

St. Denis Lodge Residential Home Limited

St Denis Lodge Residential Home

Inspection report

Salisbury Road
Shaftesbury
Dorset
SP7 8BS

Tel: 01747854596
Website: www.stdenislodge.co.uk

Date of inspection visit:
05 December 2019
06 December 2019

Date of publication:
20 January 2020

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

St Denis Lodge Residential home is a residential care home providing personal care without nursing for up to 21 older people. At the time of the inspection 21 people were living at the home. Some people had limited verbal communication, so we captured some of their experiences through observations.

People's experience of using this service and what we found

People told us they were happy living at the home and they felt safe. Systems to monitor the service had improved. However, in some areas not enough improvement had occurred since the last inspection. The new manager had already identified changes to put in place and was implementing them. It was not yet clear how sustainable these changes would be.

The management strove to be open and continually develop and improve the support people received. They were aware of their responsibility to notify the Care Quality Commission of certain events in line with their statutory obligations.

All people were comfortable in the presence of staff. People and relatives were positive about how safe their family members were. Medicines were administered and managed safely. Staff competency checks for medicine administration were improved during the inspection. Risks to people had been identified with ways to mitigate them in place.

People were supported by enough staff to meet their needs. Although staff levels had not always been good the management had recognised this and taken steps to resolve it. Staff had received a range of training and good induction when they started.

People's care plans were in the process of being personalised. They already provided a range of information for staff to use to support people's needs and wishes. There were good links with other health and social care professionals to meet the needs of people living at the home.

Staff were kind and caring and knew the people living at the home well. Staff respected privacy and dignity throughout the inspection. Links had been developed within the wider community which had a positive impact for people. Independence was promoted, as were the values of treating each person as an individual.

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 had not always supported this practice. The new manager had ensured these were updated in line with current guidance.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 4 December 2018) and there were concerns about systems to audit the service and capacity and consent. Improvements were found at this inspection although it was not clear whether changes were now sustainable.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

St Denis Lodge Residential Home

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

The service had a manager who was currently registering with the Care Quality Commission. A registered manager 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider had recently completed the required Provider Information Return (PIR). This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in

making our judgements in this report and reviewed the PIR following the inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and four visitors which included relatives and a health professional. We also spoke with the new manager, the nominated individual and seven members of staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We observed care and support in communal areas. We looked at five people's care records in various detail. We looked at two staff files. We looked at information received in relation to the general running of the home including medication records, auditing systems, policies and procedures, and environmental files.

After the inspection

We continued to seek clarification from the management to validate evidence found. We looked at training data. We spoke to a member of staff from the local authority.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt they were safe. One person said, "Staff are buzzing around and come when you call them". Others answered "yes" to us asking if they felt safe. One health professional said, "I have not seen anything that worries me."
- Staff were aware of how to recognise signs of potential abuse and knew when to report it. All staff agreed something would be done if they raised any concerns. They all knew who they could refer to externally.

Assessing risk, safety monitoring and management

- Most risks had been identified and ways to mitigate them found. Work had been completed to personalise risk assessments. Risks identified included pressure care, malnutrition, supporting people with transfers and specific health conditions.
- However, there were still occasions risks had not been identified or mitigated. For example, one person had been provided with a heater because their room became cold. There was no risk assessment to mitigate risks the person could be harmed.
- The new manager had identified nearly all the issues we had found in relation to risk assessments. There was already an action plan to mitigate the risks and review people's care plans.

Staffing and recruitment

- People were supported by enough staff to meet their needs and keep them safe. Some people wore a call bell button on a pendant, so they could call staff. One person said staff came, "Pretty quickly" when they pressed their call bell button. Another person told us there had been agency staff used when they were short staffed.
- Staff informed us staffing levels had been through a tough period and was starting to get better. One staff member said, "It was hard six weeks ago. Now it is all calming down." All staff agreed staff levels were better.
- Systems were in place to ensure staff recruited were suitable to work with vulnerable people.

Using medicines safely

- Medicines were managed safely. People received their medicines on time and in line with their requirements. Staff administering medicine had their competency regularly checked. However, it was not clear what formed part of the competency checks. During the inspection the manager created a new, more detailed competency checklist.
- Medicine was stored securely in people's bedrooms, the office and a fridge in the staff room. Temperatures were regularly checked to ensure medicine remained safe to use.
- Guidance was in place for medicines administered 'as required' and topical creams. This made sure all

staff administered them consistently.

