

Review of compliance

Danmor Lodge Limited Danmor Lodge Limited	
Region:	South West
Location address:	Danmor Lodge 12-14 Alexandra Road Weymouth Dorset DT4 7QH
Type of service:	Care home service without nursing
Date of Publication:	April 2012
Overview of the service:	Danmor Lodge is registered to provide accommodation and personal care for up to 27 older people. The home is on a quiet residential street in Weymouth. The home is accessible for people who use wheelchairs and there is a passenger lift.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Danmor Lodge Limited was not meeting one or more essential standards. Improvements are needed.

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

Why we carried out this review

We carried out this review because concerns were identified in relation to:

- Outcome 01 - Respecting and involving people who use services
- Outcome 04 - Care and welfare of people who use services
- Outcome 07 - Safeguarding people who use services from abuse
- Outcome 13 - Staffing
- Outcome 14 - Supporting staff
- Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 21 March 2012, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We visited the home unannounced on Wednesday 21 March 2012. We had brought forward a scheduled review because of concerns raised during a safeguarding investigation. There were concerns about how people were being supported in their mobility and how they were supported to maintain their health.

When we arrived people were enjoying breakfast. Some people were enjoying the sunshine and others were being helped with their personal care. Staff were polite when speaking to people, considerate of their wishes and able to take time to chat with people.

One person with communication difficulties was supported by knowledgeable staff who understood the person's needs. However information about their communication needs was not clearly recorded in their care plan.

We found that information was not clearly recorded about people's needs in their care plans. There was not an accurate picture of the care they received.

Staff were heard speaking patiently to people and were gentle when assistance was

provided with physical needs.

People who lacked capacity had not been supported by an independent person to ensure decisions had been made in their best interest.

People told us that there were sufficient staff in place and that staff were very caring and responsive.

People told us that staff were kind. We were told that staff listen and people feel confident when they were being supported with their personal care.

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

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People were involved in the decisions about the care provided. Care was based on their individual needs and preferences. People who used the service were treated with respect.

Overall, we found that Danmor Lodge was meeting this essential standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People living in the home do not always receive care which is appropriate to meet their needs and keep them safe. Decisions about changes to people's needs and the support to be provided are not recorded.

Overall, we found that improvements were needed for this essential standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People felt safe using the service. Staff were trained and able to respond appropriately to any actual or suspected abuse that occurred. Information was not recorded when people needed best interest decisions about their care and support.

Overall, we found that improvements were needed for this essential standard.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

People receive care that meets their assessed needs. Staff are sufficient in number to support people in a timely way.

Overall, we found that Danmor Lodge was meeting this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Staff have access to training and support but this information is not assessed or recorded to ensure staff receive appropriate training to meet the needs of people living in the home. Staff do not have regular supervision and appraisals to support them in their role and staff competency is not monitored.

Overall, we found that improvements were needed for 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

The quality of care provision is not consistently monitored. People are asked their opinion of the service but this is not used to inform development of the service.

Overall, we found that improvements were needed for this essential standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**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 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People told us they were supported and enabled to do things for themselves. They said they were encouraged to express their views and make or participate in making decisions relating to their care and treatment.

People were able to move freely around the home. People were able to choose where they sat.

When we arrived people were enjoying breakfast. Some people were enjoying the sunshine and others were being helped with their personal care. Staff were polite when speaking to people, considerate of their wishes and took time to chat with people.

While one person was being helped to get out of the chair with a hoist, staff explained why they were doing it, what was going to happen and reassured the person who was very anxious.

Staff listened to people and responded to their requests. For example one person said they were hungry and would like some biscuits, staff responded quickly and said they would bring their favourite kind.

Other evidence

We looked at four care records. Some of the care plans had been written using a person centred approach. The registered manager told us they were changing all the care plans to this style. This new format included a section entitled it's all about you. In one of the care plans, we looked at this section was completed, but the handwriting was difficult to read. The other three care plans had not yet been updated with this new section. There was space for photographs, but none had been included. We looked at one new care plan which detailed people's likes and dislikes, their preferred routines including when they liked to get up in the morning.

