

Mr & Mrs G Rawat

Davigdor Lodge Rest Home

Inspection report

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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

About the service: Davigdor Lodge Rest Home is a residential care home providing accommodation and support for up to 25 people with mental health conditions. At the time of the inspection there were 25 people living at the home.

People's experience of using this service: The service met the characteristics for a good service in each of the key areas, more information is in the full report.

- People said they felt safe living at Davigdor Lodge Rest Home. One person said, "I get anxious sometimes but staff know how to calm me down, I feel safe here."
- Risks to people were assessed and managed. Staff understood how to recognise and report safeguarding concerns. There were enough staff on duty and they had the knowledge and experience they needed to care for people safely. People received their medicines safely and there were systems to prevent and control infection. Incidents were recorded and changes were made to prevent further occurrences.
- Staff had received the support and training they needed to care for people's needs. Staff described effective communication and good team work. Assessments and support plans guided staff in how to support people. People told us they enjoyed the food provided. One person said, "We have a choice and there's plenty to eat and drink." People were supported to access health care services when they needed them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People said that staff were kind. One person told us, "They are all very caring and helpful." Staff knew people well and had developed positive relationships with them. People were supported to express their views. Staff respected people's privacy and dignity and encouraged people to be as independent as possible.
- People were supported in a person-centred way. Staff recognised changes in people's needs and responded in a timely way to seek advice from health care professionals. There was a robust system for managing complaints. People told us they felt confident that any issues would be addressed.
- People and staff spoke highly of the management of the home. One person said, "The manager is doing a first class job." There was visible leadership and staff understood their roles and responsibilities. Management systems were used to monitor and improve the quality of care. People and staff said they felt included in developments at the service and told us their ideas and views were welcomed. Staff worked effectively with other agencies.

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

Rating at last inspection: Good- 29 June 2016

Why we inspected: This was a planned comprehensive inspection.

Follow up: Ongoing monitoring.

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Davigdor Lodge Rest Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

Davigdor Lodge Rest Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Davigdor Lodge Rest Home accommodates up to 25 people in a converted building.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection we reviewed information we had received about the service. This included details about incidents the provider must notify us about. The provider had completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

- We spoke with three people living at the home.
- We spoke with three members of staff, the registered manager and the provider.
- We looked at five people's care records

- Observed how medicines were administered and looked at medicine records.
- We looked at records of accidents, incidents and complaints
- We looked at audits and quality assurance reports, including from the local authority.
- We looked at two staff files, training records and rotas.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection in June 2016 we rated this key question as 'Good'. At this inspection the service remained good and people were safe. People told us they felt safe, one person said, "I feel anxious sometimes, but I talk to staff and they know how to make me feel better, it is a safe place here."

Systems and processes to safeguard people from the risk of abuse

- Systems were effective in identifying potential abuse and appropriate alerts had been raised in line with the provider's policy.
- Staff had received safeguarding training and described how they would recognise signs of abuse. One staff member told us, "I would report any concerns to the manager, there is a list of phone numbers in the office for us to ring if we need them."

Assessing risk, safety monitoring and management

- Risks to people were assessed, managed and monitored regularly and when people's needs changed. Risks associated with people's mental health needs had been identified. Care plans guided staff in how to reduce risks and support people to remain safe whilst protecting their freedom. For example, a risk assessment identified possible triggers that were known to have a detrimental effect on a person's mental health. Staff were aware of these triggers and their support plan included measures to reduce risks of self harm.
- Risks associated with people's physical needs were also assessed and managed. One person had been identified as being at risk of developing diabetes. A support plan had been developed with the person to enable them to manage their weight and reduce risks of their health deteriorating.
- Environmental risks were managed safely. Regular health and safety checks were maintained, including fire safety checks. Regular audits ensured that standards were monitored and maintained.

Preventing and controlling infection.

- Infection control procedures were in place and staff understood how to prevent and manage risks of infection. The provider employed dedicated cleaning staff to maintain standards of hygiene throughout the building. The registered manager said that improvements in the fabric of the home had improved standards for example, wooden flooring had been fitted in some areas of the home.