Preventing and controlling infection

- People lived in a home which smelt pleasant throughout the inspection. All areas of the home were clearly being regularly cleaned.
- Staff had access to protective clothing such as gloves and aprons to prevent infections spreading when delivering intimate care.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong, and this led to systems changing. There was a positive culture for reporting by the staff.
- When incidents occurred in the home, the situations were reflected with staff and people within debriefs. If it was identified something could be improved, then action was taken.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

Ensuring consent to care and treatment in line with law and guidance

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 MCA. 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.

- Staff were aware how to gain consent from people and recognise changes in their needs, so naturally adapted their approach. There was a mixed understanding of the legal aspects. Although, all staff knew about acting in a person's best interest.
- Limited improvements were found at this inspection in relation to records for people who lacked capacity having decisions made in line with legislation. Only some care plans had been reviewed since the last inspection which included capacity and consent being considered.
- The new manager had already identified these issues. They were in the process of putting further improvements in place. This included staff training and reviewing each person in line with their current needs.
- Systems were currently being developed by the new manager to monitor and identify when people required DoLS. Also, further adaptations were going to be made around the home in line with people's changing needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed and care plans were created to give staff guidance about how to meet people's needs. Staff were aware when people's needs changed and adapted the support they provided.
- Staff received regular training which helped to ensure they were practicing in accordance with up to date guidance and legislation. The new manager was aware of their needs to keep up to date with guidance and legislation and had plans of where they would source this information.

Staff support: induction, training, skills and experience

- Staff told us they had received enough training. One member of staff joked they had, "Too much". Other staff told us the range of training they completed. Records confirmed this high level of training.
- However, staff appeared to have limited understanding about capacity and consent. This was because they had adapted their behaviour to people's changing needs without realising legally why this was important. The new manager had identified this issue and was already taking actions to address it.
- One health professional felt that staff they met had received enough training for the things they were instructing staff to do.
- New staff received induction when they started to work in line with current guidance. They also completed shadow shifts working alongside senior members of staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a healthy, balanced diet. The meal choices considered their preferences. Some people had a glass of wine with their meals and told us how much they liked this option. One person told us how this related to their employment before retiring.
- Choices were offered for each meal and people selected them the day before. If they did not like the options, then alternatives were offered. One person said, "I did not want gammon, so they made me an omelette. They do very nice puddings and cakes."
- People with specific needs around eating and drinking had their needs met. One relative told us about an issue their family member had with eating. They said, "They [staff] called in speech and language therapist to assess them."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to see a range of health and social care professionals. Comments from people included,
- Guidance from health professionals was followed by staff. Contact was always made promptly when a person's health declined. One health professional said, "They [staff] call us if they are concerned" and, "Staff always follow what we say."

Adapting service, design, decoration to meet people's needs

- Bedrooms had been personalised to people's individual preferences. This included photographs, ornaments and equipment from home. One person had their record player and a range of records because they loved listening to classical music.
- The provider made it clear it was the people's home and they wanted to keep this feel. The new manager had identified further adaptations they were going to make to update the home in line with people's changing needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff who treated them equally and with respect. Comments from people included, "The staff are excellent", "Nothing is too much trouble for the staff" and, "I am looked after well." Throughout the inspection caring interactions were seen between staff and people.
- Staff knew people very well and regarded them as an extended family. Comments from the staff included, "It is always about the clients" and, "This is their home. I want them to be happy." One health professional said, "I always find it welcoming. Staff are very helpful to residents and me. Staff know people well."
- Compliments received read, "With sincere gratitude to all the staff at St Denis Lodge for your care and compassion looking after [person]" and, "Thank you all so much for the excellent care which you gave to mum. The warmth, friendship and kindness which you showed her meant that her last five years were happy and comfortable and gave us great piece of mind."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and make decisions about their care. They could choose where they spent time during the day. Staff always asked people before they helped them.
- Staff were able to tell us how they helped people make choices who had difficulty communicating. This included offering a choice by showing two objects.
- Staff knew people well and discussed their care with them regularly. This was often through informal conversations where they identified if changes to the person's care was required.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. Staff knocked on doors before entering bedrooms. They made sure doors and curtains were closed if delivering intimate care.
- However, some people's en-suite bathroom doors were opposite their bedroom doors which could lead to embarrassing situations if they forgot to shut the doors. The manager and provider told us they would review this situation.
- Staff encouraged people to remain as independent as possible. One person agreed that staff supported them to stay independent. People were freely moving around the home with staff checking them periodically. One person told us they were still independently able to apply their own topical creams, and this was encouraged by staff.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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

