Danmor Lodge Ltd

Danmor Lodge Limited

Inspection report

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12 February 2019

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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:
The service is a care home for up to 25 people some of whom live with dementia and/or a physical disability. 23 people lived in the service when we inspected.

Rating at last inspection:
Good (published 21 October 2016).

Why we inspected:
This inspection was a scheduled inspection based on the previous rating.

People's experience of using this service:
People told us they felt safe and happy living at Danmor Lodge. Relatives said they felt confident that their family members were well looked after. The staff demonstrated a good understanding of how to meet people's individual needs and wishes and to raise concerns if they had concerns about a person's health and well-being. People's desired outcomes were known, and staff worked with people, their relatives and relevant health professional to help achieve these. People were encouraged and supported to maintain their independence and live their lives the way they wanted to.

People were supported to maintain contact with those important to them including friends, family and other people living at the home. Staff understood the importance of these contacts for people's health. Staff and people were observed enjoying warm and mutually beneficial interactions. Staff had got to know people well and recognised and supported the things that made them individuals. A varied and inclusive activities programme helped people to enjoy their time at the home, stay active and develop new skills and interests.

The management of the home were well respected and promoted an open and transparent approach. People and relatives felt they were approachable and good listeners. Staff had a good understanding of their roles and responsibilities and were supported to reflect on their practice and pursue learning opportunities. Staff felt very supported and said their good work was recognised and rewarded. The staff team worked well together demonstrating team cohesion and flexibility.

Quality and safety checks helped ensure people, staff and visitors were safe and protected from harm. This also ensured that practice standards were maintained and improved. Audits helped identify areas for improvement and this learning was shared with staff. A culture of learning and improvement had been embedded by the management and was used to help identify ways to continually improve the experience for people living at the home.

A full description of our findings can be found in the sections below.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Danmor Lodge Limited

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:
This inspection was carried out by one adult social care inspector.

Service and service type:
The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

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

Notice of inspection:
This was a planned inspection and was unannounced. The inspection took place on 11 and 12 February 2019.

What we did:
We did not request a Provider Information Return. This is information providers 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. We took this into account when we inspected the service and made the judgements in this report. We looked at notifications which the service had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We also spoke with the local authority quality improvement team to obtain their views about the service.

We spoke with five people and six relatives. We also spoke with the registered manager, deputy manager,

administrator, five care staff, including a senior carer, the cook, activity coordinator, maintenance worker and three domestic assistants. We spoke with two health care professionals by telephone following the inspection.

We looked around the service and observed care practices throughout the inspection. We reviewed a range of records including four care plans, staffing rotas, training records and other information about the management of the service. This included accidents and incidents information, four Medicine Administration Records (MAR), compliments and complaints, equipment checks and quality assurance audits.

We used the Short Observational Framework for Inspection (SOFI) during meal times. This is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

• People told us they felt safe living at Danmor Lodge. One person said, "Oh yes I feel safe here." Relatives said they felt their family members were safe with one feeding back to us via email, 'We know that [title] is safe and secure and this gives the family the peace of mind that [title] is being so well looked after.'

• Staff had been trained in safeguarding and knew how to protect people from abuse. Staff demonstrated an awareness of the signs and symptoms of abuse. They told us how they would report safeguarding concerns both internally and to external agencies such as CQC and the police.

• There were effective arrangements in place for reviewing and investigating safeguarding incidents.

Assessing risk, safety monitoring and management; recruitment

• People had personalised risk assessments which identified the risks and documented how staff could minimise these. Staff were able to describe the risks some people faced and how they and other staff help to reduce the risks. For example, a staff member talked us through how they supported a person to reduce the risk of choking when eating and drinking. Risk assessments and care plans were developed with involvement from people, their relatives and relevant professionals.

• General risk assessments had been completed to help ensure the safety of the home environment and equipment for people, staff and visitors. These assessments included: fire systems, passenger lift, water safety and electrical appliances.

• Risks to people from fire had been minimised. The home conducted regular fire drills and alarm tests. People had Personal Emergency Evacuation Plans (PEEP) which guided staff on how to help people to safety in an emergency.

• Recruitment practices at the home meant that people were supported by staff suitable to work with the people living there. Staff only worked with people once they had received the necessary clearances which included a criminal history check from the Disclosure and Barring Service (DBS).

