Mr & Mrs G Rawat

Davigdor Lodge Rest Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place over two days on 29 June 2016 and 4 July 2016 and was unannounced. Davigdor Lodge Rest Home is a care home that provides accommodation and support for up to 25 people who have mental health needs. During the inspection there were 24 people living at the home. People's ages ranged from 42 to 69 years old. The home provided care and support for people living with long term mental health conditions such as schizophrenia, depression and substance misuse.

The care home is situated in central Hove near to the Town Hall and local shops. Bus services are frequent and can be accessed at the end of the road. The building is comprised of two Victorian houses that have been linked internally to provide accommodation spread over five storeys. The floors are connected by stairs and there are bathrooms on each floor. Some people living at Davigdor Lodge have lived there for many years.

The home had a new manager who had been in post for just over three months. They were going through the process of becoming registered with CQC and at the time of the inspection they were not yet registered. Shortly after the inspection they were confirmed as the Registered Manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People spoke highly of the home and said that the Provider, the manager and the staff were all approachable and friendly. However, some aspects of care were not consistently effective. Where people had been assessed as being at risk of malnutrition and poor hydration records were not consistent and clear for staff to follow. This meant that people were at risk of not getting the support they needed with eating and drinking and the risk was not effectively monitored. This was identified as an area of practice in need of improvement.

Staff were working within the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. However staff understanding of their responsibilities with regard to this legislation and guidance was inconsistent. This was identified as an area of practice in need of improvement.

People told us they felt safe living at Davigdor Lodge one person said, "The staff make sure we are all safe here." Risks to individuals were assessed and managed and staff were clear about their responsibilities to keep people safe and to report any suspected abuse. People received their medicines safely from trained staff. Medicines were stored and managed appropriately.

There was a robust recruitment process in place and there were sufficient staff on duty to meet people's needs. Staff told us they were well supported with regular supervision and team meetings. They said they had access to good training and they could ask for help at any-time. People were supported to access

health care services when they needed to. One person said, "The staff make sure I don't miss my appointments with the psychiatrist, and the nurse."

People told us they enjoyed the food at Davigdor Lodge and people's individual dietary needs and preferences were considered. One person said, "They are very helpful, if you fancy something different they will make it for you."

People told us that staff were caring, and respectful and that they were happy living at Davigdor Lodge. One person said, "I enjoy living here, we have made it into our own home." People's privacy and dignity were respected. Staff knew people well and involved them in decisions about their care and support. A staff member said, "We ask people what they want, how they need us to support them and what we can change to support them better."

Care and support plans were personalised and reflected people's preferences. Staff were in the process of reviewing all the care plans to ensure that information was up to date and accurate. People were supported to follow their interests and had access to a range of activities. Staff were focussed on ensuring that people received care and support that was personalised to their needs. People knew how to complain and said they felt comfortable to do so.

People, staff and visiting professionals spoke highly of the management and provider. There was an open culture and people and staff were encouraged to provide feedback about the service and to contribute their ideas about how it could be improved. The provider had systems in place to monitor care and analyse care provision. They used quality assurance methods to identify changes that were needed to improve the service.

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.

Risks to people were assessed and managed.

There was a robust recruitment procedure in place to ensure staff were suitable to work within the care sector. Staff numbers were sufficient to keep people safe.

Medicines were managed and stored safely and people received the medicines they needed.

Is the service effective?

Requires Improvement

The service was not consistently effective

Risks to peoples nutritional and hydration needs were not always managed effectively.

Staff understanding of MCA and DoLS was not consistent.

Staff had received training and were supported within their roles.

Is the service caring?

Good

Staff were caring

People had developed positive relationships with staff who knew them well.

People were supported to be involved in planning their care and support.

Staff respected people's dignity and privacy.

Is the service responsive?

Good

The service was responsive.

People received care that was responsive to their individual needs.

People had access to activities that were relevant to them.

People knew how to make a complaint and were confident that they would be listened to.

Is the service well-led?

Good

The service was well- led.

There were systems in place to monitor the quality of care delivery and to drive forward service improvements.

People and staff were confident in the management of the home and staff understood their responsibilities.

There was an open culture with a focus on providing person centred care.

Davigdor Lodge Rest Home

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 29 June and 4 July 2016 and was unannounced. On 29 June two inspectors and an expert by experience visited the home. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience had experience of working with, and caring for, people with mental health problems. One 4 July one inspector visited the home.

