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 effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 9 January 2019.

At our last comprehensive inspection of Dunheved Lodge in July 2016 we rated the service 'Good' overall. At this inspection we found the service continued to be 'Good'.

The service is registered to accommodate and support 14 people. At the time of our inspection 12 people were living in Dunheved Lodge. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in post. 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 2008 and associated Regulations about how the service is run.

People living at Dunheved Lodge continued to be safe. Staff were trained to safeguard people by recognising signs of abuse and reporting concerns appropriately. People's risks were assessed and reduced and there were enough suitable staff available to keep people safe. Medicines were administered in line with the prescriber's instructions. The home was clean and staff followed the provider's infection control and food safety procedures.

People participated in their assessments and staff made referrals were necessary for people's specific needs to be assessed by healthcare professionals. Staff were trained and supervised and the registered manager evaluated their performances. People ate well and were supported to access health and social care services whenever they needed to. The registered manager ensured people were treated in line with the Mental Capacity Act 2005 and care records were in place to show that restrictions in place were lawful and in people's best interests.

Staff and people knew each other well and in some instances shared positive relationships for decades. Relatives were made to feel welcome when they visited family members and people were supported to maintain friendships. Staff respected people's privacy and promoted their dignity.

Detailed care plans were in place to provide staff with guidance on meeting people's needs and preferences. People's autistic spectrum, behavioural support and communication needs were met and people were active. The service recognised the need to increase the quality and quantity of activities for people who were at home and did not attend the provider's day service and had created the role of activity coordinator to lead this. Complaints were dealt with appropriately.

There was an established leadership and good governance at the service. The service worked cooperatively with external agencies to meet people's needs. Staff felt supported and thought an open culture existed at the service. The provider gathered and acted on the views of people, relatives and staff. The registered manager oversaw quality assurance processes which monitored care and support and drove improvements at the care home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Dunheved Lodge

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 was planned to check 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.

This inspection took place on 9 January 2019 and was unannounced. This meant the provider did not know we were coming. The inspection was undertaken by one inspector and one Expert By Experience. An Expert By Experience is a person who has personal experience of using or caring for someone who uses this type of care service].

Before the inspection we reviewed information we held about Dunheved Lodge. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services. We used this information when planning the inspection.

During the inspection we spoke with five people, one relative, one healthcare professional, a placement student, three staff, the deputy manager and the nominated individual. We reviewed six people's care records which included needs and risk assessments, care plans, health information, safeguarding, mental capacity and support plans. We also reviewed the medicines records of eight people. We reviewed five staff files which included recruitment, training, supervision and appraisal records. We checked the provider's quality assurance records and audits related to health and fire safety, food hygiene and infection control. We also reviewed feedback from people and relatives and the minutes of team meetings and residents' meetings.

Following the inspection, we contacted two health and social care professionals to gather their views about the service people were receiving.

Good

Is the service safe?

Our findings

At our last inspection of Dunheved Lodge in 2016 we found that the service was safe. At this inspection we found that the service continued to be safely delivered to people.

People were protected from abuse and improper treatment and told us they felt safe. One person told us, "The staff keep me healthy and really safe." Staff were trained to recognise signs that people were being abused or were at risk of abuse. Staff we spoke with understood the provider's safeguarding policy and told us what they would do if they suspected abuse. One member of staff told us, "I would report my concerns to the registered manager straight away." We reviewed the provider's safeguarding records and found that concerns were reported immediately to the local authority and CQC.

People's risks of experiencing foreseeable harm were reduced because staff assessed people's risks and plans were in place to reduce them. For example, where people were at risk because of their lack of road safety awareness, care records guided staff how to reduce the risks when in the community. Similarly, where people presented with behavioural support needs, care records informed staff of the steps they should take to avoid a person becoming agitated as well as the actions to be taken should they become distressed or challenging. People's risks of being financially abused were reduced by the robust range of checks undertaken by the registered manager and senior staff.

People's care was delivered by the staff deployed in sufficient numbers to ensure they remained safe. Staff maintained a round-the-clock presence in the care home to meet people's needs. The registered manager organised staff using a rota and deployed them to support people at home, in the day service, when in the community and overnight. An on-call system was in place for staff to access a line manager out of normal office hours such as at night and at weekends.

The provider followed an industry standard approach to recruitment. This involved reviewing applications, interviewing applicants, vetting potential staff against criminal records and barring list databases, confirming identities and taking up two references. This meant the provider satisfied itself that staff were safe and suitable to work with people receiving adult social care services.