Staffing and recruitment

- There were enough suitable staff on duty to care for people safely. One staff member told us, "We don't use agency staff we cover for each other, there's no problem with staffing levels." A person told us, "There are enough staff on, we always have someone to help if we need it." Records of staff rotas confirmed that staffing levels were maintained and we observed that there were enough staff to support people.
- The provider had robust systems in place for recruiting staff. Recruitment checks were completed to ensure care workers were safe to support people. These included checks having been undertaken with the

Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Other information obtained included proof of the person's identity, references and a recent photograph.

Using medicines safely

- People were supported to have their medicines safely. Only staff who were trained and assessed as competent were able to administer medicines. There were safe systems in place for ordering, storing and administering medicines. Accurate records were maintained and staff demonstrated good knowledge of people's individual needs and their prescribed medicines. Daily checks were completed to ensure that records were maintained accurately and that stocks were in place so that people had access to their prescribed medicines.
- Some people were being supported to manage some, or all, of their own medicines. There were systems in place to check that people were being supported effectively to increase their independence with managing their own medicines.

Learning lessons when things go wrong

- Incidents and accidents were recorded and monitored. The registered manager had oversight and had ensured that appropriate actions were taken. For example, consideration had been given to whether a safeguarding alert should be made following one incident. The registered manager told us that an anti-slip mat had been purchased for an area of the home where the floor had been a trip hazard. This had reduced near- miss accidents.
- Staff told us that there was an open culture at the home where mistakes were discussed. One staff member said, "It is very transparent here, the manager shares everything with us. If we get things wrong we discuss it and decide what we can learn from the experience to improve things."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection in June 2016 we rated this key question as 'Requires Improvement.' This was because risks to people's nutritional and hydration needs were not always managed effectively. Staff understanding of their responsibilities to comply with Mental Capacity Act (MCA) was not consistent. At this inspection improvements had been made, people were supported with eating and drinking and staff demonstrated an understanding of MCA.

Supporting people to eat and drink enough to maintain a balanced diet

- Risks associated with eating and drinking were identified and support plans were in place to guide staff in how to support people effectively. A person was at risk of malnutrition. Advice from a dietician had been included within their nutritional support plan but the person did not always accept the food supplement that had been prescribed. Staff were aware of this person's needs and described how they encouraged them with menu choices to support weight gain. The person's weight was being monitored regularly and there was clear guidance for staff about when they should seek further advice from health care professionals.
- We observed the lunch time meal and people had a choice of food and drinks. A menu on the wall identified choices available on that day, some people had chosen a different option and this was provided. People told us they enjoyed the food. One person said, "The chef is not bad, we get plenty to eat and there is a choice, I like the cooked breakfast that we have weekly."

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff were able to tell us about their responsibilities to comply with MCA. One staff member described how they asked people's consent before supporting them and we observed that this was happening throughout the inspection. Another staff member told us, "If people have capacity to make a decision then we must respect that, even if it's unwise. If they don't have capacity then we have to make decisions that are in their best interest, but we can't force anyone to do things against their will." Documentation confirmed that mental capacity assessments had been undertaken where required. One person lacked capacity to make a specific decision and a best interest meeting had taken place and was recorded. The registered manager

confirmed that at the time of the inspection nobody at the home was subject to DoLS.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices had been assessed in a holistic way to take account of people's mental health, physical health and their social needs. Protected characteristics under the Equality Act (2010), such as disability and religion were considered as part of this process. This demonstrated that people's diversity was included in the assessment process.
- Appropriate assessments were undertaken to identify how to achieve effective outcomes for people. For example, one person had diabetes and their support plan included clear guidance for staff including support with a daily blood sugar test, and clear descriptions of how to recognise if medical assistance was required. Another person needed support to manage behaviour that could be challenging to others. Their assessment included details of likely triggers and suggested ways to avoid this happening as well as guidance for staff in how to support the person when they displayed these types of behaviour.
- People's differences were acknowledged and respected. Care records included details of their personal history and staff were knowledgeable about people's lives. People were able to maintain their identity, they wore clothes of their choice and their rooms were decorated as they wished, with personal belongings and items that were important to them.

