

Review of compliance

<p>Danmor Lodge Ltd Danmor Lodge</p>	
<p>Region:</p>	<p>South West</p>
<p>Location address:</p>	<p>12-14 Alexandra Road Weymouth Dorset DT4 7QH</p>
<p>Type of service:</p>	<p>Care home service without nursing</p>
<p>Date the review was completed:</p>	<p>02/02/2011</p>
<p>Overview of the service:</p>	<p>Danmor Lodge is a detached property set in its own grounds and gardens situated close to local shops. The home is a short bus ride from the town centre of Weymouth. The home accommodates a maximum of 27 residents over 65 years of age. Accommodation is on the ground, first and second floors. There are two passenger lifts and also a ramp that enables smooth access to all parts of the home. Communal facilities include two lounges, a conservatory, dining room, three assisted</p>

	bathrooms, a conventional bathroom and a separate toilet..
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Summary of our findings for the essential standards of quality and safety

What we found overall

We found that Danmor Lodge was meeting all the essential standards of quality and safety we reviewed.

The summary below describes why we carried out the review, what we found and any action required.

Why we carried out this review

We carried out this responsive review to check whether Danmor Lodge had made improvements since the last inspection in April 2010. At this inspection improvements were required in managing the care planning process and the management and recording of medication. Some alterations were also required to the environment with regards to infection control, covering radiators, and the provision of window restrictors.

We therefore reviewed the following outcomes:

- Care and welfare of people who use services
- Cleanliness and infection control
- Management of medicines
- Assessing and monitoring the quality of service

How we carried out this review

We reviewed all the information we hold about this provider, carried out an unannounced visit on 27 February 2011. We observed how people were being cared for, talked to people who use the service, talked to staff, checked the provider's records, and looked at records of people who use the service.

What people told us

People living in the home told us that they were positive about the care and support they received. People said their personal care needs were met and that they were treated with dignity and respect by the staff team. They said that staff responded promptly to requests for assistance and that they felt confident about raising concerns, or making criticisms, either to the care staff or to the management of the service.

People said they thought the home was kept very clean and their individual rooms were well maintained and decorated.

What we found about the standards we reviewed and how well Danmor Lodge was meeting them

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

- People using the service were receive person centred care that is effective safe and appropriate to their needs.
- Overall, we found that Danmor Lodge was meeting this essential standard.

Outcome 8: People should be cared for in a clean environment and protected from the risk of infection

- People living in the home are in an environment that is clean and hygienic and staff are using protective procedures for the prevention and control of infection.
- Overall, we found that Danmor Lodge was meeting this essential standard.

Outcome 9: People should be given the medicines they need when they need them, and in a safe way

- People are receiving medicines that are appropriately prescribed. Medication administration, storage and recording are being managed safely and in accordance with appropriate guidance.
- Overall, we found that Danmor Lodge was meeting this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

- People are able to provide feedback on the service and this is acted upon. The home monitors the quality of service that it provides and has effective systems to manage risks.
- Overall, we found that Danmor Lodge was meeting this essential standard.

What we found
for each essential standard of quality
and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.

Outcome 4: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We spoke with four people who live in the home and two relatives who were visiting the home at the time of the site visit. People were positive about the care and support they received and the care staff who delivered the service. People said they were treated with dignity and respect and that their needs were generally met promptly and within a reasonable timescale. The relatives we spoke to said they were kept well informed of any concerns and were always made welcome in the home. They were positive about the quality of care delivered by the staff team and described the home as having a professional and caring approach.

We observed staff interacting with people who live in the home in a friendly and professional manner and meeting needs with a calm and professional approach. There was a relaxed, friendly and homely atmosphere within the home.

Other evidence

We looked at a sample of care plans and assessments and discussed the care planning process with the deputy manager. All care plans were up to date and had been reviewed within the previous two months. All assessments had been reviewed within the agreed timescales and there was evidence that care plans were updated based on assessments. There was also evidence that people using the service were involved and informed about changes to their care plans. Other professionals, such as GPs, district nurses and social workers, were also involved in reviewing and changing of plans to when peoples needs changed. The care planning format, whilst slightly complicated in presentation, was detailed and covered the full range of peoples needs. There was evidence of regular recording being completed by the care staff and of good monitoring of changing needs.

The deputy manager explained how they were continuing to improve the effectiveness of the process. For example, the home has been developing and using end of life plans for those people who wish to have them.

Our judgement

People using the service receive person centred care that is effective, safe and appropriate to their needs.

Outcome 8: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

What we found

Our judgement

The provider is compliant with outcome 8: Cleanliness and infection control

Our findings

What people who use the service experienced and told us
People who use the service said that the home was always kept clean and hygienic and also that their individual rooms were well maintained and decorated. We toured the premises and observed that the home was clean. All cleaning materials and potentially harmful substances were correctly stored in locked cupboards.