Before the inspection we reviewed the information we held about the home including previous inspection reports and any concerns that had been raised about the service. The provider had submitted a Provider Information Return (PIR) prior to the inspection (this is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.) The previous inspection in December 2014 had identified a number of areas that needed to improve including administration of medicines, managing risks to people and quality assurance. Whilst we did not find any breaches of the regulations we did make some recommendations for improvements in these areas. We also looked at notifications sent to us by the registered manager. A notification is information about important events which the provider is required to tell us about by law. We used this information to ensure that we were addressing potential areas of concern as part of the comprehensive inspection.

We observed care and spoke with people, their relatives and visitors to the home. We spoke with staff and health and social care professionals who had involvement with people living at the home. We spoke with 12 people who lived at Davigdor Lodge, one relative and a friend. We interviewed five staff, the person in charge and the provider. We also received written feedback from a health care professional.

We looked at areas of the building including the communal areas such as the lounge and dining area, the garden and kitchen. We were invited to view some people's bedrooms and we spent time sitting and talking with people.

During the inspection we looked at eight care records, three staff records, medication administration record (MAR) charts, minutes of meetings, quality assurance documents and activity plans. We also 'pathway tracked' three people living at Davigdor Lodge. This is when we look in detail at care records and talk to people about their experience of living at the home. It is an important part of the inspection as it allows us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

People told us that they felt safe living at Davigdor Lodge, one person said, "I can't remember ever feeling that it's not safe," another person said, "The staff make sure we are all safe here, there's always someone around to help." A third person told us that they felt safe because they could lock their own door.

At the previous inspection we had found that the home required on-going maintenance work to ensure a safe environment for people. At this inspection we found improvements had been made. The environment was clean and tidy and people told us the staff worked hard to maintain cleanliness in the building. The provider was in the process of appointing a new cleaner. Some people said they enjoyed helping, one person said, "I like helping out to keep our home clean and tidy," another said, "I do my own dusting, staff clean the rug but I do everything else in my room." Schedules were in place to ensure that different areas of the building were regularly cleaned and checks were made to ensure standards were maintained. Staff told us "Things have improved a lot, it was not always clean here but we try and keep on top of things. We are hiring a full time cleaner now and it's a lot better than it was." Audits identified areas in need of attention and records showed when actions had been taken to address these. For example a weekly check identified that cleaning equipment needed to be replaced. Notes confirmed this has been done and the date this was completed. An infection control procedure was in place and staff had signed to say they had read and understood it.

People received their medicines safely. Medicines were stored in a locked cupboard within a dedicated clinical room which was also kept locked. The provider was in the process of arranging for an upgraded cupboard to be fitted to ensure that the home was compliant with the latest legislation. Some people knew when they were due to have their medicines and told us they received them on time. Records confirmed that people had given their consent for staff to manage and administer their medicines.

At the previous inspection we found that there were gaps in the recording of administration of medicines. At this inspection we found that improvements had been made. Medicines were administered through a storage device designed to simplify the process. Staff were trained and assessed as competent to administer medicines. Medication administration record (MAR) charts were completed accurately and contained no gaps. Staff were observed to be confident with the procedure and were able to tell us why some medicines had been prescribed and why some people needed to take medicines in liquid form. Some people were prescribed PRN medicines, that is medicines that are given when required. There was clear guidance in place to indicate when this medicine should be offered, for example we heard staff checking with people if they were in pain and asking them if they required their PRN pain medicine.

The provider's medication policy included guidance for supporting people to manage their own medicines. One person was managing their medicines and a risk assessment had been completed to ensure they were supported safely to do this. This included regular checks to ensure that the person continued to manage their own medicines safely.

Risks to people were assessed and managed to ensure that people were protected from avoidable harm.

Risk assessments were detailed and relevant to the identified needs of the person. For example, assessments were undertaken to identify particular areas of vulnerability such as, road safety, self- neglect, substance misuse, financial and sexual vulnerability. Where people were assessed as being at medium or high levels of risk a support plan was developed to manage the risk. One example showed a person was at high risk of self- neglect, the support plan identified prompts for staff to encourage and support the person with their personal hygiene.

People told us they were involved in decisions about taking risks. One person was assessed as being at high risk of financial vulnerability, they said, "I have trouble with my money, the staff help me with that now, I have it a little at a time and then I don't overspend. If I want more I can ask them for it but they remind me I need to be careful with my money." People were supported to take positive risks, for example some people had kettles in their rooms to make themselves a hot drink. A staff member said, "We encourage people to be as independent as possible, we do a risk assessment to make sure they have the support they need."

