

Danes Lodge Ltd

Danes Lodge

Inspection report

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Bridlington
North Humberside
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Tel: 01262672145

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 3 May 2017 and was unannounced. It was the first comprehensive inspection of this service since registration.

Danes Lodge (also known as Danes Lea) is in Bridlington and provides personal care and accommodation for up to 29 people. There were 25 people using the service on the day of our inspection. The service is a detached property set out over three floors. The top floor is used for storage and other purposes and all bedrooms are located on the ground and first floors. The registered provider of the service has links to three other care homes in the East Riding of Yorkshire and Hull area.

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (the 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 provider had employed a manager who was in the process of applying for registration with the Commission

People felt safe at the service. Staff had been trained in safeguarding of adults and knew what to do if they had any concerns and how to report any incidents.

Assessments identified areas where people's health and safety may be at risk and these were acted upon. Medicines were administered safely by staff but where people administered their own medicines they were not always stored safely. Accidents and incidents were managed appropriately by the service and reviewed regularly by the care services manager.

The service was undergoing a programme of refurbishment but some areas had not been completed and did not have acceptable standards of cleanliness resulting in some odorous areas. Checks and servicing of services and equipment and been completed. The building had been adapted as far as possible to accommodate people's needs. Where people were living with dementia adaptations to the environment had been made to assist people in finding their way.

You can see what we told the provider to do at the back of the full version of this report.

Recruitment was robust with all relevant checks completed by the registered provider before people started work. There was sufficient numbers of staff on duty who had the skills and knowledge to meet people's needs.

Staff had been trained in areas which supported their role. Where further training was due it had been planned with dates booked. Staff were supported through supervision and annual appraisals.

People's communication needs were clearly identified in care records. Information was shared at regular

staff, resident and managers' meetings.

The service was working within the principles of the Mental Capacity Act 2005.

People had a choice of what to eat and drink. Specific needs relating to nutrition were identified. Fluids were available to people throughout the day.

Staff were caring and compassionate. Their approach was kind and friendly. They involved people in their care and gave them information and support where appropriate. People were treated with dignity.

Advocacy services were available if people needed them. One person had an independent mental capacity advocate supporting them.

Care plans reflected individuals needs clearly. They were reviewed regularly.

People took part in a variety of activities of their choice.

Complaints had been dealt with in line with the registered providers policy and procedure.

Where necessary the manager had made notifications to CQC. They worked together with other agencies to promote people's health and wellbeing.

Although there was a quality assurance system in place, quality audits had not identified some areas for concern.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Staff administered medicines safely but when people self-medicated medicines were not always stored safely.

The environment did not always display accepted standards of cleanliness resulting in some odorous areas.

Staff recruitment was robust and there were sufficient staff on duty on the day of inspection. The manager did not use any tool to determine staffing needs which may have assisted them to work out staffing levels during busier times.

Is the service effective?

Good ●

The service was effective.

People were trained and had the knowledge and skills to care for people at the service. They were supported through supervision and appraisal.

Staff worked within the principles of the Mental Capacity Act.

People's nutritional needs were being met.

Is the service caring?

Good ●

This service was caring.

People were positive in their feedback about the service. We observed caring interactions between people and staff.

Information was shared through meetings and people were able to share their feedback about the service using feedback forms.

Families were welcomed into the service and were able to visit at any reasonable time.

Is the service responsive?

Good ●

The service was responsive.

Staff knew people well and supported their individual needs. Care plans were personalised and staff reviewed them regularly.

There was a wide range of activities on offer organised by two dedicated members of staff.

Complaints were dealt with in line with the registered provider's service policy.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

There was no registered manager at the service although a new manager had been employed. Staff spoke positively about the manager and registered provider

Although the service had an audit system in place, the quality audits had not always identified where improvements were required.

Staff were able to share ideas or concerns at regular staff meetings.

Danes 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 3 May 2017 and was unannounced. The inspection was carried out by one adult social care 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. Their area of knowledge was older people, dementia and mental health.

Prior to the inspection we looked at all the information we held for the service including statutory notifications. Notifications provide specific information about certain events at the service. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information helped us to plan the inspection.

During the inspection we spoke with four individuals and a group of ten people who used the service. We also spoke with one relative and two visiting mental health nurses. We used the short observational tool (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed practice throughout the inspection. We inspected the care records for three people who used the service, observed the administration of medicines and checked the management of medicines within the service. We observed the lunchtime experience and activities that were taking place during the day. We also reviewed the recruitment, training and supervision records for five staff, checked the servicing and maintenance records for the service. We looked at other records related to the running of the service such as meeting minutes, accident and incident records and complaints. We requested an electronic copy of the statement of purpose, a copy of the training matrix, and contact details for those people we wanted to contact.

Following the inspection we contacted the local authority and safeguarding teams for feedback. In addition we contacted three staff and six relatives to gather feedback.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person told us when asked if they were safe, "I can lock my door and I have a key" and another said, "Always staff around, they check on me, but they don't snoop." The group of ten people who used the service that we spoke with all said they felt safe but commented that some people who used the service walked into their rooms uninvited which they did not like. They said that when they used their call bells staff came promptly.

People's relatives told us they felt people were safe. One relative said, "I think she is safe" and a second told us, "I can tell she feels very secure and has the reassurance she often needs due to her condition." Other comments from relatives were, "Yes both the customers and the visitors are safe" and "In my experience I consider my [relative] to be very safe at Danes Lea."

Our observations showed us that staff knew people well enough to recognise any issues and responded to any incidents calmly and appropriately. This gave us the overall impression of people being safe although we did identify several areas where safer practice was needed.

We spoke with a member of the cleaning staff and found that they assisted with care, carried out laundry duties and then worked as a cleaner during one day. When we checked cleaning schedules we found that some of the areas for cleaning had not been completed. The member of staff told us that they were not always able to complete the cleaning tasks as they did not have the time. People who used the service gave mixed feedback about the cleanliness of the service. One person said, "Home is clean and they clean my room regularly" but a second said, "Floor isn't always swept, and I mentioned the cheese on the floor before." They went on to tell us there had been a piece of cheese on the floor of their bedroom for three days. We spoke with the registered provider who told us they would be reviewing the staffing in the domestic department to prevent this happening again.

We looked around the service and saw that there had been recent refurbishment although several bedrooms smelled strongly of urine. The provider explained that a programme of refurbishment was underway following their registration of the service and we could see where that had happened. They assured us that the areas we had identified would be prioritised but until that happened they were not meeting the required standards of cleanliness.

Systems were in place to ensure medicines administered by staff were ordered, stored and administered safely. We saw people who used the service received their medicines as prescribed. Medicines administration records (MARs) were used to record when people had taken their medicines. These were completed correctly. We checked the stocks and records of controlled drugs (CD's) and found they were managed in line with regulations. CD's are medicines which require stricter legal controls to be applied to prevent them: being misused, being obtained illegally or causing harm.

Some people were administering their own medicines after being assessed as competent to do so but their medicines were not always stored safely. One person told us, "I self-medicate and I keep them in my drawer"

but we observed that a second person had their medicines stored on a table. We asked them if the room was locked when they went out but they told us they did not have a key. This posed a risk because some people living with dementia were walking unsupervised around the service and could have access to this room and the medicine.

This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Care plans contained risk assessments which reflected when there was a risk to a person. However, they were not always up to date. For example, one person had been assessed as having "slightly limited" mobility on one risk assessment when another record clearly stated they could not weight bear. This had no immediate impact on the person because staff knew them well but could lead to confusion and incorrect care being provided.

There were safeguarding policies and procedures in place for staff to follow and staff were aware of how to alert the authorities if they had concerns. One member of staff told us, "As a team we manage challenging behaviour well. If I had any safeguarding concerns I would go to a senior or the manager. If I felt they were not dealing with it I would go to the owners or safeguarding team." Sixteen out of twenty four staff had completed training in this area and the manager told us that the remainder were due to be completed by the end of May. There had been eight safeguarding concerns notified to CQC by the registered provider. One of these was still under investigation by East Riding of Yorkshire council safeguarding team when we inspected the service but overall we could see that where there were concerns they were dealt with appropriately.

There was sufficient staff on duty on the day we inspected. There was a manager, one senior care worker, four care workers, one cook, one person doing laundry who also assisted with breakfasts before they started in the laundry and went on to do the cleaning, one activities person and one maintenance person on duty caring for 25 people. One person was required to provide one to one support for a person. They were an additional member of staff.

People who used the service told us they did not think there was always sufficient staff. One person who used the service told us, "There are a few high dependency residents who need two or more carers at a time so I think it leaves them [staff] short" whereas another said, "My call button is usually answered in two to three minutes." We checked the response times of call bells for the last month and found that calls had all been answered within three minutes so no-one was left waiting for long periods.

The group of people we spoke with said they felt there were enough staff but told us that staff had said to them, "We have twenty four other residents to look after and not just you" and that they were told not to use their call bells as much. This does suggest that care workers were rushed although the rotas showed numbers had been maintained over time at the present level. The manager was not currently using a tool to align people's care needs and staffing levels which would assist them in calculating exactly what staff would be required to maintain a safe environment at all times.

Staff recruitment was robust. Background checks had been completed for prospective staff prior to them starting work at the service. These included gathering two references and a check carried out by the Disclosure and Barring service (DBS). DBS checks return information about any convictions, cautions, warnings or reprimands. The checks help employers make safer recruitment decisions and are designed to prevent unsuitable people from working in care services. Staff confirmed they only started working at the service following those background checks.

Maintenance and safety checks had been completed for all areas of the service. These included safety checks of electricity and gas, portable appliances tests and water safety. Records confirmed these checks were up to date. In addition, there was a fire risk assessment and tests of fire safety and fire fighting equipment showed them to be fit for purpose. People who used the service did not have Personal Emergency Evacuation Plans (PEEP's) in place which would enable staff to give more person centred support in the event of an emergency evacuation of the premises. Department of health fire safety guidance for residential care properties says, "In evaluating the risk to people with disabilities you may need to discuss individual needs with each relevant person and record specific arrangements within the care plan for the individual." These plans are used where people require special provision to ensure their safety in the event of fire. The fire safety officer for Humberside Fire and Rescue service had visited in October 2016 and considered the service to be safe with only a few minor areas for improvement which we saw had been completed. This meant that overall people at the service would be safe in the event of a fire.

Is the service effective?

Our findings

People told us they felt that staff were well trained and had the right knowledge and skills to support them. One person who used the service told us, "Yes they [staff] are very good." A relative said, "They [staff] are so considerate with how they manage my mum as her days and feelings can differ very dramatically due to her illness; the staff at Danes Lea deal with her so very effectively I am always very impressed and happy she is there." The mental health nurses we spoke with told us that staff managed people's needs appropriately.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that they were. The manager understood how to make applications for DoLS to be put in place and had done so where people were unable to make their own decisions.

People told us that they were asked for consent before care was provided. One person said, "They ask if I will take my tablets" and a second person said, "I suppose they do." Staff had received training about the MCA and DoLS and when we spoke to them they demonstrated their understanding and were able to tell us why DoLS would be applied.

People had access to healthcare professionals. Visiting health care professionals told us that people's conditions were monitored and that changes to people's needs were discussed with them so that action could be taken to protect people's health and wellbeing. One healthcare professional told us, "Staff ring for advice." We saw that people had access to their GP when required. One person told us, "If you want one [GP] they [staff] ring; usually they come the same day." Another person told us, "They would get a doctor if needed" and the group of people we spoke with told us doctors visited if they were needed. They also told us about district nurses, chiropodists and opticians visiting them. We saw from people's records that they had been visited by GP's, district nurses, mental health professionals and opticians.

Staff received training which was relevant to their role and equipped them to meet the needs of people who used the service. Training was provided by online training, use of booklets and face to face. Competency checks had been completed for staff who administered medicines.

Staff confirmed they received training on a regular basis in subjects which included MCA and DoLS, safeguarding and medicines. One member of staff told us, "We can do any training we require or ask for" and another told us, "The training is much better now as the manager is trying hard to organise training for us."

The manager told us they encouraged staff to complete the care certificate and we saw from information they provided that 14 staff had completed this training. The Care Certificate sets out learning outcomes, competencies and standards of care that are expected from staff. In addition staff completed training considered to be important by the provider such as dementia. One member of staff told us, "I learned from the dementia training; more than I thought I would."

Staff were supported through supervision and appraisal. They told us they received supervision and we saw records which confirmed this. Supervision is a meeting between the care worker and a senior member of staff to discuss work matters, training and development as well as other issues that are important to the member of staff. In addition we saw that some appraisals had been completed.