In the four care plans we looked at people's wishes and preferences were recorded. There as details in relation to how their care was provided, how they liked to spend their time and how they preferred to be supported. People and their relatives had signed their care plans to confirm they agreed with them.

The registered manager told us that the care plans, including risk assessments, were regularly reviewed in consultation with the individual.

During our visit we saw that people were being spoken with and supported in a sensitive, respectful and professional manner. The service had an activity coordinator and during our visit, people were involved in a variety of activities during the day. The activity person was very skilled at including people in conversations about unusual items such as metal stair rods.

Our judgement

People were involved in the decisions about the care provided. Care was based on their individual needs and preferences. People who used the service were treated with respect.

Overall, we found that Danmor Lodge was meeting this essential standard.

Outcome 04: 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

There are moderate concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We observed people being supported throughout the day. Staff offered people choice about where they sat, what drinks they had and what activities they took part in.

People told us that staff knew how to support them and calls bells were answered quickly by staff.

During lunch staff supported people to eat. Staff sat next to people to assist them with their meal. We saw that staff chatted with people as they helped them.

One person with communication difficulties was supported by knowledgeable staff who understood the person's needs. However, information about their communication needs was not clearly recorded in their care plan.

Bathrooms and toilets were not easy to find as there were no pictures to help people with dementia. The signs on the bathroom and toilet door were of generic male and female figures which people with memory problems may no longer recognise as a sign for the toilet.

Other evidence

We looked at the care records for four people. We found that information in the assessment was sometimes different from information in the care plan. For example one person who used a walking aid, had an assessment which said the person walked steadily with the aid. In the care plan it said the person had a tendency to walk fast and

become unsteady using the aid. There was no guidance for staff on how they should support this person to walk safely.

Another person in the home became distressed when staff tried to use a hoist to move them. Staff had been instructed by the registered manager to lift the person without equipment. We did not find any documentation to support this action. The person being moved and the staff were put at risk of harm or injury. The daily records for this person made no reference to how staff should support this person to transfer from their chair to their bed. We were sent documentation on 19/4/12 by the home which showed that on 13/12/10 staff were told not to use a particular piece of moving and handling equipment as it caused distress to the person. The home also sought advice from the person's GP on 18/3/11 about how to move this person as the hoist caused distress. No written evidence had been sent that advice had been sought from an occupational therapist about how to move this person safely.

We looked at the daily records for one person who needed support to ensure they ate and drank enough. Information in the care plan was not clear on how this should be done and the records of what the person ate were not clear. There was limited information about how much the person had actually eaten.

One person's care record had not been reviewed since October 2011. The care plan for this person indicated that they could become distressed or hostile and that this was easily diffused. However there was no advice on actions staff could take to support the person.

Another person's care records stated they were able to manage their own medication. The risk assessment had been updated in February 2012 when it said they were no longer managing their own medication. The care plan had not been updated with this information which could be misleading for staff.

In another care plan under the heading communication it stated the person chooses not to talk. However there was no further information or guidance for staff on how they could encourage the person to talk or enable them to use other communication methods. The home sent us information on 19/4/12 on a care plan action sheet dated 1/12/11 which stated the person did not need any communication aids and they would talk if they wanted to. This information had not been added to the current care plan.

Daily records about people did not always fully indicate what action had been taken. For example one person had been unwell and this had been recorded. However the following day there was no mention of the illness, whether they were better or whether they needed to see a health care professional.

Our judgement

People living in the home do not always receive care which is appropriate to meet their needs and keep them safe. Decisions about changes to people's needs and the support to be provided are not recorded.

Overall, we found that improvements were needed for this essential standard.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

There are moderate concerns with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People told us that they felt safe and were well cared for by staff.

One person told us if they were concerned about the home they would ask their family to speak to the registered manager.

Staff were heard speaking patiently to people and were gentle when assistance was provided with physical needs.