Incidents and accidents were recorded and monitored. Staff told us "When there's been an incident or an accident we examine exactly what happened to identify if we could have prevented it." An example was given of someone who had fallen in their room. Staff had spoken to them about trip hazzards and assisted them to move some furniture to prevent further falls. One person spoke of altercations between people living at the home. They told us "Sometimes things escalate but there's been no violence." People told us that close circuit TV (CCTV) had been installed as a result of concerns about people's safety and security. Certain communal areas of the home were monitored using this system including the main entrance, dining room, activity room and garden. One person told us, "It makes me feel safer knowing that staff monitor who is coming into our home. It's good for security."

Emergency procedures were in place and included personal emergency evacuation plans detailing the help people might require to evacuate the building in case of a fire or other emergency. Regular checks were made on the fire alarm system and fire drills had included the evacuation process. The provider enforced a no smoking policy within the home. We noted that staff undertook regular checks around the building to ensure that people were not smoking in their bedrooms. If they found that people were smoking they were asked to extinguish their cigarette immediately and reminded of their agreement to only smoke outside. People told us they were able to smoke in the conservatory area or in the garden and we noticed this happening throughout the day. Fire safety was discussed at recent resident's and staff meetings and actions had been taken to update the fire procedure including improving the signage around the home.

All the people we spoke with said there were enough staff on duty. The provider told us that they were recruiting to vacant posts. Rotas confirmed that staff numbers remained stable and when staff were absent cover was provided by other staff members or managers. Staff demonstrated a clear understanding of their responsibilities with regard to safeguarding people. They told us that they had received training, were confident that they would recognise abuse and described the actions they would take if they suspected it. The home had appropriate safeguarding policies in line with the Sussex safeguarding adults policy and procedures and staff knew where to access these.

The provider had robust recruitment procedures to ensure that staff were suitable to work with people. Records contained evidence of references, identity checks and disclosure and barring service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working within the social care sector.

Requires Improvement

Is the service effective?

Our findings

People spoke highly of the staff and said that they had the knowledge and skills to support them. People's comments included, "The staff are very well trained," and, "They know how to support me." One person said, "I think they communicate well, that makes a difference so I don't have to repeat myself." Despite these positive comments we found some areas of practice that were not consistently effective.

Records confirmed that some people had been assessed as being at risk of malnutrition and dehydration. Support plans were in place to monitor and manage these risks however these were not always clear and consistent. For example one person had three separate support plans relating to their food and fluid intake, each with slightly different information. One instructed staff to record food intake in a daily report, another required a food and fluid chart to be kept updated however there was no chart in place. This meant that staff were not always given clear guidance to follow when monitoring and managing risks to people's nutritional and hydration needs. We spoke to the person in charge regarding this, they told us that all support plans were under review and they agreed that this was an area of practice that needed to improve.

We noted that people's weight and Body Mass Index (BMI) were recorded regularly and where there were concerns relating to increases or decreases in weight staff were proactive in making referrals to the GP or dietician for advice. Staff were seen to be encouraging people to eat and offering drinks during the inspection. They demonstrated that they were knowledgeable about the dietary needs of people they were caring for. One staff member told us how they supported someone who was underweight, saying "We encourage fortified drinks and alternatives to snack foods as much as possible because we know they need more nourishing food. The GP knows the situation."

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. We checked whether the service was working within the principles of the MCA.

Staff understanding of the MCA and Deprivations of Liberty Safeguards (DoLS) was not consistent. Staff told us that they had received MCA training, however they were not able to demonstrate a clear awareness of its relevance to their roles. One staff member told us "It's about not taking people's independence away," another said "All our clients have capacity." Their comments demonstrated a lack of understanding and they were not confident when asked about specific situations. For example, one staff member was not aware of the importance of ensuring compliance with any conditions attached to a DoLS authorisation.

Staff were gaining consent from people, we heard them asking, "Would you like to come and get your medicine in a minute," and "Can I help you with that?" Throughout the inspection we saw staff were respecting people's right to make their own choices. For example one person was reluctant to have a

shower, staff told us, "We remind and encourage them to have a shower but if they refuse we respect their decision because they have capacity to make that decision." Another person regularly refused their medicine, a staff member told us, "We explain why the medicine is important and encourage them to take it. Sometimes I come back a bit later and try again but if they refuse I must accept it because that's their right." We asked what would happen if someone continued to refuse- they replied, "The GP is aware that they don't take it and they are not too concerned. We continue to offer it because it's prescribed but it's their choice not to take it. If it was more important medication we would have a meeting to decide what to do." A DoLS application had been completed for one person and we saw that mental capacity assessments were documented in people's records showing that consideration had been given to their capacity to make certain decisions. Although staff were not clear and consistent in their understanding of the MCA and DoLS they were working within the principles of the legislation. This is not therefore, a breach of the regulations, but it is an area of practice that needs improvement.

