, Job offer letters and employee handbook were also on each staff file.
- DBS checks had been carried out for each staff member with two staffs certificates being within the last three years, however one staff members DBS was issued 22/5/13 with no other records of a more recent DBS check being carried out, although the manager confirmed and provided evidence of staff annual 1-1 meetings with the manager to discuss their DBS status and review if staff have had any changes to their original DBS certificate issued.
- Induction checklists were signed and dated by the employee and manager to evidence staff initial induction training had been planned and completed.
- One new staff member employed from 27/11/23 had no records of a work visa when they were not a UK national.

**D02** Records show that when staff are provided by an external organisation that those staff, whether agency or voluntary, have been subject to the same level of checks and similar selection criteria as employed staff. Agency staff profiles are in place from the agency provider and there is evidence of an in-house induction.

Good  
 ★★★★★

## What We Found

- The manager confirmed the service has its own relief bank staff and does not use agency staff . The manager shared when the home has a new relief staff member they would use their daily shift plan/ handover to provide key information as well as carrying out the providers more comprehensive induction programme.
- Evidence was seen of both daily handover/shift planning sheet and the providers induction checklist and programme which was seen in staff files.

**D03** Records evidence that other professionals and people who provide additional services are subject to any appropriate and necessary checks.

Good  
 ★★★★★

## What We Found

- The manager confirmed the home has a visiting hairdresser and Chiropodist . DBS checks were provided which detailed DBS checks had been carried out for both visitors in 2022 .

**D04** The organisation has appropriate procedures and guidance to help ensure that all staff, including temporary and agency staff, students and trainees, have a clear understanding of their role and responsibilities.

Good  
 ★★★★★

## What We Found

- The manager confirmed when the home has a new relief staff member they would use their daily shift plan/ handover to provide key information as well as carrying out the providers more comprehensive induction programme.
- Evidence was seen of both daily handover/shift planning sheet and the providers induction checklist and programme which was seen in staff files. (This format could also be used and adapted for students or volunteers however no students or volunteer's were working at the home at the time of the assessment visits.)
- No agency staff were being used by the provider at the time of the assessment visit so no agency profiles were viewed.

**B18** Through observation and discussion with people accessing the service, they confirm that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support and that the staff are able to communicate effectively and appropriately with People who may have a variety of needs.

**Good**  
★★★★★

### What We Found

- Observations carried out during two separate visits evidenced staff were answering call bells in a timely manner. The manager confirmed the service has one nurse on each shift and five carers each morning shift and four carers and one nurse on each afternoon/evening shift.
- At the time of my visit occupancy was at twenty two service users.
- The manager was observed also offering advice and answering any queries from staff . Staff observed on shift at the time reflected the rota and the numbers of staff working.
- A senior carer was also working on shift being available to assist and provide advice to other care staff.
- Service users spoken to all confirmed they never have to wait for long when they press their call bell.

**C09** Staff confirm that staffing levels are appropriate and sufficient and that they feel there are robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).

**Good**  
★★★★★

### What We Found

- All seven staff who completed their staff surveys confirmed they do feel the home has enough staff . Staff also commented that they do cover extra shifts when other staff are on annual leave or off sick. One staff member also confirmed they are able to swap shifts with other staff to support one another when required.

**F02** Rotas and records show that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support.

**Good**  
★★★★★

### What We Found

- Staff rota was checked for the week / days of my visits . The rota evidenced a nurse was on each shift along with five carers working on the morning shift and four carers working on the late shift.
- Two carers and one nurse were on the rota to cover night shifts.
- A nurse was also allocated on each shift and additional housekeeping and kitchen staff were also detailed within the daily rota.
- Senior carers were also in post and supporting both carers and nurses with daily service users needs.
- The home also has one activities twenty five hour activities Co Ordinator.
- The staffing levels recorded with the daily rota was the same staff levels as the details the manager had provided.

**F03** The provider has robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).

**Good**  
★★★★★

### What We Found

- The manager provided a copy of their current Business Continuity plan which contained comprehensive details for emergency situations including loss of power, staff shortages, flood, fire and evacuation plans. The plan also contained recorded contact details for all staff and senior managers and owners.

- The plan also contained a review date of January 2023 .