Adapting service, design, decoration to meet people's needs

- The provider had invested in refurbishment within the home to meet people's needs. One person told us, "The new heating system has made a huge difference, it is much more comfortable now." We noted that some areas of the home had been improved since the last inspection including a bathroom on the top floor and flooring and decoration of the stairs and hallway. The front steps leading to the entrance of the home had been improved with anti-slip strips covering slippery tiles.
- People were able to move around the home freely and told us they could access the communal areas of the home, the lounge, dining room and conservatory. We noted that people were spending time outside in the garden where a covered smoking area was available. There was no lift within the property and one person told us that they had found the number of stairs within the home difficult. They explained that the registered manager had offered them the opportunity to change to a room on the ground floor to meet their mobility needs.
- The provider had installed a surveillance system in some communal areas of the home to support people to feel safe. One person told us, "It's good to know they are keeping an eye on who is coming in and out, security has been an issue before." The provider had taken appropriate steps to gain people's consent to the use of CCTV.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care services when they needed them. Some people needed to have regular injections to maintain their mental health. Staff supported people to attend appointments and to monitor any changes, for example, in patterns of behaviour. One person told us, "The staff make sure I remember to keep appointments."
- Records confirmed people had access to a range of healthcare professionals for both their physical and mental health needs. Records confirmed people had regular involvement with a GP, community psychiatric nurse, psychiatrist and occupational therapist, optician and dentist.

Staff working with other agencies to provide consistent, effective, timely care

- Staff described positive working relationships with health and social care professionals. Records confirmed that staff supported people to attend regular appointments, including an annual review with their GP. One staff member said, "We support people to attend appointments, we encourage them to take advise but they don't always follow the advise."

- Some people were being supported to move on to more independent living. Staff described how they worked collaboratively with other agencies, including social care providers and social workers, to ensure a smooth transfer when people moved between services.
- The registered manager told us that sometimes people needed to be admitted to hospital if their mental health declined. They said, "We work closely with clinicians to try and avoid hospital admissions, we monitor changes that might indicate that people's health is deteriorating, for example, refusing medicines or not eating can be a sign that they are not well." Records confirmed that staff sought advice and made timely referrals when people's needs changed.

Staff support: induction, training, skills and experience

- Staff had received the training and support they needed to be effective in their roles. One staff member told us about their induction when they first worked at the home. They said, "It was a good induction, I had lots of training, a mixture of on-line courses and face to face training. I was working alongside experienced staff so I felt comfortable and gained confidence."
- Staff told us that they had opportunities to increase their knowledge and skills. One staff member described being supported to gain a care qualification. Another described attending training to refresh their knowledge and skills. Records confirmed that staff had received training in subjects that were relevant to the needs of people they were supporting including, mental health awareness, substance misuse, and food hygiene.
- The registered manager provided supervision to all the staff. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. Staff we spoke with confirmed that they received regular supervision. One staff member told us, "I had supervision and an appraisal, we discuss anything, it is useful."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

At the last inspection in June 2016 we rated this key question as 'Good.' At this inspection staff continued to provide a caring service.

Ensuring people are well treated and supported;

- People had developed positive relationships with the staff. They told us that staff were kind and treated them respectfully. One person said, "I am very content here, the staff are kind." Another person told us, "They are all very good, no complaints about the staff at all." Our observations were that people appeared comfortable and relaxed with staff. There was lots of laughter and chatting throughout the day and a warm atmosphere.
- Staff knew the people they were caring for well. They were able to tell us about people's personal history, their needs, interests and preferences. They spoke about people in a respectful and compassionate way, one staff member said, "We all care about the people here, it's like a family really." Another staff member described a person they supported saying, "They are always very nice, they are kind to the staff and never rude to anyone. Just a very nice person and I like them a lot."
- People were given the emotional support they needed. One person told us how they could become anxious and upset due to their mental health needs. They said that they could talk to staff privately about this when they needed to, they explained, "I only have to mention if I am worried or anxious and they make time to talk to me."

