

Danmor Lodge Ltd

Danmor Lodge Limited

Inspection report

Danmor Lodge
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26 September 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 22 and 26 September 2016.

Danmor Lodge is registered to provide accommodation and personal care for up to 25 people in a residential area of Weymouth. At the time of our inspection there were 23 people living in the home and one person staying for a short break.

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

People felt safe and well cared for. They were protected from harm because staff understood how to reduce the risks people faced. They also knew how to identify and respond to abuse and said they would be confident to do so.

People had support and care when they needed it from staff who had been safely recruited and understood their needs. Staff were consistent in their knowledge of people's care needs and spoke confidently about the support people needed to meet these needs. They told us they felt supported in their roles and had taken training that provided them with the necessary knowledge and skills.

People told us they saw health care professionals when necessary. Records and feedback from a healthcare professional reflected that staff responded appropriately to both ongoing healthcare needs and health emergencies. People received their medicines as they were prescribed.

Staff understood how people consented to the care they provided and encouraged people to make decisions about their lives. Care plans and practice reflected the framework of the Mental Capacity Act 2005. Deprivation of Liberty Safeguards had been applied for when people needed to live in the home to be cared for safely but did not have the mental capacity to consent to this.

People were engaged with activities that reflected their preferences, including individual and group activities both in Danmor Lodge and the local area. Activities were planned and delivered by people and activities staff.

Everyone described the food as good and there were systems in place to ensure people had enough to eat and drink. When people needed particular diets or support to eat and drink safely this was in place.

Quality assurance had led to improvements being made and people, relatives and staff were invited to contribute their views to this process. Staff, relatives and people spoke positively about the management and staff team as a whole.

People were positive about the care and kindness they received from the staff of Danmor Lodge. Staff were cheerful and treated people and visitors with respect and kindness throughout our inspection.

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. People were supported by staff who understood the risks they faced and spoke competently about how they reduced these risks.

There were enough, safely recruited, staff to meet people's needs.

People felt safe and were supported by staff who understood their role in keeping them safe.

People received their medicines as prescribed.

Is the service effective?

Good 

The service was effective.

People who were able to consent to their care had done so and staff provided care in people's best interests when they could not consent.

Deprivation of Liberty Safeguards (DoLS) had been applied for people who needed their liberty to be restricted for them to live safely in the home.

People were cared for by staff who understood their needs and felt supported and valued.

People had the food and drink they needed. Everyone told us the food was good.

People told us that they had good access to health professionals.

Is the service caring?

Good 

The service was caring. People received compassionate and kind care.

Staff communicated with people in a friendly and warm manner. People were treated with dignity and respect by all staff and their privacy was protected.

People were listened to and felt involved in making decisions about their care.

Is the service responsive?

The service was responsive. People told us they received care that was responsive to their individual needs and staff shared information to ensure they were aware of people's current needs.

People enjoyed regular activities that they planned in conjunction with activities staff.

People were confident they were listened to and new how to make complaints.

Good ●

Is the service well-led?

The service was well led. People and staff had confidence in the management.

There were some systems in place to monitor and improve quality including seeking the views of people and relatives. Monitoring had identified where improvements were necessary and action had been taken.

Staff were committed to the ethos of the home and were able to share their views with the management.

Good ●

Danmor Lodge Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 22 and 26 September 2016 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection we reviewed information we held about the service. This included notifications the home had sent us and information received from other parties. The provider had completed a Provider Information Record (PIR) in October 2015. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We were able to gather updated information contained in this form during our inspection.

During our inspection we observed care practices, spoke with eight people, two relatives, seven members of staff, the registered manager and the owners. We also looked at seven people's care records, and reviewed records relating to the running of the service. This included three staff records, quality monitoring audits, training records and the minutes of meetings.

We also spoke with a healthcare professional and two social care professionals who had regular contact with the staff and people living in Danmor Lodge.

Is the service safe?

Our findings

People told us they felt safe. One person said: "I always feel safe, I take that for granted." Another person told us: "I do feel safe...I only have to ring my bell and the staff are here." Some people were not able to tell us about their experience because they no longer used words as their main form of communication. We observed that these people were relaxed with staff; smiling and initiating interaction.

People were at a reduced risk of harm because staff were able to describe consistently the measures they took to keep people safe and this understanding reflected care plans that were written to mitigate assessed risks. For example staff described how they protected people's skin from developing sores, and limited the risks of them falling. During the inspection we observed care being delivered in ways that were described in people's care plans to reduce risk. For example, people were using equipment to assist their mobility and staff understood how to support them to use this safely and in ways that suited them as individuals.

Staff were confident they would notice indications of abuse and knew how they should report any concerns they had. Staff told us they had received information about how to whistle blow and were committed to doing so if it was needed.

Accidents and incidents were reviewed and actions taken to reduce the risks to people's safety. For example when people had fallen a range of actions had taken place including seeking input from health professionals and using technology to alert staff if a person got up. One person had been noted to be at a higher risk of falls at a certain time in the day and staff understood that they needed to be more aware at these times. This meant that people were at a reduced risk of reoccurring accidents.