Staffing

• The home had enough suitably trained staff to meet people's needs. Management used a dependency tool

to ensure staffing levels matched need. Relative comments included, "The ratio of staff is very good", "There is always enough staff on" and, "They (staff) are not rushed."

• Rota planning supported staff to meet people's needs in a timely way and for them to have meaningful interactions with people.

Using medicines safely

• People received their medicines on time and as prescribed from staff who had undertaken the relevant training and ongoing competency checks. When required the home had liaised with local GPs and pharmacies to review people's medicines. For example, one person was prescribed an increased dose in a medicine following on-going seizures.

• Medicines were stored securely, and temperatures were taken of the room where they were held. The temperature of medicines requiring refrigeration was also monitored.

• Medicine Administration Records (MAR) were completed and legible. Stocks of medicines matched the amounts detailed on each person's MAR.

• Plans were in place for people that had 'as and when required' medicines such as pain relief. These plans explained when and how these medicines should be offered. One person told us, "I can have extra pain relief if I need it."

Preventing and controlling infection

• The home was visibly clean, well maintained and free from odours. A maintenance worker ensured that repairs and refurbishment were undertaken in a timely way. A relative said, "This place is immaculately clean."

• Infection control audits were carried out. Staff had access to Personal Protective Equipment (PPE) such as gloves and aprons and used these appropriately. There were hand sanitiser stations throughout the home to help reduce the risk of infection.

Learning lessons when things go wrong

• Accidents and incidents were recorded by staff and reviewed by the registered manager. Analysis looked at the cause and learning that could be used to reduce the chance of a reoccurrence. For example, when a person's falls had been connected to the condition of the footwear and reduced mobility they had been supported to purchase a new pair of shoes and obtain a walking stick. After a person had experienced a fall in their bedroom a handrail had been fitted to help them get in and out of bed more safely. In each case the home had liaised with health professionals to ensure best practice. The registered manager said, "If things go wrong we see them as part of the learning process, an opportunity to turn things around and make improvements."

Good

Is the service effective?

Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support

• People had pre-assessments that supported their move to the home. On moving in, staff worked with the person, their family and relevant professionals to develop a personalised care plan that identified desired outcomes and how to achieve them. People had been involved in this process. A relative said, "I feel [title] is looked after very well." Another relative stated, "I recommended this home to a friend. [Name] moved in and [name's relative] is over the moon. I wouldn't have done that if I had any doubts."

• People were supported to access healthcare services when their needs indicated this was necessary. People and their relatives told us this was done in a timely way and records confirmed this. Prior to the inspection a relative had fedback to us on this aspect of their family member's care, '[Title's] return visits to the hospital outpatients department for ongoing treatment are organised efficiently and with follow up discussions held with family about the next agreed course of action.' A health professional told us, "They are really good and always take our advice. The deputy manager supports me when I do my rounds." Another health care professional said, "They are very proactive and know the residents well. They are good at working with us to get good outcomes for the residents. I have every confidence that when I give advice they (the staff) follow it up."

• People had hospital passports which contained key information to support their needs being met when accessing healthcare services including if hospital admission was required.

Staff support: induction, training, skills and experience

• People were supported by staff that had received an induction and shadowing opportunities with more experienced staff. A staff member said, "My induction was thorough, and I did some taster days which helped." Another staff member told us, "I came here on an apprenticeship and then they supported me to do a [diploma in] level three health and social care."

• New staff complete the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.

• Staff had training that helped them meet people's specific needs. Courses, delivered in-house and through accredited external trainers, included equality and diversity, palliative care and managing challenging

behaviour. A staff member said there had recently been a risk awareness session for staff that had helped to improve their understanding of how to support people with swallowing difficulties.

• The home reviewed staff training needs and completion each month. A staff member said, "They have put me through a lot of training. If I don't feel confident I can raise it and they will send me on a refresher." A person commented, "Oh yes, the staff are well trained." A health professional commented, "The staff are definitely well trained" whilst a relative expressed, "The staff are well trained and competent."

• All staff received supervision where they had opportunity to raise practice issues, concerns or ideas and discuss their short and long-term goals. Records showed discussions included their achievements, success and delegated responsibilities. Regular staff briefings also took place with night, medicines, kitchen, domestic and activities staff. Each staff member had an annual appraisal.

