Mr & Mrs Mohamedally

Dunheved Lodge

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Dunheved Lodge is a residential care home providing personal care and accommodation to people with a learning disability and autistic people in one adapted building. The service provides support to a maximum of 12 people. At the time of our inspection 12 people were living there.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

People's experience of using this service and what we found
Right Support
People were supported to live active lives over which they had choice and control. People chose the activities they wanted to do, and staff supported their participation. Timely referrals were made to healthcare professionals to ensure people's needs were assessed and met.

Right Care
People received kind and compassionate care from staff. People and staff knew each other well and over time and relatives were welcome at the service. People's communication needs were assessed and individually met. The providers procedures and staff training ensured that people were protected from foreseeable harm.

Right Culture
Dunheved Lodge is a larger than usual service for people with a learning disability and autistic people. However, the provider maintained a person-centred culture by focusing on people's individual needs and preferences. The service gathered people's views and acted on them. The quality of care being delivered was audited in order to drive improvements. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published 21 February 2019).

Why we inspected
We undertook this inspection to assess that the service is applying the principles of right support, right care, right culture.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Dunheved Lodge

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried out by one inspector

Service and service type
Dunheved Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Dunheved Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since they were registered. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection
We spoke with three people, two members of staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at the care plans, risk assessments and mental capacity assessments for four people. We checked medicines storage and medicines records. We reviewed four staff files and records related to the management of the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good At this inspection the rating has for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
- People told us they felt safe. One person, when asked if they felt safe, told us, "Yes".
- The service had up to date safeguarding policies and procedures and staff knew the actions they should take if they were concerned about people's safety.
- Staff received regular training to ensure they had the safeguarding skills and knowledge to keep people safe.

Assessing risk, safety monitoring and management
- People's risks were assessed, and actions were taken to reduce known risks.
- Risks associated with people's health were noted. This included the signs staff should be aware of that people's health needs were increasing and the actions they should take to keep people safe. For example, seeking medical assistance.
- Where people presented with behavioural support needs, staff had information in care records to support people to avoid situations that could cause anxiety. For example, where people found crowded places difficult to cope with, they were supported to use shops, eateries and public transport at times when there were fewer people present.
- To manage people's risk of choking the service made referrals to speech and language therapists (SALT) who assessed how people swallowed. Staff followed the guidelines produced by SALT to ensure people ate and drank safely through pureed diets and thicken liquids when required.
- Fire safety risks were monitored and managed. The service had a fire alarm and emergency lighting system which staff regularly tested. Every three months staff supported people to rehearse evacuating the building. This meant the service maintained a high level of readiness to keep people safe in the event of a fire.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

● People's mental capacity was assessed. Where people lacked capacity and restrictions to their freedom were necessary to keep them safe, details were stated in care records. These details included the names of the healthcare professionals who undertook the mental capacity assessments, the details of the restrictions in place and how long they were valid for.

Staffing and recruitment
● People were supported by staff who were safe to deliver care and support.
● The provider ensured there were always enough staff available to keep people safe.
● The provider carried out checks to determine the suitability of prospective staff. This included reviewing applications, interviewing applicants, obtaining employment references and caring out Disclosure and Barring Service (DBS) checks. The DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely
● People received their medicines safely as prescribed.
● Staff were trained to administer people's medicines.
● People's Medicines Administration Records (MAR) displayed their photographs on the front. This helped to ensure that staff administered the right medicines to the right people.
● People's MAR charts were completed correctly, contained no gaps in recording and matched the medicines stocks we checked.

Preventing and controlling infection
● People were protected from the risk and spread of infection by the infection prevention and control practices at the service. This included an enhanced cleaning programme throughout the care home with tasks such as cleaning handrails and door handles throughout the day.
● Staff wore personal protective equipment such as masks in line with published guidance.
● Hand gel was available at key points throughout the building to support the hand hygiene of people, visitors and staff.
● All people and staff had been vaccinated against COVID-19 and were supported with regular testing.
● The COVID status of all visitors to the service was established and recorded by staff.
● The service had not experienced any COVID cases but had contingency plans in place should anyone test positive.