There were enough staff to meet people's needs safely People all told us they did not have to wait to receive care and staff were able to spend time talking as well as responding to the reason they had called them. One person told us "They always come straight away when I ring my bell." Staffing levels were monitored alongside the needs of people living in the home and this was reviewed weekly.

Staff were recruited in a way that reduced the risk of people being cared for by people who were not suitable to work with vulnerable adults. We discussed recruitment with the registered manager who described improvements to the process that they were implementing to make the systems more robust. These improvements included clearer recording of checks made on the suitability of candidates..

People told us they received their medicines and creams as prescribed. Medicines were stored safely and we observed people receiving their medicines as prescribed. People were asked if they wanted pain relief that was prescribed if they needed it and we saw staff discussing whether they felt a person who could not communicate pain verbally was showing any signs that they may need pain relief. There were people living in the home who took medicines that were covered by the Misuse of Drugs Act. This meant they needed to be stored with additional security and recorded in a specific way. These medicines were stored and recorded appropriately. A senior member of staff took responsibility for the oversight of medicines. They had robust systems in place for checking that medicines were all being given and ensuring action was taken if

improvements were needed.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People received care that was designed to meet their needs and staff supported people's ability to make choices about their day to day care. Some people living in the home were able to make decisions about their care and they did so throughout our inspection. Where people were not able to make decisions this had been clearly assessed and decisions made on their behalf reflected the principles of the MCA. Staff understood how this legislation provided a framework to their work and talked about the importance of encouraging choice wherever possible. Where people were not able to consent to their care families and representatives received regular updates and were able to contribute to decisions appropriately.

The home had applied for Deprivation of Liberty Safeguards (DoLS) where necessary. DoLS aim to protect the rights of people living in care homes and hospitals from being inappropriately deprived of their liberty. The safeguards are used to ensure that checks are made that there are no other ways of supporting the person safely.

People told us the staff had the skills they needed to do their jobs. One person told us "I can't fault the staff." Another person said: "They are good at their jobs; always cheerful and respectful." Staff told us they felt supported to do their jobs and told us how guidance from senior staff and their colleagues ensured they were kept up to date with people's needs. They spoke competently about the needs of people living in the home and told us that their training was appropriate for their role. Training reflected national changes such as the introduction of the Care Certificate which ensures that new staff receive a comprehensive induction to care work. There was a system in place for ensuring that staff training was kept up to date and training was reviewed in respect of the changing needs of the people living in the home. For example a training course had been sourced to improve staff understanding of how dementia can impact on people in response to changing needs in the home. Staff told us that this had helped them understand people better.

Training was provided in ways that met the needs of the staff. The registered manager and a senior member of the staff team described how training could be, and was, adapted to ensure it was accessible to individual members of the team. This meant training was delivered in line with the specific learning needs and styles of

individual staff members. Staff told us that they received supervision from the management team and that these covered both practice and development issues. All the staff we spoke with gave examples of how they had been offered development opportunities and felt valued by the registered manager.

People, relatives and staff said the food was good. One person told us: "The food is very good and the chef is very knowledgeable. They will get you special foods too." Another person said: "I have no complaints about the food." Lunchtime was a calm and social event for those that wanted to eat together. People who needed support to eat and drink received this and where people had guidance in place about safe eating and drinking this was followed. People who chose to eat in their rooms were able to do so and received their meals at the same time as those in the dining room. The menu offered a choice of three dishes and alternatives were made available if people did not want these.

People's weights and other indicators of adequate nutrition and hydration were measured regularly and there were systems in place to make sure that action would be taken if anyone became at risk.

People told us they were supported to maintain their health and that they saw medical professionals whenever this was appropriate. One person said: "They always get the doctor if I ask or need them." Another person told us they were in discomfort and that they had told the staff who had arranged for a doctor to visit that day. We spoke with a visiting health professional who told us that the staff contacted them in a timely manner and followed guidance competently.

Is the service caring?

Our findings

People all told us the staff were kind and that they felt cared for. One person told us, "They are chatty and friendly, they will do whatever they can to help." Another person said: "They make me laugh... they have got to know me." People described how important it was to them that they felt the staff knew them. One person, who was living with dementia, smiled as they discussed the staff and told us how: "you get to know them by talking... they are lovely".

Staff took time to build relationships with people in an individual way and spoke of, and with, people with affection. They spoke confidently about people's likes and dislikes and were aware of people's social histories and relationships. We heard laughter, from people and staff, throughout our inspection but staff spoke respectfully to people living in the home and each other. People told us they could also discuss more difficult situations and emotions with staff. One person focussed on the support they felt from staff saying: "They are wonderful. I could be isolated but they have time. The staff are really wonderful." Staff were attentive to people and were both familiar and respectful in their conversations.