## Suitability of Staffing

Standard Rating

### Staff Support

Good



**C10** Staff confirm that they have received an appropriate induction at the start of their employment in line with the Skills for Care – Care Certificate.

Good



### What We Found

- Seven staff who completed Bedford Borough surveys all confirmed they had completed an induction period when they first started in post. The length of induction periods stated did vary in timescales with three staff recording their induction period was 2-3 days. Two other staff recorded their induction was two weeks with two other staff recording three months.
- The manager confirmed carers induction period is normally two to three days initially with mandatory training being planned.
- Induction checklists were seen on staff files and had been signed and dated by the manager and employee as being complete.

**C11** Staff confirm that they receive appropriate and regular supervision that is in line with the contract requirement. That their performance is appraised and that they receive an annual review.

Good



### What We Found

- Five staff confirmed within their Bedford Borough surveys that they have 1-1 supervision meetings every three months. Two other staff recorded they have 1-1 supervision meetings every six months. On discussion with the manager they confirmed they ensure all staff have a supervision meeting every three months and provided evidence of their supervision matrix to show staff supervisions are being monitored and completed in line with the providers own policy.
- The provider does not operate a staff appraisal system instead staff have their training and development discussed throughout the year as part of their supervisions.

**C12** Staff confirm that they have undertaken appropriate training that this is refreshed and updated as required.

Good



### What We Found

- Staff all confirmed within their surveys that they have received mandatory training for Safeguarding/Whistleblowing, Fire Safety, Moving and Handling, Food Hygiene, Infection Control, Dementia/DoLs, Health and Safety, First Aid , Learning Disability and Autism.
- Nurses have additional mandatory training to complete for IDDSI and MUST as well as medication training and competencies.
- Staff confirmed training is on going and updated annually. Although some training such as First Aid and Food hygiene was indicated as only requiring 3 yearly updates on the providers training matrix.

**C13** Where appropriate and when asked agency staff confirm that they have been inducted to the service appropriately.

Good



### What We Found

- The manager confirmed the service does not ever use agency staff instead having a number of their own relief bank staff to call upon as required.

**C14** Care workers confirm that they feel supported and are aware of the mechanisms in place to prevent and manage bullying, harassment and violence at work.

Good



## What We Found

- Staff recorded within their surveys that they would report any bullying, harassment, or violence at work to their manager. One staff member also recorded if their manager failed to follow up their concerns they would report to the managers manager or the police.

• .

**D05 The provider maintains records to evidence that all staff receive appropriate in-house induction at the start of their employment and those new to care receive an induction in line with the Skills for Care – Care Certificate.**

**Good**  
★★★★★

## What We Found

- The manager provided details of their induction checklist and mandatory staff training matrix, referencing dates each staff member had completed their induction.
- Induction checklist for the three staff files reviewed had been signed by the manager and employee.
- The manager provided evidence of staff new to social care carrying out their Skills for Care certificate., with two members of staff currently undertaking this.
- The manager reported they are required to add new starter details on weekly reports which included monitoring and details of staff progression whilst carrying out their Skills for Care 12 week training.

**D06 The provider maintains records to evidence that all staff receive appropriate supervision (as set out in the contract standards), that their performance is appraised and that they receive an annual review.**

**Good**  
★★★★★

## What We Found

- Staff files reviewed all contained an overview sheet of all 1-1 Supervision meetings held within each year. The providers policy states they are required to carry out staff Supervisions every three months.
- Staff supervision's checked had all received at least three or four supervisions over the year of 2023 with additional observation assessments and team meetings.
- The home does not provide staff appraisals or at least not using the term appraisal instead having staff development and learning outcomes included on a rolling basis monitored and discussed within planned 1-1 meetings.

**D07 The provider maintains records to evidence that all staff undertake both core training and additional training and this is refreshed and updated as required.**

**Good**  
★★★★★

## What We Found

- The manager provided a copy of their staff training matrix which evidenced frequency timescales for each training detailed. All mandatory training was up to date .
- The manager confirmed they had an separate training matrix for all other training which include food fortification, oral care, interactive dementia, learning disability, hydration and end of life care.
- A training board was displayed outside of the managers office which evidenced on going staff training planned with training sessions planned for January and February 2024.