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

• People were supported to maintain a well-balanced diet. Their dietary needs and risks were assessed, known and met. People were supported in line with their meal time support plans which included whether they needed adapted cutlery and crockery, whether they were diabetic or vegetarian and the required consistency of their food and drink. Each person's food was prepared and presented in a way that ensured it looked appetising. Concerns about people's dietary intake were shared with relevant health professionals.

• People told us they enjoyed the food at the home. One person said, "It's great. I love the food." Another person said, "You certainly get fed well." A relative had fedback via email, 'The food is delicious, made with the highest quality of ingredients/nutritious and I'm sure is one of the main reasons [title's] health has improved so dramatically since [title's] arrival.'

• People that required extra support from staff to eat and drink were assisted in a calm and person-centred way. This supported them to enjoy their meals and maintain their weight.

• Plans had been submitted by management to the owners proposing that the dining room be extended and converted to give a café like appearance enabling greater flexibility in the times that people ate. The motivation for this was that people would have greater independence with what they ate and when rather than being restricted to typical meal times.

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

• The home was adapted to meet the needs of people living there. Signage helped people who experienced memory problems to find their way around the home more easily. For example, there were signs to identify the dining room, bathrooms and toilets. Calendars around the home and in each person's bedroom helped them to know the correct day and date.

• The home was decorated in a way that gave it a homely feel. People who were able to speak with us told us they liked the home and their rooms. One person told us, "I like my room. I brought some furniture from home." Another person commented, "My room is very nice." A relative said, "[Title] has a beautiful room with all [title's] personal things."

• One of the people living at the home acted as a representative for the other people when their input was required about decoration of the home. People had decided they wanted the lounge painted blue and this had been done. Two large fish tanks had been purchased after a request from people. One person told us

that looking at the fish made them, "feel relaxed."

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.

• 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.

• People were living with dementia which affected their capacity to make some decisions about their care and support. Where people had been assessed as lacking capacity mental capacity assessment and best interest decision paperwork was in place. These had been completed for areas of people's lives including: support with personal care, support with medicines and the use of bed rails.

• Staff demonstrated a good understanding of the principles of the MCA 2005 and how to apply this when supporting people living at the home. Staff consistently asked for people's consent before supporting them and provided them with information that helped them to make meaningful choices.

• 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). The home had applied for DoLS for each person that required this. The home liaised with the local authority to check on the progress of applications or when authorised DoLS needed reviewing. One person had a condition attached to their authorised DoLS and this was being met.

Good

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; equality and diversity

• People were treated well by kind and caring staff. One person said, "The staff are lovely. They are very patient." For example, we heard a staff member complimenting a person on their appearance – "You look very glamorous [name]." A health care professional said, "All the staff are competent, interact well with the residents and are compassionate." A relative told us, "The staff are very fond of [title]. They are all very caring towards [title]. [Title] is very happy there." Other relatives said, "[Title] was upset one day a member of staff sat with [title] and calmed [title]", "[Title] has been here for eight years. There is definitely a genuine warmth from staff" and, "Often I'm on the phone and hear them (staff) being kind and patient with [title]." Relatives were also treated in a kind and attentive way. For example, the maintenance worker called on a person's relative having heard they needed a chair to be mended. This chair was special to this person as it had travelled back to the UK when the person and their relative had returned from living abroad. The maintenance worker respected the importance this item to the relative, had collected the chair and taken it to a local workshop to be repaired for them.

• The home encouraged a 'getting to know you' ethos with regards staff interactions with people. This included giving staff time to talk to the people living there, becoming familiar with their personal histories and seeking opportunities to actively listen to them and understand their individual needs. A person told us, "The staff are alright. You can have a laugh and joke with them. The staff know me well." One relative said, "The staff are very interested in [title's] past" whilst another relative told us, "My [relative] used to work on submarines. A staff member went out and got him a duvet cover with scenes of the sea."

• People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. People were given the opportunity to attend a regular church service at the home. This had been arranged following a request by residents. Some residents preferred to take communion in their rooms and this was respected.