Staff promoted a caring community feel within the home. During our inspection a person was receiving a high honour for their service to their country during World War 2. Staff and people were involved in planning for this event; with decorations and special food made in preparation. On the day of the presentation people were joined by staff who were both on and off duty and other visitors to celebrate as a group.

People were supported to make choices throughout the day and care provided reflected this. People were encouraged to choose their food and drinks, what activities they joined and day to day decisions such as when they got up. One person told us "I live well here.. It is a special place". People told us they felt their independence was promoted, describing how staff only helped when needed and encouraged them to take on responsibilities such as planning activities. One person said: "My independence is not hampered in anyway, but they are there whenever I need them."

Staff described the importance of respect for individuals when providing care. They described small details that people appreciated and valued when they were supported with personal care. This respect was apparent when people were in groups also with care and support provided with a subtlety that promoted privacy and dignity.

Care plans included information about end of life care where this was known and it was clear that this was only discussed with people who wished to do so. The home had been working towards achieving the gold standard in End of Life Care and this had recently been awarded. This had involved staff development and training and had involved discussions with people and relatives.

Is the service responsive?

Our findings

People told us that they received the care they needed in ways that suited them. One person told us: "I always get the help I need." Staff reviewed and discussed people's current care needs and this ensured that people experienced continuity of care. Staff knew people well and were able to describe recent changes in their support needs with confidence.

People, and their relatives when appropriate, were involved in developing the care and support they received. One person told us: "I review my care plan with them. It is well written and says exactly what I need." People's care needs were assessed and these were recorded alongside personalised plans to meet these needs. Records showed that people's needs were reviewed monthly and reflected changes. For example one person had experienced falls and the care plan had been updated to inform staff how to support them safely. Needs were assessed and care plans written to ensure that physical, emotional, communication and social needs were met. People told us they could ask staff to do things differently and that the staff always checked with them whilst providing care and support. This approach enabled staff to provide personalised and responsive care. Records showed that relatives were involved and their knowledge about their relative was valued and sought out regularly. Relatives also told us that this was the case explaining that they always felt they were informed and consulted appropriately. They told us that this made them confident in the care their loved one received.

The staff kept records which provided information about the care people received and this meant the care could be reviewed effectively and changes made when they became necessary.

People told us they felt listened to and were able to approach all the staff. We also heard from people about residents meetings and how these gave them further opportunities to contribute to decisions about the whole home rather than their own individual care. We saw that these meetings happened regularly, were recorded and led to action and change. For example, discussions about food had led to changes in the menu.

Activities were planned for groups and individuals by dedicated activities staff in conjunction with people. When necessary additional staffing was provided. A wide range of activities were offered including music, discussion, and trips out. People were supported to maintain links with the community. They told us they went out to visit friends and relatives and were always able to welcome visitors. One person told us: "There is always plenty to do." The home layout provided a quiet area for people who did not wish to be involved with group activities. A fish tank had been reinstated following a request from people living in the home. This was enjoyed by people throughout our inspection and staff told us it was effective in supporting people to feel calmer when they experienced difficult emotions.

People, and relatives, told us they would be comfortable raising concerns and complaints. One person told us "Oh I'd absolutely say if there was a serious problem." There had been no complaints received in the year prior to our inspection. However there was information in the hallway available to all people and visitors about how to make complaints and people told us they were aware of this..

Is the service well-led?

Our findings

Danmor Lodge was held in high esteem by the people living there, relatives, and staff. People told us they thought the home "lovely" and made comments like "I would definitely recommend it – I had never come across a place like it – it is home from home." Everyone identified the registered manager as being important in their experience of the home. One person told us: "They are all very nice here. That's from the top." And another person described the registered manager saying: "They are wonderful. They have a real feeling for people; very understanding and helpful."

There were systems and structures in place to ensure that the quality of service people received was monitored and improved. These included checks on medicines, health and safety and care plans. These audits had been effective in ensuring change. For example care plan audits had identified areas missing from a care plan and these had been addressed. Health and safety checks highlighted work that needed to be done and records showed these were attended to quickly. The quality assurance processes made the home safer and more responsive for people living there.

The registered manager worked closely with the area manager and owners to ensure on going improvement to the quality of care people received and the support available to staff. They used feedback from people and staff to inform this process and reported every week on issues affecting staff and people in the home. These reports were reviewed by the owners who visited regularly.

The registered manager described their commitment to achieving a unified and valued staff team in order to achieve the best care for people. Comments from staff indicated that this commitment was reflected in their experience. Staff had a shared understanding of the ethos of the home and understood their responsibilities. They described both individual and a team commitment to ensuring that people felt at home living in Danmor Lodge. One member of staff described how they felt part of a team that was invested in by management to ensure they could achieve their best. Another member of staff described a strong staff team saying: "The staff here really do care for each person." Staff meeting minutes reflected discussion and challenge regarding practice and a staff team who sought to improve the experience of people living in the home through team work. Staff, people and relatives told us that the management team were accessible and that they felt heard.

Professionals were confident in the management of the home and told us that they experienced a team that were receptive and responsive.