Cathedral Care (Gloucester) Limited

Denmark 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

Denmark 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. Denmark Lodge can accommodate up to seven people who have a learning disability, autism and a mental health diagnosis. At the time of our inspection five people were living there. People had their own bedrooms with en suite facilities with access to a bathroom. They shared a lounge and dining room. Grounds around the property were accessible.

Denmark Lodge had been developed and designed in line with the values that underpin the Registering the Right Support, Building 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 lived as ordinary a life as any citizen.

This inspection took place on 2 January 2019. At the last comprehensive inspection in April 2016 the service was rated as Good overall. The key question Effective was rated as requires improvement with a recommendation for improving recording systems for the supervision of staff. Improvements had been made in relation to this. At this inspection we found the evidence continued to support the rating of good overall and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

A registered manager was in post who had been registered with the Care Quality Commission (CQC) in 2010. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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's care and support was individualised and reflected their needs and wishes. They had lived together for some time and had been supported by a core group of staff providing them with consistency and continuity of care. People made choices about their day to day lives. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were involved in the planning and review of their care and support. They chose the activities they wished to take part in. They went bowling, swimming, to the cinema and attended a fitness class. They went on holidays, day trips, to social clubs and attended local places of worship when they wished to. People kept in touch with those important to them

People's preferred forms of communication were highlighted in their care records. Staff were observed spending time chatting and socialising with people. Good use was made of easy to read information which used photographs and pictures to illustrate the text. People had access to easy to read guides about

advocacy and complaints.

People's health and wellbeing was promoted. A weekly menu encouraged people to have vegetables and fruit in their diet. They helped to prepare and cook their meals. People had access to a range of health care professionals. They had annual health checks. People's medicines were safely managed. People were supported at the end of their live and others were helped with their bereavement. A relative commented, "Thank you for giving so much help and care, with so much love and patience."

People had positive relationships with staff, who understood them well, anticipating what would make them anxious or uncertain. Staff treated them with kindness and compassion. They understood and respected people's diverse needs. Staff knew how to keep people safe and how to raise safeguarding concerns. Risks were well managed encouraging people's independence. There were enough staff to meet their needs. This was kept under review as new people moved into the home. Staff recruitment and selection procedures were in place to ensure all necessary checks had been completed prior to employment.

People, their relatives and staff were invited to give feedback through quality assurance surveys, meetings, complaints and compliments. They had information about how to raise a complaint. The registered manager and provider completed a range of quality assurance audits to monitor and assess people's experience of the service. Any actions identified for improvement were monitored to ensure they had been carried out. The registered manager worked closely with local organisations and agencies and national organisations to keep up to date with current best practice and guidance. Comments about Denmark Lodge included, "An excellent well run facility" and "Excellent care and support for each individual."

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? 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**

Denmark 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 was a comprehensive inspection, carried out by one inspector. The inspection took place on 2 January 2019 and was unannounced.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

During our inspection we spoke with five people living at Denmark Lodge. We observed the care and support being provided. We spoke with the registered manager and two members of staff. We have referred to feedback given to the provider, as part of their quality assurance processes, from three relatives, five social and healthcare professionals and one visitor. We looked at the care records for three people, including their medicines records. We looked at staff records, training records and quality assurance systems.

Good

Is the service safe?

Our findings

People's rights were upheld. They were confident talking with staff about any issues or concerns they might have. Staff described how they would recognise and report suspected abuse. Their knowledge and understanding of safeguarding was kept up to date with refresher training. Staff had access to safeguarding procedures and contact information. Staff said they were confident the registered manager would take the appropriate action in response to any concerns they raised. There had been no safeguarding concerns.

People were kept safe from the risk of harm. Any risks had been assessed and discussed with them. People were aware of how to stay safe by following guidance in their risk assessments. For example, one person smoked cigarettes. They had chosen areas in the garden where they would smoke, such as a sun house or a particular bench. They had been provided with ash trays to dispose of their cigarettes safely.

People's independence had been promoted enabling them to safely do as much as they could for themselves. For example, staff provided supervision and verbal prompting to encourage people to do their personal care and to eat their meals. The Provider Information Record (PIR) stated, "Relevant strategies make sure that risks are anticipated, identified and managed by all staff at all levels. This will ensure that all service users have a greater level of safety and security both within the home setting and out in the community." Risk assessments were reviewed annually or as people's needs changed. There had been no accidents reported in the last 24 months.