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

• People who were able to speak with us told us they were happy with their care and they felt involved in decisions affecting their lives. One person said, "I've never regretted moving here. We have a free choice and can go out when we like. The staff are in the background if you need them."

• People were given every opportunity to express their views and make decisions about the care and support

they received. This was done on a day to day basis and also via the home's facilitated residents' meetings. For example, one person had been a member of the Salvation Army and had suggested a visit be arranged from the Salvation Army band. This had been followed up by the management and the person had enjoyed wearing their uniform to the event.

Respecting and promoting people's privacy, dignity and independence

• Staff understood the importance of maintaining people's privacy and dignity and demonstrated this during the inspection. For example, we observed staff knocking on people's doors before entering their rooms and speaking to them discreetly if they needed to discuss personal information. A relative had fedback to the management in an email which noted, 'I have noticed how [title], who was very modest around personal care now thrives and enjoys baths and hair dos as staff create a positive atmosphere which helps to alleviate stress and promotes [title's] dignity.'

• When staff were supporting people, they talked them through what has happening so that they felt reassured and more in control. One person's relative told us, "They uphold [title's] dignity." Another had fedback to us in an email which included their view that the home had a 'strong team who are advocates of dignity, respect and compassion for residents at all times' before adding, 'The individual's capacity to make their own decisions is paramount and always taken into account.'

• People were encouraged and supported to remain as independent as possible. We observed this, and records confirmed that this approach was promoted. One person told us, "I like the freedom here." Another person said, "It's fantastic here. I have my liberty." Relative comments included, "As much as [title] can still do they (staff) support [title] to do that" and, "When [title] mobilised with a frame they encouraged him to do as much himself as he could. They never rushed [title]. I'm so pleased I found Danmor Lodge for [title]."

Good

Is the service responsive?

Our findings

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

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

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

• People received personalised care. Their needs, abilities and preferences were documented, well known and supported by staff.

• The service identified people's individual information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others including professionals. People's communication needs were met by staff. For example, people with a sight impairment had information in large print, were encouraged to use a visiting talking books service and supported to access news on a disk. Staff demonstrated an understanding of the importance of people's communication aids such as their glasses, hearings aids and dentures.

• People had the opportunity and choice to engage in a range of activities delivered by a team of coordinators with support from other staff. The activities coordinator kept of record of people's participation. This information was used to review and amend the activities programme to help ensure it met people's current and emerging needs. The activities coordinator said, "I work hard to personalise the service people get. We are determined not to leave anybody out."

• Staff considered how barriers due to disability and complex behaviour impacted on some people's ability to take part and enjoy group and individual activities. For example, staff had moved morning stories to later in the day as they had found it had a calming influence for people." One person who was registered blind could still take part in activities as staff knew to sit in front of them to guide them through the activity. A relative told us, "They are pretty good on their activities. There are always things going on. [Name of relative] goes out every Tuesday." Another relative shared this view when telling us, "The activities are really good. There is always something going on. We join in." We observed an interactive sign-a-long session delivered by a visiting organist on day two of the inspection. People and staff were seen singing and dancing together.

• People were supported and encouraged to live their lives how they wanted to live them. For example, a relative commented, "[Title] likes to be colour coordinated. The staff helped [name] sort things in their wardrobe so that all grey clothes and all blue clothes were together." One relative told us that their family was not fond of group activities and was pleased that "staff help [name] to spend time in [name's room]. This was echoed by another relative who said, "They (staff) try to get [title] to mix but respect [title] doesn't

want to."

• The home had identified people who were at risk of social isolation and looked to reduce this wherever possible. For example, one person who was cared for in bed had been supported to move rooms so that they had greater opportunity for social contact and stimulation. Records showed that this person and others received 1:1 activities to prevent social isolation or when they had expressed a preference for this over group activities. The activities coordinator had helped people who were cared for in bed enjoy the Christmas season by placing a Christmas tree in their rooms with their consent.

• People were supported to maintain contact with family and friends. Activities staff helped some residents to communicate with their relatives using social media. This service was displayed on the notice board so that people and relatives were aware it could be arranged for them. Relatives told us they could visit freely and were always made to feel welcome and involved. We observed people enjoying visits from family and friends during the inspection. They spent time with them in their rooms and in the communal living areas of the home.