Other evidence

There was one ongoing safeguarding investigation involving the care of four people living in the home. At the time of our visit the investigation has not been concluded. We saw training records that confirmed staff had attended safeguarding of vulnerable adult training. This enabled staff to understand the aspects of safeguarding which were relevant to them.

Staff we spoke with showed a good knowledge of safeguarding people from abuse. Staff knew how to recognise the signs of abuse and that they must report all cases of concern to the appropriate person.

We looked at the provider's safeguarding policy and procedure and found that it included the local authority multi-agency safeguarding procedures. Some of the information in the policy needed to be updated as it was no longer relevant to the home and included advice for staff to ring a number that was no longer used.

Staff had received training regarding the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. We would expect that this would be put into practice within the home. In one person's case there was no information recorded to demonstrate that a decision had been made in the person's best interest.

Care records did not routinely consider people's capacity to make small day to day decisions or their ability to make bigger decisions about their care.

Our judgement

People felt safe using the service. Staff were trained and able to respond appropriately to any actual or suspected abuse that occurred. Information was not recorded when people needed best interest decisions about their care and support.

Overall, we found that improvements were needed for this essential standard.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

People told us that they felt that there were sufficient staff in place and that staff were very caring and responsive.

Other evidence

There were 26 people being accommodated in the home at the time of our visit. Each day there were five care staff on duty in the morning, four in the afternoon and two at night, with one cook, one domestic a housekeeper, activity person and the registered manager.

We looked at staffing rotas for January and February 2012 to see how the home was staffed to meet the needs of people living there. Five staff were recorded on duty each morning, four of those start at 7:45am and one started at 10am. Four staff were generally on duty in the afternoon and evening. There were two staff between 8pm and 9pm and two night staff were on duty from 9pm until 8am the following day.

On one day in January the staff rota indicated that only one member of staff was on duty at 7:45 am. We spoke with the registered manager about this. We were shown the timesheet which showed there was three care staff on duty at 7:45am with a further two staff who arrived at 8:00am. There was the correct number of staff on duty on the day of our visit.

Staff spoken with stated that there were sufficient staff in place to be able to provide the care that people needed. We observed that call bells were being answered and that

staff were able to spend time with and interact with people in a positive manner.

Our judgement

People receive care that meets their assessed needs. Staff are sufficient in number to support people in a timely way.

Overall, we found that Danmor Lodge was meeting this essential standard.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

There are moderate concerns with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People told us that staff were kind. We were told that staff listened to people's views and they felt confident when they were being supported with their personal care by staff.

Staff spoke with each other about people's needs and how to meet needs consistently, they did this quietly and respectfully.

Staff were able to speak confidently about their concerns. They reported their concerns to the senior on the shift and wrote in the daily records of their concern.

Other evidence

The registered manager told us that they use both internal training through a training provider as well as an external local provider. They also used training provided by Dorset County Council. Recent examples of training included tissue viability, Deprivation of Liberty Safeguards, malnutrition universal screening tool and safeguarding. Additional training, such as diabetes, communication and deaf awareness, was provided for staff to help them meet the needs of people who used the service. Staff told us they had received this training.

The registered manager told us that they observed the care practice of staff but this information was not recorded in their personnel files and was not used during supervision.

It was unclear how staff training needs were identified, as there was no regular formal

supervision process in place.

Staff we spoke with told us they received advice and support from the senior staff member on duty. The registered manager told us that they provide advice and support to staff every day. However, the registered manager also said they did not always write this information down. We looked at the supervision records for six staff. Three staff had not had formal supervision since May 2011 and two members of staff had not had supervision since October 2011. One person had supervision in January 2012. Areas for improvement identified in supervision were not always completed. Such as, one member of staff's supervision record identified a concern in October 2011. There was no information on whether an investigation had been done and what actions taken if needed.

We were sent information from the registered manager which showed that staff now had a reflective log completed with the registered manager.