People received their medicines safely. One person told us, "Staff bring me my tablets. They watch me take them". Staff were trained to administered medicines to people and recorded that they had done so in people's MAR [Medicine Administration Record] charts. We checked seven people's MAR charts and found they were completed appropriately. There were no gaps or omissions and information on them was clear. We checked 17 blister packed medicines and found they tallied correctly with medicines balances shown on MAR charts. Medicines were stored safely in a locked cupboard and staff retained the key.

Staff followed appropriate hygiene practices to protect people from the risks associated with unsanitary conditions. Staff were trained in infection control and put what they learned into practice. This included safe food handling and storage as well as wearing single use gloves and aprons when supporting people with personal care. The service had cleaning programmes for areas of the building and there were no malodours

detected during our inspection. Hand dryers and hand sanitising gel were available in the toilets and bathrooms and a poster with step by step photographs illustrating correct handwashing techniques was displayed above all sinks.

The service learned from mistakes to improve care quality. The registered manager and senior leadership reviewed and took action to prevent the recurrence of circumstances which gave rise to shortfalls in service delivery. For example, were errors had occurred regarding medicines this was investigated and resulting in a review and amendment to the provider's policy and updated training for some staff.

Good

Is the service effective?

Our findings

At our last inspection of Dunheved Lodge we found that the care people received was 'Effective'. At this inspection we found the service continued to provide people with effective care. People's needs were assessed by staff and reassessed when people's needs changed. Staff made referrals to healthcare professionals to undertake specialist where required. The information from the assessments carried out by healthcare professionals was included in people's care records.

People's support was delivered by trained staff. Staff training included mental capacity, safeguarding, food safety, infection prevention control, medicines, fire safety and health and safety. Staff also received training around people's specific needs such as autism awareness, behavioural support needs and communication for people with learning disabilities. Senior staff received training related to their roles such as delivering supervision and appraisal and completed their national vocational qualifications at management level. The registered manager maintained a matrix of staff training to ensure that their skills and knowledge remained up to date.

Staff received regular one to one supervision with the registered manager to reflect on their practice. We read the minutes of 11 supervision meetings and saw that the registered manager supported staff to discuss issues including personal development, training, health and safety, key working and meeting people's needs. One member of staff told us, "Supervision is good because I can express my ideas and share any issues." The registered manager also supported staff with an annual appraisal of their performance. This included an evaluation of how staff had delivered care and support to people and worked alongside colleagues. Goals were also set for the forthcoming year. Goals set during appraisal were reviewed during supervision sessions through the year. This meant staff were supported to achieve their objectives.

People were supported to eat well and chose what they ate. One person told us, "Food is good. Staff show us pictures and we choose. I eat where I want to." Another person said, "We choose together in our meeting and they show us pictures of what we would like. It is nice and you can have something different if you want." Where people were noted to eat very quickly staff had guidance in care records to discreetly and respectfully encourage them to slow down. Staff ensured that people who required calorie dense drinks to supplement their food intake received them. This meant people with poor appetites were supported to maintain their weight.

People had access to a range of healthcare professionals including dentists, chiropodist, opticians, GPs, psychiatrists, occupational therapists, dieticians and speech and language therapists and the learning disabilities team. People had health action plans (HAPs) in place. These identified people's historic and on-going health needs and how they were being met. HAPs included the details of involved healthcare professionals and information about appointments.

The premises met people's needs. Since the last inspection new wood-effect linoleum flooring had been laid throughout the house replacing dark and in places worn carpet. This made the home appear brighter and cleaner. The service was wheelchair accessible at the ground floor only, where ramps enabled people to

access the garden. A wet room enabled people with limited mobility to receive personal care. There were three large communal areas for people to relax in on the ground floor and people told us they found the fish tank in the lounge soothing. Plants, ornaments and artwork on the walls gave the room a homely feel.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that people who were deprived of their liberty to keep them safe had been supported in line with the MCA and DoLS. Care records showed that people had been supported with assessments, best interests meetings and had input from advocates. Where DoLS were in place care records reflected the lawful restriction and the date of its expiry. DoLS documentation from the local authority included the provider's responsibilities such as monthly monitoring and the reporting of changes.

Good

Is the service caring?

Our findings

At our last inspection of Dunheved Lodge we found that the care people received was 'Good'. At this inspection we found that care continued to be Good.

People told us staff were caring. One person told us, "I like them. I know them all." Another person said, "Everyone looks after me. They are nice and kind." A third person said, "I love [name of staff] because she holds my hand and tells me it will all be 'okay' if I'm worried." People and staff knew each other well. One relative told us, "They seem to know residents very well indeed. Many have been here for a very long time." Some people had lived in the service for many years with four people living at the service for over 30 years Similarly, more than half of the staff team had worked at the service for over 10 years with three staff supporting people for over 30 years. This meant people and staff shared long term, enduring relationships.