Improving care quality in response to complaints or concerns

• The home had a well-publicised complaints policy and procedure. Complaints had been resolved in line with the provider's policy. People and relatives told us they knew how to complain. One person told us, "I would speak to [name of registered manager] but I have no cause to complain."

End of life care and support

• The home had received the Gold Standard Framework Quality Hallmark Award (GSFCH). The GSFCH is a voluntary programme to enable the home to provide a 'Gold Standard of care' for those nearing the end of life. In addition to this accreditation, awarded just before the previous inspection, the home was delivering its own palliative care training and had established an end of life care champion to embed the importance of quality care at this time of people's lives. A staff member said the training had made them aware that people are able to hear right up to the time of their passing and that this had led them to encourage relatives to speak to their family member until the end.

• People's care plans included their end of life care wishes. A relative told us, "[Title's] future wishes have been documented after consultation with [title's] family." The home was planning to ensure every person at the home was consulted about their end of life wishes including musical preferences. One person had wanted their ashes to be scattered at sea, but family were unable to organise this. Danmor Lodge, in collaboration with the funeral home, arranged for this to be done when the next local life boat was launched.

• Staff rotas had been developed for people on end of life care to ensure that there was always a staff member able to sit with them and provide comfort. Staff volunteered for this which demonstrated their commitment to this area of people's lives. The registered manager said, "We do this because this is what you would want for people."

• The home sought feedback from relatives of people who had passed away. The comments they had received included: 'All our questions and queries were answered in a kind and compassionate manner. The genuine love, care and compassion shown to my [relative] and the family was hugely comforting' and, 'After our [relative] died [name of registered manager] and the staff put on a party for the residents to cheer them up and my [other relative] and I were extremely touched by the sincere emotions shown by the staff.'

• The home held an annual remembrance service so that people, staff and relatives could celebrate people's lives. Staff, including those who no longer worked at the home, regularly attended people's funerals to show their respects and held events to mark their passing. One person had requested vegetables rather than flowers at their funeral with family then asking that these be used in a remembrance meal. We saw that this request had been followed up with a meal created and named in the person's honour. This demonstrated to people and their relatives the importance the home placed on each person and their part in the community of people who lived there.

• The impact on staff of supporting people with end of life care needs was recognised by the management. Records showed that the management offered support to staff affected by people passing away.

Good

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

• The management of the home completed regular checks which helped ensure that people were safe and that the service met their needs. These checks included health and safety audits, completion of required training and review of call bell response times.

• People, staff, relatives and professionals told us the management were approachable and supportive. A relative stated, "There is a friendly and cheerful atmosphere." Staff comments included, "It's calm here. It's a good place to come to work at. The team and management are very supportive" and, "This is a good place to work. I feel supported." A relative, who had recently nominated the home for a care award from a local newspaper, had emailed the home to express, 'Hands on management head up a wonderful, professional and friendly team acting with genuine warmth, dedication and kindness which makes me feel confident that [title] is safe and receiving exemplary care from the new family our family has been lucky to join during [title's] twilight years.' Another resident expressed, "The management are approachable and good listeners."

• There was a positive and open culture at the home. The registered manager said, "We want to portray a home from home image. That everyone feels they are part of a family – residents, staff and family. We want this to be a caring, nurturing environment for everyone." The management's ethos was to be 'kind, caring and treating people in the same way as they would treat the most loved member of their family.'

• Staff told us they felt valued and rewarded. Records showed that staff were told when they were working well. For example, one staff member's supervision noted, '[Name] works to a high standard and has a good knowledge base.' The staff member had responded, 'Would just like to say I am so happy at Danmor Lodge. I feel supported by all my team members and management – look forward to the upcoming year ahead.' Staff members who got in to work despite adverse weather told us they had been rewarded by the registered manager with a bonus and cinema tickets.

• The registered manager understood the requirements of Duty of Candour. They told us it is their duty to be "open and honest" if accidents or incidents happen at the home that had caused or placed a person at risk of harm. They said it was important to "let the person and family know what has happened and keep them informed."

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

regulatory requirements

• Staff, people, relatives and professionals were positive about the management of the home. One relative told us, "I feel I have a warm relationship with the management. The registered manager is very approachable."