Our judgement

Staff have access to training and support but this information is not assessed or recorded to ensure staff receive appropriate training to meet the needs of people living in the home. Staff do not have regular supervision and appraisals to support them in their role and staff competency is not monitored.

Overall, we found that improvements were needed for this essential standard.

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

There are moderate concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People told us that they were asked their views about the service. Some people told us they had been asked to complete a survey about the service.

Other evidence

The registered manager told us they were developing their quality assurance process. A monitoring checklist had been completed on 28 January 2012. There was also a food hygiene audit form and forms for both kitchen cleaning schedules and weekly cleaning schedules. We looked at the file and noted they were not consistently completed. The home was not following its own quality assurance policy.

Surveys were sent out to people who use the service as well as health and social care professionals in November and December 2011. The registered provider had not put the information from these surveys into either a report or an action plan.

We were told by the registered manager that they were working towards the Gold Standard Framework in end of life care. This is a national framework for developing improvements in the quality and organisation of care for people approaching the end of their lives. This involved putting together a portfolio of the care practice they provided.

Complaints were logged and incidents were reported and both had been reviewed to identify trends. Lessons arising from these had been used to make changes to the service.

Our judgement

The quality of care provision is not consistently monitored. People are asked their opinion of the service but this is not used to inform development of the service.

Overall, we found that improvements were needed for this essential standard.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>How the regulation is not being met: People living in the home do not always receive care which is appropriate to meet their needs and keep them safe. Decisions about changes to people's needs and the support to be provided are not recorded.</p> <p>This is a breach of Regulation 9 (1) (a) (b)(i)(ii)(iii)</p> <p>Overall, we found that improvements were needed for this essential standard.</p>	
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>How the regulation is not being met: People living in the home do not always receive care which is appropriate to meet their needs and keep them safe. Decisions about changes to people's needs and the support to be provided are not recorded.</p> <p>This is a breach of Regulation 9 (1) (a) (b)(i)(ii)(iii)</p> <p>Overall, we found that improvements were needed for this essential standard.</p>	
Accommodation for persons who require nursing or personal care	Regulation 11	Outcome 07:

	HSCA 2008 (Regulated Activities) Regulations 2010	Safeguarding people who use services from abuse
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
Diagnostic and screening procedures	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>How the regulation is not being met: People felt safe using the service. Staff were trained and able to respond appropriately to any actual or suspected abuse that occurred. Information was not recorded when people needed best interest decisions about their care and support.</p> <p>This is a breach of Regulation 11 (1)</p> <p>Overall, we found that improvements were needed for this essential standard.</p>	
	<p>How the regulation is not being met: Staff have access to training and support but this information is not assessed or recorded to ensure staff receive appropriate training to meet the needs of people living in the home. Staff do not have regular supervision and appraisals to support them in their role and staff competency is not monitored.</p> <p>This is a breach of Regulation 23 (1) (a)</p> <p>Overall, we found that improvements were needed for this essential standard.</p>	
	<p>How the regulation is not being met: Staff have access to training and support but this information is not assessed or recorded to ensure staff receive appropriate training to meet the needs of people living in the home. Staff do not have regular supervision and</p>	

	<p>appraisals to support them in their role and staff competency is not monitored.</p> <p>This is a breach of Regulation 23 (1) (a)</p> <p>Overall, we found that improvements were needed for this essential standard.</p>	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>How the regulation is not being met:</p> <p>The quality of care provision is not consistently monitored. People are asked their opinion of the service but this is not used to inform development of the service.</p> <p>This is a breach of Regulation 10 (1) (a)(b)</p> <p>Overall, we found that improvements were needed for this essential standard.</p>	
Diagnostic and screening procedures	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>How the regulation is not being met:</p> <p>The quality of care provision is not consistently monitored. People are asked their opinion of the service but this is not used to inform development of the service.</p> <p>This is a breach of Regulation 10 (1) (a)(b)</p> <p>Overall, we found that improvements were needed for this essential standard.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of

compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

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 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

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA