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

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Weymouth, DT4 7QH

Tel: 01305775462

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

Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Danmor Lodge Limited
Registered Managers	Mrs. Susan Hasler Mrs. Trudi Estelle Marsh
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 activity	Accommodation for persons who require nursing or personal care

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 carried out a visit on 4 December 2013, observed how people were being cared for, talked with people who use the service and talked with carers and / or family members. We talked with staff and reviewed information given to us by the provider.

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

What people told us and what we found

People's care needs and risks were assessed and care was delivered to meet their needs. One person told us, "I'm very, very happy here. The staff are so kind and do everything I need here." Another person said, "The staff here are nice and friendly. They look after me exactly as I love."

The home was clean and there were procedures to prevent and control the risk of healthcare associated infections.

The provider had effective systems to monitor pre-employment checks and recruitment procedures for staff.

The home had suitable systems to monitor the quality of service provided.

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

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

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

We spoke with seven people and one person's relative. All of the people we spoke with spoke positively about their care at the home and praised the staff within the home. One person told us, "I'm very, very happy here. The staff are so kind and do everything I need here." Another person said, "The staff here are nice and friendly. They look after me exactly as I love."

People's individual needs were assessed and documented within their care records. We looked at three people's care records during our inspection. Within the care records we saw that people's needs and preferences for care had been regularly assessed and reviewed. These assessments included, for example, people's mobility, nutrition and falls assessments. Following the assessment, we saw that a plan of support had been created to meet people's assessed needs when required. For example, one person's mobility support plan showed how many staff would be required and what mobility equipment should be used. For example, it showed that two staff were required to assist the person to get out of bed, and that a hoist should be used. We observed that staff followed people's mobility support plan and guidance during our inspection.

People's risks of developing skin damage were assessed. The home used a nationally recognised tool to undertake an assessment of this. Where a person was identified at being at risk of developing skin damage, for example due to reduced mobility, a support plan was in place. We saw that one person's care record showed that due to their current health they were cared for in their bed. We saw from the supporting plan that the person should be repositioned in their bed at a specific frequency and that creams should be applied at this time to reduce the risk of skin breakdown. We observed during our inspection that this guidance was followed by staff and that the person was repositioned as required. In addition to our observations, the supporting records available had been completed by staff and showed the person had been repositioned and the required creams were applied as directed.

We saw a fixed call bell in each room and people told us that staff responded quickly when they rang the call bells. We saw that where people did not have easy access to call bells, or had a specific requirement on that day, that these requirements were met by staff. For example, we spoke with one person who told us they were feeling unwell and they told us they had been asked by the staff to use the call bell if they required any assistance. We saw that staff had ensured the person's call bell had been placed in their hand to assist the person.

Staff demonstrated knowledge and awareness of people's care and treatment needs. We spoke with four staff during our inspection about certain people living at the home. They were able to demonstrate they were aware of people's individual needs and how they could meet their needs. For example, staff told us the frequency people required repositioning in their beds, people's preferred social activities and specific medical conditions such as diabetes.

The home obtained and documented professional healthcare advice when required. We saw from people's care records that when required, contact with a healthcare specialist was obtained and recorded. This included, for example, a person's GP, a chiropodist or a community nurse. On the day of our inspection a person was visited by their GP following the identification by the home of a gradual weight loss. People we spoke with told us that they were able to ask to see their GP if required. They also told us the home spoke with them about calling their GP on their behalf if they had any concerns about their health.

People had the opportunity to take part in activities. The home's activities co-ordinator was employed full time and the home provided activities seven days a week. People spoke highly of the activities in the home and most of the people we spoke with told us they enjoyed the social atmosphere of the home. One person told us, "There are always things to do here." Another said, "There are certainly enough activities." On the day of our inspection, a number of the people in the home went into the local community to watch a pantomime that had been organised by the home.

Cleanliness and infection control ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment. There were procedures to prevent and control the risk of health care associated infection.

Reasons for our judgement

The home had an infection control policy and the Department of Health Code of Practice for health and social care on the prevention and control of infections and related guidance. This code of practice contained guidance on how to achieve compliance with the cleanliness and infection control regulation.

There were dedicated housekeeping staff employed at the home and cleaning schedules were followed by the housekeeping staff. The home's management monitored cleanliness through a weekly and three monthly management audit system.

Staff had completed appropriate infection control training and staff practice was monitored daily by the home's management. We saw from the training records that most of the staff had completed training in infection control. We saw that some staff were undertaking update training with the home's training provider. The home's management undertook a daily infection control check which included the observation of staff. These observations ensured that staff wore personal protection equipment (PPE) such as gloves and aprons at the appropriate times, for example when they provided personal care to people.

Staff demonstrated knowledge of good infection prevention practice and this was observed during our inspection. We spoke with two staff about infection prevention measures. They demonstrated knowledge of when to wear PPE and told us how they assisted in reducing the cross infection risks in the home, for example how they handled soiled laundry. The staff also confirmed they had received training in infection control. We made observations throughout our inspection and saw that staff wore their PPE at appropriate times.

During our inspection we observed that the home was clean. We spoke with seven people, one person's relative and two members of staff about the standard of cleanliness in the home. All spoke positively about the cleanliness of the home and said they felt that that the home was always cleaned to a good standard. One person we spoke with told us, "It's always clean here, they make sure of that." Another person said, "Its great (the cleanliness), they are fussy about that. My room is cleaned every day."

The home had appropriate procedures that reduced cross infection risks. For example,

the entrance area to the home had an anti-bacterial liquid gel dispenser together with a sign that requested visitors to wash their hands on arrival. We also saw that anti-bacterial liquid gel dispensers were situated in various communal areas of the home for people and staff to use. All of the anti-bacterial liquid gel dispensers we looked at were operating correctly.