People's care records were personalised. Care records included a document entitled, "All about me." which contained information about people's health, communication, nutrition, activities and preferences. Staff supported people to meet their spiritual and cultural needs. One person told us, "I like to sing hymns with them at Christmas but I don't want to go to church." A relative told us, "I think culture is taken on board and acknowledged."

Staff enabled people to make choices about how they received their day to day care. For example, people chose what clothes they wore and the activities they participated in. Where required, people were supported to access advocacy services. Advocates are independent of both the provider and local authority and support people to make important decisions about issues such as health, accommodation and finances.

People were supported to maintain and develop their independence. Staff provided people with the support they needed around activities of daily living. For example, one person was supported to increase their independence around listening to the music they wanted when they wanted by purchasing and using an Alexa voice service. This enabled the person to say what music they wanted to listen to rather than request staff assistance to play CDs. Another person told us, "My things are all neat and tidy and they help me to do that if I need help. They remind me to do things like make my bed."

People were treated with respect and dignity. Staff respected people's privacy. One person told us, "Staff knock on my door. They know I like time on my own. They don't hassle me." Another person said, "I can be on my own when I want to. A relative told us, "I've never seen lack of respect." People's care records contained detailed information about supporting people to use the toilet. This guidance to staff included practical information on supporting this activity as well as promoting people's independence around hygiene and maintaining their dignity.

Staff supported people to maintain contact with those who were important to them. Staff accompanied people to a number of social events including parties and kept relatives up to date with developments in people's lives. Relatives were made to feel welcome when they visited the service by staff who spoke respectfully to them and provided refreshments.

Good

Is the service responsive?

Our findings

At our last inspection we rated Dunheved Lodge 'Good' when we asked the key question, 'Is the service responsive?' At this inspection we found the service continued to provide people with responsive care.

People's care plans reflected their physical, mental, emotional, social needs and protected characteristics. For example, were people required structured and predictable routines because of their autistic spectrum disorders they were supported to have detailed pictorial time tables. People and their relatives participated in the development of their care plans and in regular reviews of them with health and social care professionals. Where people's assessed needs changed their care plans were updated to reflect changes.

People's preferences were detailed in their care records. For example, one person's care records noted that they liked, "Sensory play, swimming, music and laying on the sofa", but didn't like "Cold water, rain, having their nails cut or staying indoors for a long time." Another person's care records reported they liked watering plants, talking about a specific relative and eating Chinese food but didn't like, "Formal meetings of any kind" or when people "Turned over the TV channel without asking". A third person's care records noted that they liked Weetabix with warm milk and looking through magazines but didn't like cold food or being in parks. Staff referred to people's preferences when delivering care and support.

Staff supported people's behavioural support needs. Where people presented with behaviours which may challenge, referrals were made to healthcare professionals who carried out assessments and provided staff with guidelines. Records showed a decrease in the presentation of behavioural support needs for each of the people whose care records we reviewed. This meant staff had been successful in following the guidelines of healthcare professionals and in addressing the issues that gave rise to people's anxieties and behavioural expression.

People's communication needs were assessed and met. Care records guided staff to support people's understanding and expression. For example, one person was best supported to make choices when they were offered a limited choice of two tangible items because they found more than two options overwhelming. Another person's understanding was enhanced by having a highly structured routine which enabled them to place choices in context. Another person indicated what they wanted by leading staff to it. Staff were aware of people's unique expressions. For example, we observed staff respond to the pitch of one person's vocalising which indicated they were becoming impatient by reassuring and engaging with them. Another person brought their coat to staff to show they wanted to go out. We observed staff supporting them to do so.

The provider provided activities for people at a day service. Dunheved Lodge staff supported people to select the activities they undertook at the day centre and supported them whilst there. Activities included cooking, library trips, construction activities, hair and beauty sessions, arts and crafts, music, indoor sports, music and movement, sensory activities, massage, literature, a discussion group and bingo. One person told us, "I'm learning the computer and I like to know more about that." At the time of our inspection six people were supported by staff to attend the day service.