People told us they enjoyed the meals provided. One person told us, "I like everything they do. I get asked about choices and I get enough [food]" and a second said, "Good choices [of food]." A third person said, "I cannot eat bananas and they know. The food is very good; always get a choice and good variety; more than enough to eat." One person did say that her lunch had not been very hot yesterday but confirmed the food was good and they had choice of what to eat. A tool to identify when people were at risk of malnutrition was used by the staff and people were weighed regularly which helped staff to identify when they needed to refer any issues relating to eating and drinking to the persons GP for review.

Menus were displayed in a pictorial format. When we asked staff how they would offer choices to people they said they would use pictures but if people did not seem to be able to choose they would show them each meal on a plate. However, we did not see this happen when we joined people in the dining room for lunch time on the day we inspected. This would have enabled people living with dementia to be able to see what meal was on offer and choose what to eat. Most people ate in the dining room and were offered clothes protectors if they needed them.

We noted throughout the inspection that people did not always have immediate access to fluids. People did receive drinks at mealtimes and staff took a trolley around and offered fluids and snacks at set times but in order to prevent people becoming dehydrated, easy access to fluids would be of benefit to people.

We saw that the communal areas of the service had started to be developed for people living with dementia. Contrasting colours were used on handrails to aid people in finding their way around the service. Bedroom doors were painted in different colours and most bedroom doors had the person's name attached. The manager told us that people had chosen the colour schemes in their rooms and bedrooms were personalised with photographs and other personal memorabilia to ensure the bedroom felt familiar to the person. In addition there were pictures on the walls in corridors to promote conversation. These were appropriate to the age group of the people who used the service. There was a lack of pictorial and written signage throughout the service but the manager told us this had been ordered and would be put up as soon as it arrived.

Is the service caring?

Our findings

People who used the service spoke positively about the service and the staff. One person who used the service described staff as, "Caring and friendly" and said they were, "Like an extended family." A second person said, "Staff are very nice and nothing is too much trouble" and a third told us, "Friendly, welcoming, polite, on the whole very good."

Relatives were also positive in their feedback and told us, "In my experience I consider the service to be very caring for my [relative]" and, "She is well cared for all her needs are met by happy caring staff." One relative said, "The people I have constant contact with are the carers at Danes Lea [Lodge] and I consider them all to be utterly amazing."

Our observations showed that the staff were caring towards people at the service. We saw many positive interactions during the inspection. For example one person had returned from a hospital appointment and a member of staff assisted them to be comfortable and sat with them and held them gently to reassure them whilst they went to sleep. Staff respected people's privacy knocking on doors before they entered a room.

Some people who were able were involved in planning their care and were invited to reviews of their care plans. One person was aware of their care plan saying, "I have a care plan in the office and it is reviewed once a year."

Care plans included an 'About Me' document for each person that gave an overview of their likes, dislikes and preferences which helped staff have an understanding of each person. People told us that they had respectful relationships and that staff respected their privacy, dignity and rights. People were at ease around staff and we observed that there was a warm, friendly atmosphere at the service.

Information had been shared at resident and relative meetings. Unfortunately resident meetings had not taken place recently but the manager told us they intended to reintroduce them. One person who used the service told us, "There used to be residents meetings but none recently" and a relative told us, "They do family meetings but I have not attended." Surveys had been completed by people and their relatives giving them an opportunity to share their feedback about the service.

Families were welcomed into the service and able to visit at any reasonable time. People were encouraged to be as independent as possible with some people self- medicating.

People's dignity was not always promoted because the provider did not ensure the environment was pleasant and clean. Having a clean home is particularly important to older women in terms of maintaining their dignity and self-respect. (Godfrey et al, 2000). The provider had started to address this with flooring being changed and rooms decorated as part of a longer term refurbishment plan.

Is the service responsive?

Our findings

Staff were knowledgeable about each person and supported them in an individualised way. One person who used the service told us, "I can tell [relative] feels very secure and has the reassurance [they] often need due to [their] condition" and, "[Relative] is very independent but she does need some help and [relative] seems to get it."

A visiting mental health professional also told us staff knew people well and noticed changes in people's well-being. They commented, "They [staff] are good at communicating with us and following up any concerns they have. We visit this home often."

We saw that care plans were personalised and included information about people's needs. Some details had not been updated but staff knew people well which minimised any impact. The care plans were reviewed regularly. People's needs had been assessed before they moved into the service to ensure these could be responded to and met. Each person had a key worker who updated people's daily notes and organised monthly reviews with people.

One person required one to one support because of behaviour that may challenge. Staff managed this with sensitivity and care which resulted in the person remaining calm for the majority of the time we were in the service. A second person was vocalising their thoughts loudly and walking around constantly. This could have been intimidating to others but staff were observing from a distance and intervened when required ensuring other people's wellbeing and safety.

There was a handover by staff at each shift change. This meant that essential information was passed between staff so that they could meet people's individual needs in a consistent way.

A range of activities were offered in the service. There was an activities board which was updated each week. This showed a range of activities were taking place at the service. Each person had a client activity record sheet where any activities they had taken part in were recorded. The activities organiser told us, "I find out what works for each resident. We go to a café nearby where we have arranged a discount, and they do tea dances. The hairdresser visits every Thursday morning." The activities organiser carried out one to one activities spending time chatting to people and manicuring their nails. Outside entertainers visited the service twice a month. A singing group was planned for the week of the inspection. One person told us, "I go to church on Sundays and church events. I go to an arts class at [local country park] too." The group we spoke with made comments such as, "Plenty of activities," "I like going out to the Café," "I like doing the quizzes" and "Always activities." Having such a wide range of activities provided by two activities organisers reduced the risk of social isolation for people.

People received information about what they could expect from the service and how to make a complaint if they were not happy. There was information displayed in the entrance hall which outlined the services available to people alongside the complaints procedure. We saw that any complaints had been dealt with in line with the registered provider's policy and procedure. One person told us, "I would tell [name of manager]

or other carers, but I never have had to" and "I would see any of the staff but no complaints." A relative told us, "I would see manager but I have no complaints." Complaints had been analysed and any lessons learned were recorded. This demonstrated that staff were learning from complaints which would help to prevent any reoccurrences.

There had been a number of compliments about the service. These included, "We would like to thank you for the first class care you gave [relative] over the past few months."

Is the service well-led?

Our findings

Danes Lodge, also known as Danes Lea is one of four services run by the Proudfoot group in the East Riding of Yorkshire and Hull areas. The registered provider at Danes Lodge is the nominated individual for all four of those services. The four services have had a good history of compliance. Danes Lodge was registered with CQC by the provider in 2015 and since then they told us they had made many improvements to the environment.

There had been no registered manager working at the service and this had had an impact on the running of the service. A new manager had been employed and had worked at the service for three months. They were starting the application process to register as the manager. They had made positive changes working with the registered provider and improvements had been made in a number of areas such as record keeping and training. When we spoke to the local authority quality monitoring team they had highlighted a number of areas for improvement at the service which we could see the manager had started to action.

The environment was undergoing decoration and refurbishment but some areas were not meeting the required standards of cleanliness. There were some bedrooms identified when looking around the service accompanied by the manager as being odorous.

Although there was a quality assurance system in place quality audits had not identified some of these bedrooms as being odorous and therefore not meeting adequate standards of cleanliness. In addition audits had not identified that medicines taken by one person and kept in their room were not stored securely so they posed a risk to others. This meant that the quality assurance system was not always effective because it had not identified all areas where improvements were required.

We recommend that the provider research current best practice in quality assuring a care home.

We spoke with the manager who told us that the registered provider was, "Kind, caring and wanted to provide a good service. They put the clients at the centre of everything and promote good quality care."

People's views were obtained through surveys about the service. Feedback from surveys completed by people who used the service and their families was positive.

Accidents and incidents were recorded and immediate actions taken recorded. An analysis of the accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents.

Staff had been given the opportunity to share and discuss any concerns they may have at regular meetings. They told us they felt well supported by the manager and registered provider. One care worker told us, "There is always someone to go to. We have the providers numbers and they tell us to call they come into the service." Another person said, "Things run smoothly with a manager. There's someone to turn to. The providers come in quite often" and a third told us, "[Name of registered provider] visits the home and we can

contact at any time by telephone or email.

Staff were happy in their work. One member of staff told us the manager was approachable and said, "The manager is getting used to the staff and I believe he would support us. I believe we could go to [them] if we need to." The staff commented that, "This is a lovely team at the moment," "a lovely place to be" and "a very friendly atmosphere. The perfect job for me!"

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure adequate standards of cleanliness in all areas and when people administered their own medicines these were not always stored safely.</p>