Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Danmor Lodge Limited

Danmor Lodge, 12-14 Alexandra Road,
Weymouth, DT4 7QH

Tel: 01305775462

Date of Inspection: 25 March 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✗ Action needed

Details about this location

Registered Provider	Danmor Lodge Limited
Registered Manager	Mrs. Susan Hasler
Overview of the service	Danmor Lodge is registered to provide accommodation and personal care for up to 27 people. The home is set over three floors and has both a stair lift and a passenger lift.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 March 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members.

What people told us and what we found

We spoke with six people who spoke positively about the home and the level of care they received. One person told us the staff were "Very good" and another said "They (the staff) get everything done for me."

People's care needs and risks were assessed, and care was delivered to meet their needs. People were protected from harm as there were appropriate safeguarding procedures.

Staff were supported by the provider through appropriate training, and the home had some suitable systems to monitor the quality of service provided. However, the absence of the regular auditing of care plan documentation and infection control measures had not ensured that certain documentation had been accurately completed.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 24 April 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were treated with respect and their views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People were involved in the planning of their care and were treated with dignity and respect. We spoke with six people who told us they were able to express their individual views with staff. One person told us, "I tell them what I need and they get it done for me."

People's privacy was respected. During our inspection we saw staff knocking on people's doors prior to entering their rooms. Two people we spoke with told us that they felt their privacy was respected. One person told us that the staff often asked them if the preferred for their door to be left open or closed. People told us the staff always knocked prior to entering.

People and their families were involved in the planning of care. We looked at three people's care records that showed people or their family had discussed their preferences with the home management. For example, the care records showed people's likes and dislikes of food and their health needs. The care records also demonstrated that people had discussed their life history with the home management. A supporting document of people's history had been created to show the person's life achievements and history. The care records were reviewed monthly by the assistant manager during a discussion with people or their family which was documented and signed.

Staff communicated with people in a respectful manner. We observed respectful communication between staff and the people living in the home during our inspection. For example, we observed one person who became distressed during our inspection. The staff spoke calmly and respectfully to the person and calmed the person. One person told us, "The staff are really good here", whilst another said the staff were "Always friendly and polite."

People were able to express their views about their care and treatment. We spoke with assistant manager who told us that residents' meetings were held quarterly. One person told us the meetings were "ok" and then said they were "enjoyable." We saw from the meeting minutes that people were asked for their views and feedback on the service for

things such as food and activities.

People were able to make choices. For example, during our inspection we saw that staff spoke individually with people about their meal for that day. We observed one person had difficulty in understanding the ingredients of certain meal. The staff member spoke to the person in a way that gave them the information they needed to make the decision. The staff member took the time needed and lowered themselves to ensure eye contact was made with the person.

People had the opportunity to participate in activities to promote their health and wellbeing. We saw a four weekly activity schedule was on display within the home and people spoke positively about the activities made available to them. One person told us they enjoyed "getting together" for activities whilst another said "I'm big into the activities, they are good here." On the day of our inspection, there was a quiz being held in the main lounge and most of the people within the lounge were involved.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Our inspection of 21 March 2012 found people that lived in the home did not always receive care that met their needs. Decisions about changes to people's needs and the support to be provided were not recorded. The provider wrote to us on 30 May 2012 and told us people's care records and support plans had been updated.

During this inspection, we saw that people's individual needs were assessed and care was delivered to meet their needs. We spoke with six people who told us that the staff were aware of their needs and that their needs were met. One person told us, "The staff are very kind and helpful."

Staff demonstrated knowledge and awareness of people and their individual needs. We spoke with three staff during our inspection that demonstrated knowledge of people's personal care needs and preferences in relation to daily living. This included mobility needs, health needs, food preferences, personal history and life story information.

There was a call bell located in each room and additional call bells located within the communal areas of the home. People told us that when they had used the call bell, staff had responded quickly. One person told us "The staff always come when I press the button and they don't mind at all." We observed call bells being answered promptly during our inspection.