Supporting people to express their views and be involved in making decisions about their care.

- People told us they had allocated 'key workers' who supported them with aspects of their care. One person said, "I have two keyworkers, they have been helping me, for example with completing benefit claim forms." The registered manager told us they had recently reviewed their key working arrangements to ensure that people were receiving the support they needed and that staff were aware of people's interests and preferences.
- Some people needed support to express their views. One staff member told us, "People who are very depressed can lack motivation and don't always express their opinions freely." They explained how they continued to involve people, and where appropriate included family members or advocates, to ensure that people's views and wishes were considered when planning their care and support. We noted that details of advocacy groups were available to people on a notice board in the home.
- People told us that they were included in planning their care. One person said, "We have review meetings, they make sure I'm happy with things."

Respecting and promoting people's privacy, dignity and independence

- People's personal information was kept securely and staff were aware of the importance of maintaining

confidentiality. One staff member said, "We have to be careful to keep information private, for example, we will talk to people in their rooms or in a private space away from other people to maintain their privacy." We noted that staff spoke to people discreetly and suggested moving somewhere more private when people wanted to discuss something with them.

- People were supported to be as independent as possible. Support plans identified goals that people wanted to achieve to increase their independence. For example, one person wanted to move to a more independent living setting and staff were supporting them to increase their cooking skills in preparation for this. The registered manager gave us examples of other people who had moved on to more independent living since the previous inspection.
- Staff understood the importance of supporting people's dignity. One staff member gave an example of how they supported a person to maintain their appearance. They said, "It's an important part of my role to make sure they have the clothes they need and to encourage them to look their best, it's a dignity issue, they feel better when they look cared for."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

At the last inspection in June 2016 we rated this key question as 'Good'. At this inspection the service continued to be responsive.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Support plans placed a clear emphasis upon the individual's strengths, abilities, independence and their overall quality of life. They provided staff with guidance about what was most important to people, including their likes, dislikes, hobbies, interests and people who were important to them.
- People's personal history was included in care records and staff told us that this helped them to get to know and understand people. A staff member told us about one person and said, "Knowing the challenges they have faced helps us understand how to approach things with them now. Having an idea of what their life has been like helps put their behaviour into context."
- People were supported to maintain links with their family and friends where possible. Staff told us that some people were at risk of social isolation due to challenges with their mental health. One staff member said, "We try and be as encouraging and supportive as we can but some people are quite isolated and we need to spend individual time with them." Throughout the inspection we observed staff checking on people's well being. Staff encouraged people to access activities and offered support, including with going out into the local community.
- Activities were mainly offered on an individual basis. The registered manager said that this appeared to be more effective than offering group activities. We observed people engaging in some craft work, cooking, and chatting with staff on an individual basis. Some people were able to go out independently and others were spending time in their rooms or in the lounge area. People told us they had enough to do. One person said, "They try and get us involved with things, you can do what you want to do here." Another person told us that they enjoyed some organised outings saying, "We can go out together, sometimes for a meal at the pub. Last month it was very nice, steak and a pint."
- People were supported to make choices and to have as much control as possible. For example, some people were being supported to increase their independence. One support plan had included tasks that a person had been completing to increase their confidence. The person had chosen not to continue with these tasks for a time, however, the support plan remained in place with clear guidance for staff that the person could continue with these tasks whenever they chose to do so.
- From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. Some people were identified as having communication needs. For example, some people needed support, due to their mental health, when attending meetings or dealing with their finances. The registered manager said that some people needed support from staff to read and interpret information sent to them for example, about financial benefits. They explained that staff were always available to support people and could attend meetings with them or they were sign-posted to advocacy services or other specialist support services for

support. One person told us, "I've had a lot of problems with my benefits and the staff help me to understand the letters they send through. It can be really confusing sometimes so I need their help."

Improving care quality in response to complaints or concerns

- A complaints procedure was in place to respond to people's concerns and to drive improvement. When people raised concerns this was recorded and had been addressed by the registered manager. One person told us, "I've never had to complaint but I know they would sort it out. I would have a word with the manager or the owner, they are both easy to talk to."
- A staff member told us that conflicts sometimes arose between people who lived at the home. They explained how the complaints system helped to resolved issues saying, "We would tell the manager and they are good at talking to people to resolve things. The atmosphere is pretty good most of the time because people's issues do get addressed."

End of life care and support

- Staff told us that some people had discussed end of life plans but most people had chosen not to talk about it. One staff member said, "Lots of people don't want to discuss it and we accept that." Where people had made plans their views were recorded and staff were aware. One staff member said, "I know three people have made their wishes known."
- The registered manager told us that if people needed support at the end of their life they would involve health care professionals to ensure they received the support they needed. They described connections with the local hospice and said that staff were able to access training in end of life care.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection in June 2016 we rated this key question as Good. At this inspection the service continues to be well-led.

Planning and promoting person-centred, high-quality care and support.

- The registered manager demonstrated a clear commitment to ensuring that care was person-centred, inclusive and empowering. Staff involved people in all aspects of their care and systems ensured that people's views were sought at every opportunity.
- Staff understood the values of the service and described their commitment to supporting people to achieve a good quality of life. Staff spoke proudly of helping people to achieve positive goals. One staff member described how some people had been able to move on to more independent living arrangements saying, "It's not for everyone but when we have helped people to achieve their goal it's a great feeling."
- The provider had invested in improving the fabric of the building and people told us that they had noticed improvements with the environment.

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

- People spoke highly of the registered manager and the provider. One person said, "The manager is doing a first class job." Another person told us, "The manager and the owner are always around and they are both lovely people, easy to talk to and will have a chat about anything."
- There was visible leadership. Staff told us that the registered manager was, "Always around," and "Very nice and approachable." Another staff member gave examples of the support they had received and said, "They have been very supportive to me."
- Governance arrangements were clear and staff understood their roles and responsibilities. One staff member described the effectiveness of communication systems at the home. They explained, "There are good systems in place, between team leaders and managers as well as with the rest of the staff team."
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

characteristics

- People told us that they attended residents' meetings and could raise any issues. Records showed that people were provided with information and their views were sought during these meetings. We noted that where people had requested improvements at the home action had been taken to address this.
- Staff were involved with developments at the service and described an open atmosphere where they could express their views and challenge practice issues. One staff member said, "We discuss issues openly." Another staff member said, "We are encouraged to bring ideas to staff meetings, the managers do listen to the staff."
- Staff described good relationships with the local community resources including GP, pharmacy and other health care services. Staff had encouraged positive links with local advice organisations, advocacy services and other providers relevant to people's individual needs, including a mobile library service.

Continuous learning and improving care.

- There were effective systems for monitoring quality including a range of regular audits. Where shortfalls were identified action plans were developed to make the necessary improvements. Staff described positive improvements, including with developing support plans.
- Incidents and accidents were monitored to identify any patterns or trends and to ensure that appropriate actions were taken to address risks.
- The registered manager was committed to keeping up to date with best practice and updates in health and social care. They attended a regular manager's forum and described positive benefits in sharing best practice with other providers. For example, the registered manager had introduced a new protocol for staff in the event that there was an incident involving a missing person. This was inline with police guidelines.

Working in partnership with others

- Staff worked collaboratively with other agencies. For example, people were supported effectively when they moved between services. Staff had supported people to move on from the service and worked with a range of health, social care and housing professionals to ensure that such moves were well co-ordinated.
- Staff worked with mental health professionals on a regular basis to ensure people received the support they needed. The registered manager gave examples of how people had been supported effectively to avoid hospital admissions or to be integrated back into the community following hospital admissions.