Learning lessons when things go wrong
● The registered manager ensured lessons were learnt when things went wrong. This included the review of incidents and sharing the findings with staff. This helped to reduce the possibility of incidents reoccurring.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were assessed, and they participated in their needs assessments.
- Person centred plans were in place. These stated people's preferences for care and support as well as their likes and dislikes.
- People were supported to choose how their needs were met. For example, people who chose to use the provider's day service also chose how they wanted to travel there; either by bus, car or walking.
- People's rooms were personalised, and people told us they decided how they were decorated. One person told us, "My room got painted. I picked the colour."
- Where autistic people could not tolerate personalised items displayed in their bedrooms due to their overstimulating effect, this was respected and noted in care records.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service supported people with a range of communication tools. For example, people chose their activities from a range of pictorial options. These included photographs of people themselves engaging in activities they were known to enjoy as well as photographs of activities they might like to try.
- Video was used to support people's understanding of activities being offered. In addition, video footage was also used to support skills teaching activities such as safe road crossing.
- Where people did not use speech, staff understood their unique ways of communicating. This included what some sounds meant and what people's facial expressions meant. These were detailed in people's care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage in a range of activities in the care home. These included skills teaching around daily living tasks, arts and crafts and games.
- Staff supported people to engage in activities in the care homes' garden such as growing tomatoes and strawberries and watering plants.
- People were supported to go on holidays and day trips. We reviewed photographs of people taken during day trips. These included trips to the seaside, zoo, castles and central London. People and staff regularly

reviewed these photo albums to reminisce.
● Within the local community, people were supported to use the shops, services, cafes and parks.
● Staff supported people to maintain contact with relatives and friends. This included making and receiving visits and phone calls and hosting birthday parties at the care home.
● People's cultural needs were assessed, and their preferences noted in care records. People chose the foods they liked, how they dressed and the type of television programmes they watched.

Improving care quality in response to complaints or concerns
● The provider had a complaints procedure in place and people had access to an easy read version of it.
● Where complaints were made the registered manager investigated and responded in line with the procedure.

End of life care and support
● The registered manager said the service was able to support people should they require end of life care. This included making referrals to specialist healthcare professionals to ensure people remained comfortable and pain free.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had an open culture. The views of people, relatives, visitors and healthcare professionals were sought and acted upon.
- Staff gathered the views of people directly in one-to-one meetings and together in residents' meetings. Residents meetings were also used to plan group activities and events such as birthday parties and outings.
- The goals planned with people and noted in their care plans were regularly reviewed with people to ensure positive outcomes were achieved.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and nominated individual understood their responsibility to inform people, relatives, funders and the CQC when things went wrong.
- The service kept CQC notified about important events at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager undertook and coordinated a range of quality audits across the service. These included checks of health and safety, training, medicines, infection control and reviews of complaints and care records such as health action plans and Deprivation of Liberty Safeguards records.
- Where actions were required following checks, these were stated in quality assurance records. These noted the actions to be taken, by when and by whom. Quality assurance records also noted the date on which the actions were successfully completed.
- The service was supported with audits by an external consultant. This helped to identify shortfalls and drive improvements.
- The leadership of the service took action when shortfalls were identified by CQC. For example, when we carried out an inspection focusing on infection prevention and control in February 2022, we noted that a number of areas within the home were worn, tired looking and in need of decoration. In response the provider redecorated bedrooms and the kitchen and had scheduled the redecoration of all communal areas whilst people were on holiday to minimise disruption to their routine.
- Staff were clear about their roles and responsibilities as well as those of senior staff and managers.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Continuous learning and improving care

● The service assessed and supported people around their cultural needs. This included people's dietary requirements and preferences and their spirituality.

● The registered manager attended a number of service provider forums to boost their skills and knowledge.

Working in partnership with others

● The service worked in partnership with health and social care professionals to assess and review people's needs and to plan for people's changing needs.

● The provider also ran a day service. This was accessed by people from other services. Where friendships were struck up, the provider worked with other services to support people to maintain them.