## Quality of Management

**Standard Rating**

### Assessing and Monitoring the Quality of Service Provision

**Good**  
★★★★★

**C15 Staff confirm that they would feel confident to raise concerns about risks to people and poor performance openly and would be supported by the management if they did so.**

**Good**  
★★★★★

## What We Found

- Staff confirmed within their surveys that they would feel confident to raise any concerns with the home manager. Only one staff member referenced that they had raised a concern with the manager and were satisfied with the outcome.
- Staff all confirmed within their surveys that they are aware of Whistleblowing with four staff recording they would report their concerns to their manager but would also report their concerns to CQC if felt they needed to do so.

**F04** Records show that the provider continually gathers and evaluates information about the quality of services to ensure that people receive safe, effective care and support. There is evidence that the Service uses information to improve services and that they learn and act on information received, (including, but not limited to: comments and complaints, incidents, adverse events, errors or near misses, audits and local or national reviews).

**Good**  
★★★★★

### What We Found

- The manager has a Service Improvement Plan in operation, which evidenced the manager is reviewing any actions on a regular basis. There was evidence of plans being reviewed at least monthly with updated dates to confirm when actions had been completed.
- The manager shared they use their Service Improvement Plan as an overview of all actions required with actions coming from a wide range of sources including audits, concerns/complaints, Safeguarding, staff training and the environment and maintenance checks being out.
- Extensive audits were being carried out within the providers agreed timescales, audits included actions required with evidence of actions being completed and dated.
- For example a wound care audit was completed on 1/11/23 and confirmed findings from the manager of nurses not always completing the full details within the providers wound care assessment, and evaluation of wounds seen need to be clear. A nurses meeting dated 25.11.23 evidenced details of the manager addressing their findings from the wound audit along with correct PRN medication recording that had been picked up from a monthly medication audit completed on 2/11/23.
- Relatives questionnaires are arranged every six months and staff receive annual questionnaires to provide feedback on the service.

**F05** The provider has clear mechanisms in place to enable people, including staff, to raise concerns about risks to people and poor performance openly and provide information about the quality of the service to people who use the service.

**Good**  
★★★★★

### What We Found

- The home has a complaints and compliments file in place which was reviewed during my visit. The most recent complaint seen on file was dated 25/1/22 which was from a family member of a service user residing at the home at the time. There was evidence of the manager following up on the concern raised. The complaints file also contained evidence of an internal investigation being carried out by the service operations manager with an outcome letter sent to the service users family being on file.
- A complaints log sheet was located at the front for the file to evidence all complaints received since 2007.
- Staff are able to raise concerns in their 1-1 meetings and team meetings, in addition Safeguarding Posters were on display in the main entrance hall and the managers office with contact details for local authority adult Safeguarding team.
- Each service user is also provided with a copy of the providers Service User guide which details complaints information and contact details of people and agencies service users and their families can contact.

## Quality of Management

### Using Information and Dealing with Complaints

**Standard Rating**

**Good**  
★★★★★

**B19** People spoken with are aware of how to complain and are supplied with information on what to do and how to contact the provider, LA / LGO

**Good**  
★★★★★

### What We Found

- All five service users who completed their Bedford Borough surveys recorded they would speak to the manager or staff if they have any concerns.

- Three service users spoken to confirmed they would talk to the manager or staff on shift if they had an issues or concerns with anything in relation to their care and support provided.
- The providers Service User Guide is made available to each service user on their admission and includes details of how service users can make contact with the service manager along with details and contact numbers for CQC and the Local Authority Safeguarding Team.

**B20** People confirm that they feel they would be supported if they have had cause to complain and, if they have had cause to make a complaint, confirm that they were kept informed of the outcome in a timely manner and that the service learnt from the complaint.

**Good**  
★★★★★

### What We Found

- Three service users spoken to all confirmed they felt sure they would be supported by the home manager if they had an issue or wanted to make a complaint about anything.

**C16** Staff feel listened to and have the opportunity to raise issues and ideas through organised meetings, their views are taken into account and feedback provided.