• Staff told us they enjoyed working at the home and they got on well with their colleagues. We observed staff being supportive of each other during the inspection. A staff member said, "It's good team work here. I get on with everybody." A card from a staff member to the team stated, 'Dear friends and colleagues I would like to thank you all for being the best colleagues and friends at work I ever had in my life.'

• The registered manager had ensured that all required notifications had been sent to external agencies such as the local authority safeguarding team and CQC. This is a legal requirement to allow other professionals to monitor the care and keep people safe.

• The management produced a weekly report to provide oversight of the service and facilitate planning. The report included: current occupancy of rooms, people's dependency levels, staff information, maintenance, summary of professionals' visits and upcoming staff training. The weekly report is sent to the home owners and the area manager, providing the basis for weekly discussions during visits.

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

• People and their relatives felt consulted and involved. A relative said, "I am involved in the care reviews. I also get a monthly email to update me." Another relative expressed, "I feel consulted" whilst another said, "I am always kept up to date; if there are any changes they ring or email." People had the opportunity to influence changes at the home. For example, one person had requested that the back lounge was better lit with LED lights which were then installed. Residents had also voted for the large cabin in the grounds to be converted into a shop with a tea area. Plans were in place for this to be completed for the summer with discussions continuing about who would like to help serve in it when opened, the layout and the type of stock.

• People and relatives were kept updated on developments via the home's bi-monthly newsletter. This was delivered to people's rooms with staff reading the information to people where required. The newsletter included details about new staff, people's and staff member's birthdays, people who had passed away and photos of recent events. People and staff said this had helped to develop a sense of community.

• Regular staff meetings were held where issues, concerns and ideas could be raised freely. Meetings took place with all staff who worked at the home to ensure that the team delivered care in a cohesive and coordinated way. A staff member said, "You can raise anything you like. The registered manager checks if we want to add anything to the agenda. Our voice counts."

• The home had sought feedback on the service from people, staff and professionals. A person had been supported by a relative to feedback, 'Danmor Lodge cannot be praised enough for the care and attention with which they treat residents.' One staff member had fedback, 'I feel if I have any questions I am listened to and understood. I feel extremely supported in my role.' A professional had commented, 'Carers and management are helpful always. Residents always look happy and well cared for.'

Continuous learning and improving care

• There was a culture of learning and improving at the home. For example, each month the management encouraged staff to focus on a different area of care to help improve their practice. At the time of our inspection the theme was dignity with staff encouraged to 'show respect to families, professionals and residents when visiting Danmor Lodge.' Staff were aware of this initiative and were observed doing this throughout the inspection. Events were also held with other local care homes to share ideas.

• The home had established staff 'champion' roles for areas of practice including safeguarding, medicines, end of life care, care planning and dignity and well-being with staff chosen to 'champion' areas they were passionate about. This had helped ensure 'champions' were motivated to promote best practise and sustain a high quality of care at Danmor Lodge. The registered manager contacted us following the inspection to inform us they had won the 'Best Care Home 2019' care award from a Dorset daily newspaper. This was on display in the home for people, staff and visitors to enjoy.

• The registered manager was a committee member for the Dorset Care Home Association (DCHA). This is a member-led association that represents and supports independent providers of residential and nursing care for older people and adults with disabilities in Bournemouth, Poole and Dorset. In February 2018 the committee organised an event focusing on end of life care that was attended by over 100 people. The registered manager told us they had led a session on end of life care alongside a hospice and the GSF.

• The Manager and the Deputy Manager regularly attend the Care Home Forum meetings. These are open meetings led by a local GP and a member of the Clinical Commissioning Group (CCG). These meetings provide opportunities for care homes and providers to share best practise, raise concerns, initiate training and drive improvements.

Working in partnership with others

• The home worked in partnership with other agencies to provide good care and treatment to people. The management and staff worked closely with local district nursing teams, hospice, nurse practitioner and visiting GP to meet and regularly review people's needs. This pro-active approach helped people to stay well for longer and prevent unnecessary hospital admissions.

• The home had established links with two local colleges and a school to support young people doing their Duke of Edinburgh award and to encourage young people of school age to consider a career in the caring profession. Feedback showed that people and students had enjoyed doing crafts and cooking together. This was an example of supporting cross-generational contact which helps diverse community groups to learn and understand about each other.