People's care records showed their individual needs and risks were assessed. We looked at three people's care records. They contained information on people's assessed needs and risks, and showed how staff would meet people's needs and manage an identified risk. For example, each care record contained an individual assessment of people's needs for the assistance they required for personal care. People's individual mobility needs were recorded which showed the mobility equipment required. People's risks were individually assessed and guidance for staff was contained in the assessment, for example, people's risk of falls or skin breakdown was recorded where required.

Care records were regularly reviewed. The care records showed that people's care needs and risks were reviewed monthly by the assistant manager. This ensured that all information recorded about people was current. For example, when a change in a resident's health led to the reduced need to record personal information about them, this

recording was stopped in agreement with the resident and their social worker.

There were arrangements in place to deal with foreseeable emergencies. The home had a document used in the event of a person being admitted hospital. The document contained information about a person that would assist a medical professional. For example, people's current medication needs, their communication ability and current allergies.

People had an individual emergency plan in the event of a fire. This indicated a person's mobility needs in the event of an emergency and gave staff guidance on the actions required to ensure people's safety.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, as the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Our inspection of 21 March 2012 found that information was not always recorded when people needed best interest decisions about their care and support.

The provider wrote to us on 30 May 2012 and told us they had updated all relevant safeguarding policies and procedures that relating to the Mental Health Act 2005, which gave clarity on people's best interest decisions.

During our inspection on 26 March 2013, we saw that people's care plans contained an assessment for staff on people's mental capacity. If a person lacked capacity to make decisions for themselves, it had been documented who would advocate for them.

The provider had a safeguarding policy that was aligned with the local multi agency policy. The home had a whistleblowing policy that gave staff guidance on the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DOLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. The safeguards can only be used when there is no other way of supporting a person safely. There were no people currently being deprived of their liberty at the home at the time of inspection. We spoke with three staff who told us they were aware of the policy locations and confirmed they had access to them.

Staff were aware of the different types of abuse and how they may recognise abuse. We spoke with three staff who demonstrated awareness of the different types of abuse people may become a victim of, and what may cause them to be concerned that a person may be being subjected to abuse. For example, if a person's behaviour changed and they became withdrawn, or unexplained bruising was apparent on a person.

Staff knew how to report abuse. Three members of staff told us they would initially report any safeguarding concerns to their immediate senior staff member or a member of the home management. They told us that in addition to reporting matters in this manner, they were aware of the concept of whistleblowing and how they could report safeguarding concerns confidentially to external agencies, for example, the local authority or the Care Quality Commission.

Staff had received appropriate training in safeguarding. We viewed the staff training records that showed all staff had completed safeguarding training. We spoke with three staff that confirmed they had received training in safeguarding vulnerable adults, the Mental Capacity Act 2005 and the DOLS. We spoke with three staff about the Mental Capacity Act 2005 and the DOLS. The provider may wish to note that although all staff demonstrated knowledge in how to assist people in making best interest decisions in accordance with the Mental Capacity Act 2005, two staff were unable to demonstrate a clear understanding of the DOLS.

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Our inspection of 21 March 2012 found that staff training was not assessed or recorded and staff did not have regular supervision and appraisal to support them in their role. The provider wrote to us on 30 May 2012 and told us that staff supervision and appraisal had commenced to monitor the competency of staff.

During this inspection, we saw that staff had received appropriate training. The training co-ordinator produced the staff training matrix that showed information on staff training. We saw that staff had completed appropriate training such as moving and handling and first aid. We spoke with three staff who confirmed they had completed this. Staff told us they found their employment was enjoyable and that they received support from senior staff and management. They told us that they felt the level of training they received was sufficient to complete their role competently.

We saw that staff had completed additional training in specialist subjects such as dementia awareness, end of life care and the malnutrition universal screening tool. Staff were given the opportunity to request additional training they wished to undertake, for example, effective communication, and that these requests were recorded within their training records.