- Care was personalised to each person's needs and wishes. Care plans were now in the process of being updated with this information. Different care plans were at different stages of recording the information in a person-centred way.
- People's care plans were regularly reviewed and most of the time updated in line with their needs. Any updates were shared with all staff.
- The new manager had an action plan to review and rewrite all care plans with people to ensure they accurately reflected current needs and wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Most of the people at the service were not publicly funded. Each person had a communication plan as part of their care plan which included their preferred way of communicating.
- The new manager was aware of the AIS and knew their responsibilities. They had plans to update information and ensure it was applied to everyone at the home.

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 had access to a range of activities including accessing the community and participating in games in the home. There were mixed opinions about how inclusive some activities were.
- The new manager had already identified the changing needs of the people. They had a plan in place to adapt the activities on offer, so all people's needs and wishes would be met fully.
- People were supported to maintain relationship with families and friends. Throughout the inspection, relatives and visitors were made welcome when they visited. They were always offered a drink.
- People's cultural and religious needs were known by staff and respected. Arrangements were in place to support people to meet these.

Improving care quality in response to complaints or concerns

- People and relatives knew who they could raise concerns to. All felt that they would be listened to. One person had recently had issues at night-time about another person entering their bedroom. The new manager had immediately taken actions to prevent reoccurrences.

- Systems were in place to manage more formal complaints. These had all been responded to in a timely manner. Where possible, feedback was always given to the person who had raised the concern.

End of life care and support

- At the time of the inspection there was no one receiving end of life care. People's end of life wishes were discussed with them and recorded to make sure they would be respected. End of life care plan information was personal and included what people wanted if they were very ill and what they wanted to happen after their death.
- The service had achieved platinum status of the Gold Standard Framework which was a set of national standards to ensure people receive the best possible end of life care. Platinum status meant they had maintained high standards over a sustained period of time.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Consistent levels of improvements were not always found since the last inspection. Care plans had not all been updated. There were still some concerns with staff understanding and application of the Mental Capacity Act 2015. Although, actions were already being taken in relation to these by the new manager.
- The provider's oversight had not identified current issues until very recently. During the inspection the provider explained some of this was due to personal circumstances.
- The new manager had a clear vision and direction the home needed to go in. The provider and new manager were already working closely to implement these changes. However, it was not yet clear whether changes already implemented or planned were sustainable.
- Improvements had already been made with the oversight the manager had of the service. Audits were more detailed and contained information about actions taken when shortfalls were found.
- Staff were all clear about their roles and responsibilities. One person said, "What has impressed me is she [the manager] did a night duty" when they started. The manager told us they had completed every shift to find out how the home ran, what was going well and what needed improving. They had already changed the shift patterns because of these inquiries.
- Staff were supported by the management and received regular supervision from senior staff. One staff said, "We can ask advice. That is brilliant."

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

- People, visitors and staff spoke highly about the management of the home. One person said, "This is a marvellous establishment...It is a very friendly and welcoming home...The managers are very efficient."
- The management were striving to have an open and transparent culture at the home which focussed on it remaining the people's home.
- Staff were engaged in promoting a positive culture which empowered them through two internal monthly awards. These recognised staff who had gone 'above and beyond' to help people and those who had supported people to stay hydrated.

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 management had a good understanding of the importance to be open and honest so acting in line

with the duty of candour.

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

- People and relatives were engaged in a variety of ways to hear their views. Resident meetings were held regularly where people could express their views. Since the new manager had started further plans were being developed to increase people's input further.
- Staff were engaged in the running of the home including recent changes through regular staff meetings. They had all been asked their ideal shift patterns whilst the new manager was reviewing them. These preferences had all tried to be incorporated into new rotas and staff agreed they had.

Working in partnership with others

- The home was well known in the local community. One person told us, "The home has a very good name locally". Other people and relatives confirmed this. When possible, the new manager was trying to engage members of the local community to help with improvements they were making.
- Staff and the management had good working relationships with other health and social care providers.