People occasionally became upset or anxious. Their care records provided clear guidance about the routines important to them, what might upset them and how staff were to respond. Staff described the triggers which would make people anxious. They were able to anticipate these and effectively used distraction and diversion to help people become calmer. For example, people were prompted to find some personal space if others were annoying them. There had been no incidents over the past 24 months. People's care records stated physical intervention was not to be used. Staff confirmed this strategy was not used.

People benefited from a home which was well maintained. The registered manager said they had access to a maintenance person to deal with day to day maintenance issues and the redecoration of the home. Staff checked to make sure fire systems were in working order. People took part in fire drills. Each person had a personal emergency evacuation plan in place describing how they would leave their home in an emergency. Health and safety checks were in place and equipment was serviced at the appropriate intervals.

People were supported by enough staff to meet their needs. There had been little change in the staff team for over seven years. People and staff knew each other really well promoting consistency and continuity of care. The registered manager worked as part of the staff team and if additional support was required they would personally provide this. The registered manager confirmed they monitored the staff levels to make sure they continued to meet people's changing needs. For example, when a person moved into the home they had considered increasing staff hours to ensure other people continued to have their individual needs met.

People were protected against the risk of harm through satisfactory recruitment processes which ensured all the necessary checks had been completed. These included a full employment history, confirmation of the character and skills of new staff and a Disclosure and Barring Service (DBS) check. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. No new staff had been appointed in the last 24 months.

People's medicines were safely administered and managed. Staff had completed training in the safe administration of medicines which included observations of them administering these to people. People had their medicines at times to suit them. Their medicines were reviewed with health care professionals. Audits were completed to check that medicine systems were operating efficiently. This included an audit by the supplying pharmacy who had inspected in November 2018. The registered manager confirmed they had implemented their recommendations. For instance, renewing the staff signature list.

People were protected from the risk of infection. Staff were aware of the importance of maintaining a clean environment and followed a schedule of cleaning. Staff had completed infection control training and were observed following safe practice. For example, completing monitoring records in the kitchen and wearing personal protective equipment. The registered manager monitored infection control as part of their quality assurance checks. They said an annual report for 2018/2019, in line with the requirements of the code of practice on the prevention and control of infections, would be produced.

People's care and support took into account current best practice and guidance. The registered manager said they shared external safety alerts with staff ensuring action was taken in response to safety incidents or concerns. They said they had reviewed and updated information and guidance about allergens in response to national alerts.

Good

Is the service effective?

Our findings

People's needs were assessed to make sure their needs could be met. Their physical, emotional and social needs were monitored and reviewed monthly to ensure their care continued to be delivered in line with their requirements. People's care had been reviewed with commissioners, staff and their relatives where appropriate. People's diversity was recognised and their care promoted the rights of people with a disability. People's care and support had been developed in line with nationally recognised evidence-based guidance (Building the Right Support) to deliver person-centred care and to ensure easy access and inclusion to local communities.

People were supported by knowledgeable and experienced staff. The Provider Information Record (PIR) stated, "Any new knowledge gained through training should enhance the service user's daily lives and the service we provide." Staff confirmed they were able to maintain their skills and professional development. Staff completed training specific to people's needs. For example, death, dying and bereavement, autism and dementia awareness. The registered manager said staff would be updating their mental health awareness training. Individual records confirmed they had access to refresher training when needed such as first aid, food hygiene, Mental Capacity Act and fire safety. Staff had completed the Diploma in Health and Social Care or a National Vocational Qualification. Staff had annual individual support meetings to discuss their training needs and the care they provided. They said they felt well supported by the registered manager who they had regular contact with. The registered manager said they shared information and best practice with staff during handovers and at staff meetings. New systems were being introduced for the formal recording of support provided to staff.

People were encouraged to have a healthy diet. People told us they chose their meals and could have an alternative meal if they did not like the main option being offered. Meals were produced using fresh ingredients including vegetables and fruit. People's allergies were noted. Robust records had been kept for any allergens in products and meals provided to people. People at risk of choking were supported in line with their care plans and risk assessments to minimise any hazards so they could have their food and drink as safely as possible. For example, cutting up food into small pieces, providing specialist crockery and the supervision from staff.

People moving into the home benefited from a co-ordinated and well planned transition between adult services. Staff had worked closely with a person and their previous home to ensure the move to Denmark Lodge reflected their personal wishes and needs. The registered manager said the person had decided when to visit and when to eventually move in. The person confirmed they had settled well into their new home.

People's health and wellbeing was promoted. People's health needs were clearly described in their care records and health action plans. These were kept up to date with any changes to their health and wellbeing. People had annual health checks in line with national campaigns to ensure people with a learning disability and autism had access to healthcare services. People attended dentist, optician and GP appointments. Staff worked closely with social and healthcare professionals to share information to ensure people received co-ordinated and timely services when needed. They also liaised with mental health professionals.

People lived in a house which reflected their individual preferences. They lived in a detached house in the city, no different from other houses in their street. People had personalised their rooms to reflect their interests and hobbies. The registered manager said adaptations were being made to one person's room after requests from them to remove a shower cubicle. The person preferred to use the bathroom facilities.

People made choices and decisions about their daily lives. Staff discussed people's options with them, respecting their decisions and enabling them to plan their day. People were observed choosing where to spend their time, what activities they wanted to do and what to eat and drink. Staff told us, "We make sure everyone has choices. It's ok for them to say yes or no." People's capacity to consent had been assessed in line with the Mental Capacity Act (MCA) 2005. 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. Records confirmed when decisions had been made in people's best interests and by whom. For example, supporting people to manage their medicines and finances.

People's liberty and any restrictions had been assessed. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager confirmed authorisations to restrict people's liberty had been re-submitted to the supervisory body in May 2018.

Good

Is the service caring?

Our findings

People had caring positive relationships with staff. They were observed spending time with staff and being relaxed in their company. People said, "Staff are ok" and "Staff are fine." The atmosphere was very light hearted, with people laughing and joking with staff. Staff knew people's backgrounds and personal histories. They had developed close relationships with their families and friends. Staff told us, "People's families are really involved. We have good communication with them." Relatives commented, "A very caring staff team" and "Staff make him really happy." Staff were observed engaging with people, chatting and patiently replying to their questions. Staff gently responded to people giving them reassurance when needed, using sensitivity and compassion. Health care professionals commented, "Residents engage well with the staff and the atmosphere is always that of a friendly home" and "Good rapport between service users and staff."

People's equality and diversity was promoted. People's rights with respect to their spirituality, disability, age and ethnicity were recognised. People's care records reflected their personal wishes about the delivery of personal care, their spirituality and their preferred form of address. People were encouraged to participate in age appropriate activities in their local communities. People were supported to access places of worship when they wished to. The Provider Information Record (PIR) stated, "We ensure all service users are treated with equality, diversity and inclusion."

People were involved in the planning of their care. Their care needs and risks were discussed with them. The registered manager said people reviewed their care records with staff and made changes to them before they were finalised. The PIR stated, "We support service users to be actively involved in their support and ensure their views and wishes are met as far as is reasonably possible." Staff confirmed they had enough time to be with people, to listen to them and involve them in decision making. A member of staff said, "We never say we haven't got time. We are always available for people to talk." People had information about advocates. An advocate is an independent person who can represent people using social care services.

People had frequent contact with their families and friends. People visited their relatives, their relatives visited them and they used the telephone to speak with them. Relatives commented, "Friendly, helpful staff" and "We are always welcomed by friendly faces." People were also supported to keep in touch with friends at social clubs.

People's privacy and dignity was respected. People were observed being treated respectfully and with great care. The PIR stated, "Staff demonstrate a caring, positive and respectful attitude towards service users. Ensuring dignity and privacy is upheld especially during personal care." People were encouraged to be as independent as possible. A member of staff said, "We encourage people's independence, it's more inclusive to encourage them to help around their home and to go out on activities." People were observed helping around the house and helping themselves to drinks. A visitor to the home commented, "Residents always appear content and happy."

Good

Is the service responsive?

Our findings

People's care was individualised reflecting their personal wishes and needs. Their care records detailed these and any routines, important to them, were clearly highlighted. The Provider Information Record (PIR) stated, "Personalised support plans ensure service users are receiving the consistent person centred care they require to fulfil their needs, preferences and choices." Staff said, "We work with clients really well" and "We make sure everyone is catered for, no-one is left out. They do a lot of activities." People were encouraged to do as much as they could for themselves. Their care records confirmed their strengths and what they needed help with. This included aspects of their personal care.

People were supported to participate in activities which supported them to avoid social isolation in line with nationally recognised evidence-based guidance (Building the Right Support). People went to the cinema, bowling and swimming. Their chosen activities were discussed with them including day trips and social clubs. They had a fitness session provided at home and also did art and craft. People were busily engaged in their activities during the inspection. Whilst at home people chose to spend time with staff, in the lounge, their room or helping around their home.