**Good**  
★★★★★

### What We Found

- Staff recorded within their Bedford Borough surveys that the service has team meetings, with one stating they can add to the agenda.
- Two staff spoken to confirmed the manager is always approachable and will make time to listen to any feedback or issues raised.
- Team meeting minutes on file did not contain any evidence of signing meeting minutes, it would be recommended that minutes are signed by staff to evidence these have been received and read. Separate team meetings were on file for nurses, Senior carers, Household, night staff and kitchen staff.

**F06** There is evidence that the provider fully considers, responds appropriately and resolves, where possible, any comments and / or complaints received. That they learn from feedback and share this learning to improve the experience of people accessing the services. They keep adequate records about complaints, including any relevant and factual information about the investigation, responses, outcome and actions taken.

**Good**  
★★★★★

### What We Found

- From review of the providers Complaints file ,the most recent complaint seen on file was dated 25/1/22 which was from a family member of a service user residing at the home at the time .
- There was evidence of the manager following up on the concern raised. The complaints file also contained evidence of an internal investigation being carried out by the service operations manager with an outcome letter sent to the service users family being on file.

**F07** There is evidence that the provider has a range of regular, organised meetings where Individuals, relatives and staff can provide feedback and this is listened to, acted upon appropriately and people are kept informed of the outcome.

**Good**  
★★★★★

### What We Found

- Evidence was seen of regular team meetings taking place for all staff roles. Separate meetings were on file for nurses, night staff, care staff, kitchen and housekeeping staff. Meeting minutes contained evidence of actions being followed up and agendas being recorded.
- Team meetings also included team de brief sessions being carried out to support staff when staff may have been affected from recent events such as a sudden death of a service user. One such de brief was recorded for 15/01/24 .

**F08** There is clear evidence that the provider shares appropriate details of complaints and the outcomes with the Local Authority.

**Good**  
★★★★★

### What We Found

- On review of the homes complaints file , evidence was seen on file of liaising with the local authority with a QA that had been carried out by Care Standards team in January 2022. This was the most recent complaint on file. However the file contained an overview summary log of all complaints received from 2007 to date.

## Quality of Management

Standard Rating

### Records

Good



**F09** Personal records of people accessing the service are clear, accurate, factual, complete, personalised, fit for purpose, up-to-date, held securely and remain confidential.

Good



### What We Found

- Service user care plans are both electronic and paper based . Electronic care plans are based on the providers PCS system which password secured accessed by the manager and nursing staff. Paper service user files with details of health appointments and other personal information is located in the first floor nurses office which is kept locked when not in use and is secured with a entry code system.
- A summary dietary sheet was located in the kitchen for kitchen staff to check when they are preparing specialist meals for service users. However this summary sheet was not prominent and was not obvious when staff entered the kitchen.
- From observations service users paper files were not being left around the home and where kept secured in the nurses office.

**F10** The manager maintains a log to evidence the applications made for authorisation under DoLS, including the date sent, the outcome, the date of the outcome and date of expiry. If authorised the log records that CQC is notified.

Good



### What We Found

- The manager provided a copy of their DoLs summary recording sheet which detailed a total of twelve service users having a DoLs authorisations granted . The summary sheet contained a review date of 4/01/24. Dates were also recorded of when next follow on reviews were due from DoLs expiry dates.

**F11** Records evidence that a range of appropriate and effective audits have been analysed and action plans developed. That action plans include time lines, the staff responsible and that any progress / completion of the actions is clearly recorded. Audits have clear robust criteria to ensure consistency. Best practice is for the provider to use external auditors to assess their service.

Good



### What We Found

- The manager was able to produce comprehensive evidence of a wide and extensive range of audits being carried out in line with the providers agreed timescales.
- Audits contained action sections , no gaps in audits being missed and not completed within the providers agreed timescales.
- A care plan audit reviewed for room 10 dated 8/11/23 had recorded details of "please complete" for six sections including actions for recording the service users GDPR form, care plan consent form. No details were recorded to confirm these actions identified had been completed. However overall the provider demonstrated they have good systems in place along with an extensive range of audits being carried out , the manager confirmed they continue to review all audits completed including audits carried out by others within the home.
- A monthly medication audit dated 2.11.23 contained two actions which detailed the need for nursing staff to record monthly reviews of PRN medication along with PRN medications to be written on the service users MAR sheet as well as the PRN recording form.
- Evidence was on file of the providers Operations manager carrying out service audits.