Staff were observed wearing protective clothing were appropriate, for example to perform of personal care, laundry tasks and food preparation. Infection control procedures were in place and displayed in the laundry area and the storage cupboards. Additional signs were displayed around the home reminding staff of the importance of infection control.

Other evidence
Staff have undertaken two training courses in infection control, one of which was an accredited distance learning module and the other was a one day course run by an independent trainer that was hired by the service. Staff had attendance certificates for these courses.

Environmental risk assessments relating to the maintenance of equipment, access to the home, potential tripping hazards and safety and maintenance checks were in place. These had been reviewed and signed and dated.

Our judgement

- People living in the home are in an environment that is clean. Staff are using the correct protective procedures to promote the prevention and control of infection.

Outcome 9: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us
We did not discuss the management of medication with the people living in the service.

Staff were observed completing the morning medicines round. The staff member administering the medication was wearing a tabard to identify themselves. Staff were professional and were asking people if they were ready for their medication, providing a drink if required, and then completing the medication records.

Other evidence
The home has a medication policy in place, though this was not examined during this visit. There was general guidance and information in the daily administration recording file, which is completed by the staff when they administer medications.

The home had written protocols for the administration for medicines that is given 'as required'. These were dated to show they had been recently reviewed. Information is provided to staff on these protocols in the medication records and also in care plans. The process for completing the administration of medicines was described by the deputy manager, who also explained how they observe staff to ensure that the procedure is being correctly followed.

The home uses a monitored dosage system which means that medicines are supplied in individual blister packs from the pharmacy. A staff member dispenses the medicine from the pack for the individual concerned. Records were completed for the most recent delivery of medicines and for the disposal of medicines. Stock taking audits are completed every month which involves checking the amount of medicines in stock against the records.

The medication storage and record keeping were examined. Medicines were safely and securely stored in a locked transportable cupboard that was kept locked in the office when not in use. The records showed that medicines that had been administered had been signed for by the staff. The storage facility contained only prescribed medicines and a check on a sample of the stock showed that the correct recording had been completed. We looked at the storage and recording for controlled drugs. All entries had the required double signatures and regular audits had been completed and signed by senior staff.

The deputy manager told us that all senior staff must undergo accredited training before they are permitted to administer medication. Their administration procedures are initially supervised by the deputy manager to verify competence. We saw that senior staff who administer medication had completed a distance learning course and also undertake training provided by a local pharmacist. Certificates for the accredited training were displayed in the office and a record was also kept in the staff file.

We found evidence that advice is regularly sought from GPs to review people's prescribed medication. Changes to medication were recorded in people's file as well as in the medication records. On the day of our visit one person's medication was reviewed and changed by a visiting GP and we observed the deputy manager recording this information.

Our judgement

People are receiving medicines that are appropriately prescribed. Medication administration, storage and recording are being managed safely and in accordance with appropriate guidance.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People living in the home said they felt confident about approaching staff and managers with concerns and said they were confident that their concerns would be responded to. Some people were aware of the complaints policy and how to use this formal process.

Other evidence

The service has a process in place to obtain feedback from people and systems to allow people to make complaints or raise concerns and this information is recorded. There have been three resident meetings in the last six months and the last one of these was on 5 January 2011. The minutes showed that general discussions had taken place about the home though no specific actions were required. Some ideas and plans for future social events were discussed and information was given to people about staffing and maintenance.

The service had distributed surveys to residents in the home and to relatives in May 2010 of which 11 from residents had been returned and eight from relatives. These surveys all produced positive feedback about the care and support that was received or delivered.

The service has a complaints policy in place and information about this is displayed in the home. The service has received one complaint from a user of the service, which related to the installation of window restrictors. This was responded to promptly by the provider who explained, in writing, that they had been required to install window restrictors to comply with legislation. The provider also said they had spoken personally to the complainant.

The service also monitors the quality of the service it provides. The provider completes monthly inspection visits and produces reports for the manager and deputy manager. The service has completed actions in relation to the requirements made at the last inspection in April 2011 by the Care Quality Commission. The manager told us about their plans to improve the environment by updating one of the bathrooms as well as ongoing maintenance and decoration. The manager explained that the general good standard of maintenance promotes safety for staff and people living in the home.

The service has regular management meetings which include senior staff, the managers and the provider. This provides a forum to discuss future plans and any ongoing issues. The deputy and manager explained that any identified increased risk or concerns relating to the welfare and safety of people could be discussed at these meetings. Action taken could include updating care plans and risk assessments and providing additional guidance to staff. Senior staff said they found the manager, deputy manager and provider are supportive and responsive to their views.

Our judgement

People are able to provide feedback on the service and this is acted upon. The home monitors the quality of service that it provides and has effective systems to manage risks.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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Author	Care Quality Commission
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