Communal areas of the home such as the toilets and bathrooms contained appropriate facilities and information that promoted good hand hygiene practice. For example, the toilets and bathrooms had anti-bacterial liquid gel dispensers that were operating correctly. Paper towels were readily available in all of the communal toilet areas. The provider may wish to note that within two of the communal bathroom areas, we observed that the waste bins were not pedal operated. The bins had lids but required people to touch the bin to discard waste paper. Pedal operated bins, as observed in other communal bathrooms in the home, reduce the need to touch the bin and therefore reduce the associated cross infection risk.

Addition measures to reduce cross infection risks were in operation at the home. For example, we saw the home had separate cleaning equipment for different areas of the home such as people's bedrooms and toilet facilities. The kitchen had its own equipment from the rest of the home to reduce any cross infection risk. The laundry had systems in operation to reduce cross infection risks. For example, soiled clothing was sealed in red degradable bags by staff and washed separately from other linen on a hot wash.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

We saw that appropriate employment checks had been undertaken before staff began work.

Reasons for our judgement

The provider had an effective system in place that monitored all pre-employment requirements. We looked at four staff recruitment files. We saw the registered manager had created a new document for the two most recent files that monitored the progression of all pre-employment requirements. For example, the document showed the date a reference request had been sent, together with the date it had been received by the home.

Staff files contained the appropriate pre-employment documentation. For example, all of the files contained an initial application form. This required staff to give their employment history which allowed the home to identify any evident gaps in employment. Within the staff files we saw that the required enhanced Criminal Records Bureau (CRB) or Disclosure and Barring Service (DBS) check had been completed. The DBS has replaced the Criminal Records Bureau (CRB) and ensures that people who are barred from working with vulnerable groups are identified.

We saw the home had ensured that proof of identity had been obtained. This included photographic proof of identity and proof of address, for example a driving licence or utility bill. All of the staff files contained a minimum of two employment or character references. We saw that the registered manager had completed a record of interview following an employment interview, and this was retained within the staff files. We saw within three of the four staff files that the staff member had completed a health questionnaire. The provider may find it useful to note that within one file there was no health declaration. The completion of a pre-employment health declaration would assist in ensuring the staff member was fully suitable for employment.

Assessing and monitoring the quality of service provision ✓ Met this standard

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 meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

Our inspection on 25 March 2013 found the provider did not have an effective system in operation to review people's care records and ensure the information recorded in the records was completed accurately. In addition, the provider did not have an effective system to monitor infection control and home cleanliness.

The provider wrote to us on 24 April 2013 and told us that care plan audits would be completed as part of the management auditing programme and that infection control audits would be implemented. During this inspection, we found that improvements had been made.

People's views and experiences of the service were sought in relation to their care and treatment. We spoke with the registered manager who told us that residents' meetings were held approximately every three months. People we spoke with said they attended the meetings. We saw the supporting minutes that showed things such as activities were discussed. We saw that following the meeting, an action plan was produced to ensure the matters raised were completed. For example, in one meeting people at the home stated they wanted more choice during the 'takeaway night' at the home. We saw this had been addressed and people's preferences were recorded. The registered manager had also commenced an individual weekly discussion with people at the home. During this time, the registered manager spoke with people and ensured the home was meeting their needs. We saw the outcomes of these meetings were recorded and any action taken was documented. For example, one person said they sometimes felt cold, and we saw that as a result an extra heater had been placed in their room.

People's relatives and healthcare professionals were asked for their views on the home in a survey. We saw the results from these surveys were positive with people's relatives rating all areas of the home, for example the quality of care and friendliness of staff, as either good or excellent. People's relatives also wrote comments such as, "Every aspect of care is excellent and could not be improved upon" within the surveys. The results of the healthcare professional's surveys were positive. The responses were from GPs and nurses. We saw one comment in the returned surveys from a person's GP that read,

"(The home) continue to foster and develop a caring attitude."

Staff feedback on the home was obtained and the registered manager communicated with staff about the service. We saw that in June 2013 a survey was completed by staff about different aspects of the home. This included, for example, if staff were satisfied with their employment at the home and if they felt they were supported by the home management. The results of this survey were mostly positive. For example, we saw that 80% of staff who responded to the survey were satisfied with their employment and 90% of staff felt supported by management. When we spoke with staff during the inspection they spoke positively about their employment. The provider told us that staff meetings were held periodically and included general staff meetings and senior staff briefings. We saw the minutes for the general staff meetings that showed matters such as moving and handling, annual leave and people's care record accuracy were discussed. Senior briefing minutes showed that matters such people's individual care needs and care record accuracy were discussed. The information at senior meetings was then cascaded to all staff.

The provider had systems to identify, assess and manage risks in the home. For example, a full audit system had been implemented at the home since our last inspection. We saw that people's care records were now reviewed monthly and this had identified areas in care records that required updating. We saw the audit had an area where staff recorded when they had completed the requirements. The registered manager undertook a daily infection control audit that monitored home cleanliness. An additional full infection control audit was undertaken every three months or sooner if an issue was identified. We saw that medication audits were completed and recent audits had identified recording errors. These errors were addressed with the staff concerned. The registered manager undertook a monthly accident and falls review to identify any patterns or trends to reduce the risk of reoccurrence. Daily health and safety checks were completed that ensured items were working correctly and broken equipment was identified. For example, we saw that recent audits had identified a broken toilet seat and a damaged area in a bathroom. The records showed that following the identification, the repairs had been addressed quickly.

Servicing was completed on the mobility equipment in the home such as hoists and the passenger lift. We saw that water temperatures were monitored monthly and that the gas supply in the home was serviced as required. The fire system was subject to regular testing and an external contractor was used to service the fire fighting equipment and emergency lighting.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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

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