The level of activity for people who were not at the day service was not as high. A healthcare professional told us, "Staff stick to routine which is good but I do not feel this is enhanced with stimulating activity and does not promote independence… Staff could plan and encourage more meaningful activity. People are often doing nothing… and spend a lot of time hanging around outside his office, I feel because of nothing better to do." Staff maintained a record of the activities that people participated in. For example, one person's care records showed on one day that they engaged in everyday living skills activities at home and was supported to go to the birthday party of a friend in another care home later that day. Activities in the community included going to restaurants, bowling, swimming and to the cinema. The service owned a van which enabled people's community access. Staff also supported people to go on trips and holidays including fruit picking excursions and a holiday in two groups to Butlins in Bognor Regis for a week. The provider had recognised the need to improve the quality and quantity of activities provided at home and a member of staff was designated the service's 'activity lead'. They were scheduled to attend a local authority training session for activities coordinators the day after our inspection. We will be checking that the provider has increased meaningful activities for people who chose not to go to the provider's day service.

People were supported by keyworkers. Keyworkers are members of staff designated with specific responsibilities for people including, planning activities, maintaining their wardrobes, liaising with relatives, planning activities and ensuring care records are up to date. One member of staff told us, "I love the responsibility and pride that comes with being a keyworker." Keyworkers filed monthly reports into people's care records which provided updates on significant events, contacts with relatives, activities, health, nutrition and appointments. These reports were one of the tools used by the registered manager to identify people's changing needs. The registered manager responded to changes to people's needs by carrying out reassessments or referring to healthcare professionals. Care plans were updated to guide staff when people's assessed needs had changed.

People's bedrooms were personalised. People and their relatives worked with keyworkers to arrange people's bedrooms in line with their preferences. Where people chose, their photographs were affixed to their bedroom doors. People's bedrooms were not en suite but did contain sinks. Photographs and mementos were displayed in people's bedrooms. Staff encouraged people to maintain their rooms as part of their daily living skills.

We reviewed the provider's complaints records. These showed that where complaints had been made they were investigated by the registered manager who investigated them. Investigations were undertaken in line with the provider's procedures and completed within the stated timeframe. The outcomes from of complaint investigations were fed back to complainants.

None of the people receiving care and support were identified as requiring end of life care at the time of our inspection. However, staff had received training in this area including a senior member of staff whose certificate for attendance on a beacon service's end of life care training was displayed in the office.

Good

Is the service well-led?

Our findings

The service continued to be well-led. People and staff spoke favourably about the registered manager and the quality of leadership at the service. Staff understood their roles and responsibilities and those of the service leadership. The service had a registered manager in post who was supported by a senior. Each shift had a member of staff designated 'in charge' whose duties included implementing people's care plans and ensuring health, safety, infection control and fire safety compliance. Staff completed a detailed handover between shifts to ensure effective continuity of care delivery.

An open culture existed at the service. The registered manager arranged monthly meetings for staff to attend and share their views. Team meetings were used to update staff about issues related to the care home including people's changing needs, upcoming training, staffing issues and engagement with external agencies such as the local authority, regulator and healthcare services. Staff signed the finalised minutes of team meetings to confirm the accuracy of the records and the attendance of staff. Minutes of team meetings were retained and available for staff to read later.

People were supported to share their views about the service they received. People completed an annual service user's survey and were supported to have weekly house meetings. Staff facilitated weekly house meetings for people at which people discussed a range of issues and made decisions. We reviewed the records of house meetings and found that issues discussed included birthday celebrations, activities, holidays and menu suggestions. Staff consistently acted in response to people's suggestions and decisions.

Relatives contributed to shaping the care their family members received. The provider sent questionnaires to the relatives of people receiving care and support. These asked questions such as whether relatives felt they were kept informed, were made to feel welcome when they visited and whether the home was clean. Relatives responses were positive and included, "Everything is good", "I am usually kept informed", and "[Staff are] always helpful."

The provider undertook a range of quality assurance checks. These included checks of the environment, care records, staff records, health and safety and staff training. Where shortfalls were identified, action plans were developed and reviewed. This meant the provider made continuous efforts to drive improvements.

The provider retained a record of compliments received from relatives. We reviewed these and saw they were made by relatives in relation to people's care and support. The registered manager shared these compliments with staff to highlight good practice and reinforce the message that relatives value the delivery of good care and support to people. A collection of enlarged photographs were kept in the office which showed people and staff engaging in activities and enjoying each other's company. Staff told us they found these pictures uplifting and said the registered manager and provider offered encouragement to staff on an on-going basis.

The provider working collaboratively with external organisations and agencies. For example, the service delivered activities to people who received their care from other providers at its day service. Staff worked

cooperatively with healthcare professionals who visited people at the service and with the local authority who reviewed placements at the service as well as undertaking quality monitoring checks. The service notified CQC about important events which occurred at the service in line with the requirements of their registration.