Staff received appropriate supervision. The home management completed staff supervisions approximately every four to six weeks. Staff we spoke with confirmed that the supervisions were held. One member of staff described them as "helpful." We saw from the supporting supervision records that staff performance and professional development were discussed. The assistant manager told us that staff were monitored by senior staff when completing personal care and moving and handling, however this was not recorded. The provider may wish to note that documentation supporting these observations may assist in the identification of additional training requirements. The assistant manager told us that qualified staff are periodically supervised and assessed when completing medication rounds, and the supporting documentation was available for us to view.

Staff received an annual appraisal. The manager told us that every member of staff received an annual appraisal. This was confirmed by staff and supported by appraisal documentation contained within staff training files.

Assessing and monitoring the quality of service provision ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

The service had some systems to identify, assess and manage risks to the health, safety and welfare of people using the service and others. However, the absence of the regular auditing of care plan documentation and infection control measures had not ensured all documentation had been completed correctly.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Our inspection of 21 March 2012 found that the quality of care provision was not consistently monitored by the provider. The provider wrote to us on 30 May 2012 and told us they had updated all systems of quality monitoring and that an audit system had been implemented.

During this inspection, we saw that people's views and experiences of the service were sought in relation to their care and treatment. We spoke with the assistant manager who told us that residents' meeting were held quarterly. The minutes from a residents' meeting held in February 2013 showed that subjects such as food standards and activities were discussed. We saw that an action plan had been created from the suggestions made by people during the meeting, and that action had been taken. For example, if people had raised a matter relating to food, the chef had been informed and changed certain food items to meet people's preferences.

People's individual views had additionally been sought by a survey. People who lived in the home had recently completed a survey that showed their views about their standard of living. The survey results were positive and showed that everybody was satisfied with the cleanliness of the home, and that 88% of people surveyed would recommend the home to others.

Professional visitors were asked for their views. The home had a survey designed for medical professionals such as GP's and nurses that continually completed. The survey asked if the staff were responsive to the professionals needs or if there were any concerns with the home. No matters of concern were raised during the survey results.

The manager communicated with staff about the service. The assistant manager told us that staff briefings were held weekly, which was confirmed by the staff we spoke with. The staff briefings minutes showed that matters such as care plan documentation accuracy,

people's care needs, answering calls bells promptly and risk assessments were discussed.

The provider had some systems to identify, assess and manage risks in the home. The home conducted weekly checks on the fire alarm system and we saw that mobility equipment such as the stair lift was regularly serviced. The kitchen staff completed records for food storage temperatures and cooked food temperatures. Weekly medication audits had identified matters such as recording errors had been identified. The assistant manager told us that these identified matters were discussed with staff during the weekly briefing.

The provider did not have a system in place to undertake audits of people's care records. The assistant manager completed a review of people's needs monthly, however the provider did not undertake reviews of care documentation. This would have identified if documentation within people's care records, for example mental capacity assessments, were current and had been signed by the staff member that completed the document and the person or their representative.

The provider did not have a system in place to undertake audits of infection control. Although the home was clean and people who lived there told us it was clean, no infection control audit had been completed that monitored the activity of the cleaning staff. We saw from the cleaning documentation available that no records had been made of areas cleaned within the home by the cleaning staff since June 2012, despite the required paperwork being readily available for the cleaning staff. The assistant manager confirmed that no infection control audit had been completed, and also that the cleaning staff had failed to complete the required cleaning schedules available to them.

The assistant manager completed a documented monthly trend analysis of reported accidents within the home, and we saw that any results of the trend analysis were explained to staff during the weekly briefing.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures	**Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010** **Assessing and monitoring the quality of service provision** **How the regulation was not being met:** The service did not have an effective system to undertake audits of people's care documentation or cleaning schedules that ensured all information held was completed accurately. Regulation 10 (2)(b)(iii)

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 by 24 April 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk