

Dorset Lodge Limited

# Dorset Lodge Limited

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This comprehensive unannounced inspection was carried out on 7 September 2018 and was unannounced. At the last inspection on 9 March 2016, the service was rated as 'Good'. At this inspection we found the service was in Breach of Regulations 9 and 17 and has been rated as 'Requires improvement'.

Dorset Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Dorset Lodge provides accommodation and personal care for up to 9 people in a large house situated in a residential area close to local amenities. At the time of inspection 4 people were living at the service. Each person had their own room with en-suite facilities.

There was a registered manager in post who was also the registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The systems and processes for auditing medicines required strengthening to ensure robust oversight of people's medicines.

We made a recommendation about medicine management.

Health and safety checks, maintenance and fire drills were regularly completed, however environmental audits had failed to identify potential safety issues we found within the home environment.

We made a recommendation about environmental safety.

There were sufficient staff employed who had been safely recruited. Disclosure and barring service (DBS) checks to ensure staff were suitable to work with vulnerable people were completed but were not routinely renewed. Risk assessments had not been completed to support decision making regarding whether to renew staffs DBS.

We made a recommendation about safe recruitment practices.

People felt safe living at the service. Staff and the management team understood their safeguarding responsibilities and knew how to protect people from the risk of abuse.

Risks to people had been assessed and guidance was in place for staff to follow to ensure people's safety and well-being.

Staff received an induction, training and supervision to support them to be competent in their role. Staff felt well supported and were regularly observed to check their performance and identify any learning needs.

People were assisted to have enough to eat and drink and received support to access treatment from healthcare professionals to maintain their health and wellbeing.

Staff were kind and caring and listened to people. People's consent was sought before care and support was provided.

People were treated with courtesy and respect and independence was encouraged. The service supported people to maintain relationships that were important to them.

We made a recommendation about the physical environment to support dignified practice.

People's needs had been assessed and care plans devised which provided guidance to staff on how to meet those needs. However, care plans did not always contain personalised information to support staff to deliver person-centred care.

We made a recommendation about person-centred care planning.

People had the freedom to come and go as they pleased during the day and enjoyed past-times of their own choosing. However, restrictions were in place with regard to meal timings and sleeping and waking routines.

This was a breach of Regulation 9, [person-centred care].

There were systems and processes in place to respond to complaints and people knew how to make a complaint if needed.

The registered manager was not a visible presence within the service resulting in insufficient oversight of the service and staff. Consequently, the systems and processes in place to monitor the safety and quality of the service were not robust.

Lessons had not always been learned and systems and processes had not been amended to improve the safety and quality of the service.

Feedback from people about the service was regularly requested, however was not always acted upon.

This was a breach of Regulation 17, [good governance].

Staff enjoyed working at Dorset Lodge and felt well supported by the deputy manager. Staff were included in the running of the service through staff meetings and an annual staff survey.

The service worked in partnership with external agencies to promote good outcomes for people.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not consistently safe.

There was no formal system of auditing medicines which placed people at risk of not receiving their medicines as prescribed.

Improvements to the home environment were required to ensure people's safety.

Risks to people had been assessed and staff understood how to keep people safe.

There were sufficient staff who had been safely recruited to meet people's needs.

### Is the service effective?

**Good** 

The service was effective.

People received support from staff who were competent in their role.

Staff received the necessary supervision and training to support their learning and development.

People were supported to have enough to eat and drink and access healthcare services when required.

### Is the service caring?

**Good** 

The service was caring.

Staff were kind and caring and listened to people and involved them in their care.

People were treated respectfully by staff and their privacy was maintained.

Independence was promoted.

### Is the service responsive?

**Requires Improvement** 

The service was not always responsive.

The services policies and procedures did not always reflect a person-centred approach.

People were supported to engage in activities and access the community.

There were systems and processes in place to manage complaints.

**Is the service well-led?**

The service was not consistently well led.

The quality assurance mechanisms were not robust as had failed to identify the concerns we found.

Lessons had not been learned from the previous inspection as historical issues of concern remained outstanding.

Staff felt well supported and happy working at Dorset Lodge and were included in the running of the service.

The service worked in partnership with external professionals to secure positive outcomes for people.

**Requires Improvement** 

# Dorset Lodge Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 7 September 2018, was completed by one inspector and was unannounced.

Prior to the inspection we reviewed the information we held about the service including the last inspection report and statutory notifications which contain information about important events which the provider is required to send us by law. We also looked at information supplied by the provider using the Provider Information Return (PIR). The PIR is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the deputy manager and two other members of staff. We spoke with four people who used the service and requested feedback from two professionals who commission services from the provider.

We looked at three people's care plans and three staff files. We also reviewed other records relevant to how the service was managed, such as quality audits, minutes of meetings and staff supervision and appraisal records.

# Is the service safe?

## Our findings

The service supported people to be independent with their medicines wherever possible. At the time of inspection one person was self-administering and this had been well managed. Medicines were stored safely and securely at the correct temperature. People had medicine administration records (MAR) in place which had been accurately completed with no gaps, indicating that people had received their medicines as prescribed. Where people were on medicines that required regular blood checks we saw that this had happened and people's conditions were stable.

However, we found that the service had failed to learn lessons from the previous inspection where concerns had been highlighted with regard to how loose boxed medicines were managed. Whilst the majority of people's medicines was dispensed from blister packs, where people had loose boxed medicines there was still no system of carry over and stock count in place. Keeping a count of people's boxed medicines provides a means for double checking that people have received them. In addition, the deputy manager reported that no formal recording system of internally auditing medicines was in place. Medicine audits are a useful tool to identify any medicine errors such as missed medications. The service had organised external medicine audits in the past but the last audit completed by an external pharmacist was in 2016.

We spoke with the deputy manager about our concerns. They advised us that they checked people's blister packs to make sure people had received their medicines on the right day at the right time. In addition, staff informally audited each other before administering daily medicines but none of these checks were formally recorded. In addition, a carry over and stock count of loose medicines was still not being completed. The deputy told us the provider was aware of these failings and had recently provided staff with new templates to complete daily, weekly and monthly medicine audits but these had not yet been implemented.

After our inspection we were given contradictory information regarding how medicines were managed by the registered manager who provided us with written evidence that some monthly audits had been completed in 2018. The registered manager also advised us that in response to our feedback an external medicine audit had now been completed to provide additional checks on the safety of medicine management.

We recommend that the system and processes for safe management of medicines are effectively communicated to all staff and consistently adhered to, to ensure more robust oversight of people's medicines.

There were arrangements in place to manage and maintain the premises and the equipment both internally and externally. We saw that health and safety checks, maintenance and fire drills were regularly completed. However, we did find areas for improvement to ensure the environment was safe. We found there were no window restrictors in place upstairs. Window restrictors are a safety measure to ensure people do not fall from a height and sustain injury. In addition, the deputy manager told us that not all wardrobes in people's rooms had been secured to the wall with brackets. This provides a means to ensure furniture does not topple onto people and cause injury. We noted that the safety of the environment was an area had been

identified by the provider as requiring improvement on their PIR form submitted but these improvements had not yet been implemented.

We recommend that the provider refer to best practice guidance in relation to environmental safety.

We spoke to all of the people who lived at the service at the time of inspection, all of whom told us they felt safe and happy living there. One person told us, "I'm safe, happy and well looked after. Another person said, "it's safe here." We observed people interacting with staff throughout the day, they appeared relaxed and at ease with the staff team.

Staff had received training in safeguarding people from the risk of abuse and understood the signs to look for that someone might be being abused. Staff and the provider were aware of the reporting process and had raised safeguarding alerts appropriately when required.

Risks to people were identified and management plans in place to provide guidance to staff on how to minimise the risks. Staff we spoke with had worked at the service for a considerable length of time and knew people well, including risks to people and how to manage them. Information about new risks was shared with staff verbally during hand over and also written in a communication book which staff were required to sign to evidence they had read it. This ensured staff had the most up to date information on how to support people safely.

There were sufficient staff employed to meet people's needs. The deputy manager told us that additional staff were available to provide flexible care and support when needed to help people access the community, for example, attending medical appointments. Because staff had worked at the service for a long time people received continuity of care. If cover was required this was arranged using the regular staff wherever possible to limit any agency use. We were advised that the service had recently recruited an additional member of staff to act as 'bank' staff to ensure there would always be a familiar member of staff working with people.

Staff were recruited safely. References were taken up and checks with the disclosure and barring service (DBS) were undertaken to make sure that new staff were suitable to work with vulnerable adults. However, we did note that these were not routinely updated. One staff member's was from 2002 and another from 2006. Risk assessments had not been completed to support the decision making of the provider not to renew staff DBS. However, staff were required to sign a declaration during supervision every three months to confirm that their criminal record was still clear.

We recommend that the provider seek independent advice and guidance regarding best practice for the safe recruitment of staff.

Staff were provided with fire training and people and personal evacuation plans in place which provided guidance to staff on the level of support people would need in the event of an emergency. The service kept a record of any accidents and incidents and used the information to minimise the risk of re-occurrence.



# Is the service effective?

## Our findings

When people came to live at the service they were assessed to ensure the care they received met their individual requirements including their physical, psychological, emotional, and social needs. The assessments were used to develop people's care plans which contained information about people's needs and the support required from staff to effectively meet them.

We observed staff interactions with people throughout the day and found that staff had the skills and knowledge to support people effectively. People told us they were happy with the service they received. One person told us, "If I hadn't moved here I wouldn't be as well as I am now; it's such a good place to be." Another person said, "It's the best I've had in my whole life; being here." Another said, "The staff are good at everything; they help me with anything I need."

Staff told us they enjoyed working at the service and felt well supported. When they joined they received a comprehensive induction to help them understand their role and responsibilities. Staff were also required to complete the Care Certificate which represents a set of minimum standards that social care and health workers should stick to in their daily working life. The deputy manager told us that they asked all existing staff to complete the Care Certificate even if they already held qualifications in care so that all staff would be up to date with current best practice.

Supervision, observations and appraisals are a means of monitoring staff competence and supporting staff learning and development. Staff told us and records confirmed that they received regular supervision, observations of practice and an annual appraisal to monitor competence and support professional development. Staff had also been supported to undertake further advanced qualifications including National Vocational Qualifications in health and social care at level 3 and 4.

Regular training updates were provided to staff to support their continued competence. We looked at the training matrix and found staff training was up to date. Training was delivered through a mix of E-learning and face to face. Staff were required to complete written tests to check their knowledge and understanding. The deputy manager advised us that the provider reviewed staffs written tests but these had not been formally marked or commented upon to provide feedback.

People were supported to have enough to eat and drink which met any health needs and preferences. Staff had received training in food hygiene and we saw that the service had been awarded a five star food hygiene rating. People made their own breakfast and lunch but were provided with support to prepare their evening meal. Menus were planned weekly and people were involved in choosing what they wanted. People told us that if they didn't want what was on the menu they could have something different.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible . People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Act. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). At the time of inspection, no-one living at the service had been found to lack mental capacity to make particular decisions. Consequently, there were no authorised DoLS in place. We did find blanket restrictions in place which infringed on people's rights and freedom to move around the service overnight and also with regard to mealtimes. This is covered more fully in the responsive domain of this report.

People who used the service sometimes demonstrated behaviour that could be perceived as challenging so staff had received training in how to manage this. Staff told us that they were aware of people's individual behaviours and triggers and were familiar with the management plans that had been put in place to reduce the risk of harm to the person or others. A person told us, "They do understand and know how to handle me, in a good way."

Records showed that people were supported to access a wide range of healthcare professionals and specialists to meet their health needs. For example, GP, chiropodist, dentist, diabetic nurse and psychiatric consultants, all of whom worked with the service to support people to maintain their health and wellbeing. People told us the service helped them to get any help or support they needed to stay healthy. One person told us, "If I'm not well they [staff] will get me help." Another said, "I see the optician regularly and the chiropodist comes to cut my toe nails every month."

## Is the service caring?

### Our findings

People told us the staff were kind and caring. One person said, "The staff are very kind." Another told us, "They [staff] are very kind and helpful." Another said, "It's a nice place to live; I'm happy; staff are very nice people."

We saw that staff treated people with patience and kindness and spoke about people with affection. People appeared relaxed in the company of staff. The atmosphere was warm and friendly and staff chatted to people in a familiar way and laughed and joked with them. A person told us, "The staff are fabulous; they listen to me, joke about; we don't have any arguments."

People told us they were involved in planning and reviewing their care. One person told us, "We get the care plan out and go through it together." We saw that consent forms had been signed evidencing people's involvement. Staff demonstrated a good awareness of people's interests and engaged in meaningful conversations with people.

The service supported people to be as independent as they could be. People were encouraged to do their own domestic chores and prepare their own meals. All of the people living at the service managed their own money and one person managed their own medicines. People's strengths and abilities were identified and the service worked towards helping people achieve their goals, for example, moving on to a more independent lifestyle. One person told us how the service was currently supporting them to get their own flat by helping them fill in forms and get on the housing list. They told us, "They [staff] will always help me if I need it."

People were supported to maintain relationships that were important to them. One person we spoke with described how they had spent several weekends away enjoying recreational time with a family member.

We saw that staff respected people's privacy, knocking on doors and asking for consent before entering. People told us that staff were polite and treated them respectfully. However, we found one example where people's dignity was compromised. A physical environment that is well cared for communicates that care is present. Equally, a shabby and neglected environment represents a barrier to dignified care as sends a message to people that they are not valued. We found the service to be generally in a good state of repair with the exception of a sofa in one of the living areas. This was extremely worn and tatty.

We recommend that the provider seek independent advice and guidance regarding the link between dignity and the physical environment.

Transitions were well managed. We saw that before a new person came to live at the service they were invited to come for short visits which were then extended to incorporate meals and overnight stays. This provided a means of checking they were happy to live at the service and that the people who already lived at the service felt comfortable with having them there.

## Is the service responsive?

### Our findings

Detailed assessments of people's needs had been undertaken before the person was offered a place at the service and support plans were developed to meet the person's needs. Input from health and social care professionals involved in the person's care and support planning was included in the assessment process.

We looked at three people's care plans and found that the care plans for two people were not person-centred as did not include information about personalised information such as people's likes, dislikes, routines and preferences. However, in the newest care plan we looked at we found that the style of recording had changed to reflect a more person centred approach.

We recommend that the provider review their systems and processes to ensure all people's care records capture sufficient information to support a person-centred approach.

Regardless of poor recording practices, staff had worked at the service for a long time and knew people well and this supported staff to provide person-centred care. People told us that staff knew them well and they were able to make choices about their day to day lives and spend their time as they wished. However, there was one marked exception to this which represented a significant failure to deliver person-centred care. We found there was a blanket restriction in place which applied to everybody who lived at the service. The restrictions in place meant that people had to be in their rooms by 11.30pm and were told not to come out again before 7am. This was confirmed by staff who worked at the service and was recorded in Minutes of residents meetings where people were reminded of the 'house rules'. In addition, restrictive practice in terms of mealtimes stipulated that people had to eat their meals at set times dictated by the service, rather than at times of people's choosing. We looked at surveys that had been completed by the four people using the service. Two people had ticked the box to say that they were dissatisfied with the times they had to go to bed and get up in the morning.

We shared our concerns with the registered provider who advised us that the restrictions were in place due to concerns regarding complaints about noise as the service was situated in a quiet residential area. They also told us that people were aware and had agreed the house rules prior to admission to the service. However, there was no evidence that less restrictive options had been considered, nor had people been individually assessed and regularly reviewed to assess whether any restrictions imposed remained necessary.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulations) 2014.