People's communication needs were identified in their care plans. Each person had a communication profile which explained their communication preferences. Staff were guided about whether people used the spoken word, sign language or communication aids. If people needed help to understand the written word this was also clearly identified. The registered manager was aware of the need to make information accessible to people in line with the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. People had access to information produced in easy to read formats which used pictures and photographs to illustrate the text. For example, information about advocacy, the service user guide and the complaints procedure.

People were confident using the complaints process. People were observed chatting with the registered manager and staff. They talked through any concerns as they arose. They also had meetings together where staff prompted them to raise any issues. A member of staff told us, "If any person has issues, they can speak with any one of us." Feedback from people as part of the quality assurance process included, "Has no concerns" and "Doesn't want to change anything, likes it the way it is." Other feedback, from a relative, received as part of this process included a concern about the environment. This had been dealt with immediately. There had been no complaints in the last 24 months.

People were supported at the end of their life with dignity and love. People living in the home had also been supported to cope with bereavement. Photographs celebrated people's lives and people were encouraged to talk about them. A relative said, "Thank you for giving so much help and care, with so much love and patience." The registered manager and staff had completed training in end of life care. People's wishes about end of life care were referred to in their health action plans.

Good

Is the service well-led?

Our findings

People had a positive experience of their care and support reflecting the values and vision of the provider. The Provider Information Record (PIR) stated, "We support service users to reach their full potential. We provide a homely atmosphere for all service users and their families. We encourage the empowerment of service users to make individual choices in regard to their care." Relatives commented, "An excellent facility, a super care home" and "Well run." A health care professional said, "Excellent care and support for each individual." The registered manager worked alongside staff monitoring the day to day delivery of care and ensuring high standards were maintained. Staff commented, "We try to do our best" and "We work well with our clients."

The registered manager was first registered in 2010. 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. The registered manager said they felt supported by the provider. They had regular contact with the provider including formal monthly visits to the home. Staff told us, "The manager is efficient" and "She is very approachable. She works as part of the team." Staff said there was good communication between the staff and the registered manager. The PIR stated, "We promote an open culture where staff can approach the Manager at any time with concerns both personal and professional."

The registered manager understood their responsibilities to meet the Care Quality Commission's (CQC) requirements and to adhere to health and safety legislation and keep up to date with changes in legislation and best practice. They had made adjustments to policies and procedures in line with the General Data Protection Regulation. People's personal information was kept confidentially and securely in line with national guidance. Staff were confident raising concerns under the whistle blowing procedures.

There were effective systems in place to monitor the quality of services and care provided to people. Policies, procedures and guidance were kept up to date and available to staff. The registered manager had a range of quality assurance checks which were completed to ensure compliance with national regulations. These showed areas such as health and safety, fire systems, food hygiene, infection control and medicines were managed effectively. When actions had been identified for improvement these had been implemented in a timely fashion.

The provider monitored people's experience of their care and support through regular feedback from the registered manager and by monitoring quality assurance audits. They produced a monthly quality assurance audit evidencing when improvements were needed and when they had been completed. The registered manager said there had been changes to the provider of Denmark Lodge. Their registered status with the Care Quality Commission had remained the same. People, their relatives, staff and other interested parties had been informed. It was not envisaged that there would be any major impact on the current service provision. They said new policies and procedures and records would replace the current documents being used.

People, their relatives, social and health care professionals and staff were asked for their opinions of the service. They were invited to complete an annual survey in 2018 to give their views about people's experience of their care and support. The outcomes of these surveys were used to make improvements. For example, ensuring training was up to date and repairing a sink in a person's room. People talked with staff on a daily basis and any issues or feedback had been dealt with as they arose. People also had meetings with staff enabling them to discuss and resolve any concerns they might have.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). They ensured they met CQC's registration requirements by continuing to meet all necessary regulations, by displaying the home's current inspection rating and were aware of the need to submit notifications to support our on-going monitoring of the service.

People benefitted from a provider who monitored the quality of care and provided resources to maintain people's care and support. The registered manager anticipated new quality assurance processes would be introduced when the new provider had taken over full responsibility for the service. They said they would also have access to the resources of a larger provider which included a training department and peer support from other managers.

The registered manager worked closely in partnership with other agencies, social and health care professionals. Records confirmed information was shared with them when needed to ensure people's health and wellbeing was promoted. In line with nationally recognised evidence-based guidance (Building the Right Support) people lived in communities they knew well. The registered manager was a member of the National Care Association and subscribed to national organisations to keep up to date with changes in legislation and best practice.