During the day, people told us they could come and go as they pleased. People accessed the community independently, spending their time enjoying past-times such as shopping or time spent with friends and family. If people required support to access the community for particular purposes such as medical appointments, staff were available to support if needed. One person told us, "I have enough to do; I like to clean my room, watch tv, listen to music." Another said, "I'm always tidying up the garden, I do my own laundry; I like to wash my clothes every day."

There was a system in place to respond to concerns or complaints. We were advised that at the time of inspection there were no open complaints. People told us they knew who the manager was and knew how to make a complaint but that they had not had to. One person said, "I know who the manager is but we don't really see them." Another person said, "Not really made a complaint but little things like the dinner menu; I said can we have something different and they did it." Another told us, "I've never made a complaint; I'm satisfied with living here."

At the time of inspection no-one living at the service had any end of life care needs and therefore there were no end of life care plans in place. The providers information return had identified that staff would establish any end of life choices for people as and when appropriate to their needs and this would be recorded in the person's care plan. In the three care plans we looked at people's choices and preferences for their end of life care, for example, funeral arrangements had not been explored or documented.

We discussed our findings with the deputy manager and recommended that, if deemed appropriate, people's preferred priorities for care should be explored and recorded to ensure people's wishes were known and respected.

## Is the service well-led?

### Our findings

At our previous inspection we found the registered manager (who was also the registered provider) was not a regular presence at the service. At this inspection we found this was still the case. There was a deputy manager in place who told us they felt well supported by the provider who was available via telephone. They also said that they regularly met with the provider to discuss the management of the service and any concerns.

As per our previous inspection we found improvements were still required with regard to the systems and processes to monitor the safety and quality of the service to ensure robust oversight of the service at registered manager and provider level. At the time of inspection there had been no external medicine audit since 2016 and there was a lack of clarity between the registered manager and deputy regarding how medicines were managed and audited. In addition, at our previous inspection in 2016 we highlighted the failure to monitor the stock count of boxed medicines. At this inspection we found the same issue which showed that the provider had not taken action to address the concerns we raised. Furthermore, the health and safety checks of the environment had failed to identify the potential safety issues we had found.

After our inspection the provider confirmed they had organised an external medicine audit. They also supplied us with copies of an annual audit of the service that they completed. However, we found this to be a tick box exercise with no actions identified and acted upon to drive improvements. For example, the box had been ticked to indicate that satisfaction surveys had been sent to people to obtain their feedback on the service they received. However, there were no actions identified or taken in response to the feedback provided.

There were also failings with regard to monitoring staff knowledge and skills. Whilst staff had been required to complete written tests as part of their training, there was no evidence that these had been reviewed by the provider to check staff understanding. The exam papers had not been marked and there were no comments or feedback from the provider to support staff learning and development.

People were included in the running of the service as regular resident meetings were organised. In addition, staff supported people to complete satisfaction surveys every three months. However, there was no evidence to show that people's comments had been listened to and actioned. For example, where people had expressed dissatisfaction with aspects of the service, such sleeping and waking routines, this had not been addressed by the provider as the blanket restriction was still in place which stipulated when people had to go to bed and get up.

This represents a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) 2014.

Staff were happy working at the service and equally people who lived there were, for the most part, satisfied with the service they received. Staff told us they enjoyed working for the organisation and had worked there for a long time. One staff member told us, "It's a nice company to work for; very supportive; we see the registered manager occasionally; the deputy is the best boss ever."

Staff were included in the running of the service and had regular staff meetings. We looked at the minutes and saw that meetings were used to reinforce good practice and share information. A staff survey was sent out annually. The results of the last survey showed that staff felt positive about working at the service.

We saw that the service worked in partnership with health and social care professionals to promote good outcomes for people, for example, supporting people to achieve their goals for independent living and securing treatment and advice to support people's health and mental wellbeing.

The deputy manager told us that the provider supported best practice by sharing relevant information and articles with staff. For example, staff had recently been provided with information about the new General Data Protection Regulations (GDPR) to ensure people's confidentiality was respected and maintained.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Blanket restrictions were in place which did not reflect a person centred approach.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There was a lack of oversight of the service at Provider level. Lessons had not been learned and the service had failed to make improvements identified at previous inspections.