Staff told us they had opportunities to undertake training that was relevant to the people they were caring for. Training records confirmed that the majority of staff had completed mandatory training. Some staff had also completed training specific to people's needs including various mental health conditions. Staff received annual appraisals and regular supervision meetings. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. These meetings provided them with the opportunity to raise any concerns or discuss practice issues. Staff told us that they found these meetings useful and they felt well supported by the new manager and the provider. New staff were supported with an induction process that included the Skills for Care care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff said that the induction process included time to get to know people and to work alongside experienced staff to ensure they felt confident in their role.

People said they enjoyed the food provided at Davigdor Lodge, their comments included, "It's not bad," and "The food's good, we've got roast chicken tonight, and it won't be just a few slices either, the portions are generous." People told us they were able to choose what they liked to eat. One person explained, "You choose what you want to eat from the menu the previous day or you can choose something different." The menu repeated over four weeks and a staff member said that people's choices were incorporated into the menu plan. One person told us, "Eggs were removed from the menu but we complained and they were put back on, they are responsive to our feedback." People's individual dietary needs and preferences were considered. For example on the day of the inspection people were enjoying sausage rolls at lunchtime, one person told us they were a vegetarian and they were provided with a vegetarian alternative. Some people had requested different meals and this was accommodated. One person told us, "They are very helpful, if you fancy something different they will make it for you, for example I don't like spaghetti so I will have eggs and beans instead, or sometimes I fancy cheese on toast. They are very accommodating here." We noted that a bowl of fresh fruit was available for people to help themselves to as well as a choice of cold drinks. People could make themselves a hot drink in the dining area and staff told us that yogurts and sandwiches were always available if people were hungry between meals. We observed the lunchtime and evening meal and saw that the atmosphere was calm and relaxed. Staff were present to support people and made sure people had drinks and the food that they wanted. Staff were heard checking if people were enjoying their meals and making sure they had what they needed.

Staff told us that people were encouraged to eat in the dining area as part of the social structure of the home but they recognised some people preferred to eat in their room. A staff member said, "Some people choose to buy their own food and didn't come down to the dining area often." We noted that some people had a refrigerator in their bedroom so that they could store their food safely. Other people

went out during the day and often had their meals out. One person said, "I prefer to eat out, not because of the food here, its fine, but I like to do my own thing." Another person said, "I buy things that I fancy and keep it in my room, just snacks and cakes. I still have my main meals downstairs." We asked how staff were able to monitor people's food and drink intake when they were eating in their rooms. One staff member explained, "We always check that people have eaten and ask what they had, if we have concerns about someone who may not have eaten we try and encourage them to have something."

People told us that they were supported to access health care service when they needed to. One person said, "I sort out all my appointments myself, but if I need help I only have to ask the staff." Another person told us "I need help to get to all my appointments, a staff member always comes with me," and a third person said, "The staff make sure I don't miss my appointments with the psychiatrist, and the nurse." One person was subject to a community treatment order (CTO) following detention under the Mental Health Act. A CTO means that the person has to keep to certain conditions to remain in the community and that they may be recalled to hospital if they do not comply with the conditions. Staff were aware that the condition of the CTO was for the person to attend regular appointments with the mental health team and to receive medication in the form of an injection fortnightly. This information was recorded in the person's file. Staff understood the importance of ensuring that the person attended their appointments. The person was aware of the implications of not meeting the conditions of the CTO and staff supported them to comply with the order.

There were systems in place to ensure that staff communicated information about people's health needs effectively and they told us this worked well. One staff member said, "Communication is much better now, and we have built up good relationships with the GP surgery and local pharmacist." People told us that they felt staff were quick to recognise changes in their condition. One person said, "I knew myself that I was beginning to feel unwell and the staff picked it up really quickly and suggested contacting my CPN (Community Psychiatric Nurse), which I did." Staff told us that they knew how to recognise when people's mental health was deteriorating. One staff member said, "We know people well so we can see when something has changed. For example, they may get more withdrawn or sleep more, sometimes people show signs of being more anxious or exhibit behaviour that's challenging. We always record how people seem so we notice patterns." Records confirmed that staff monitored people's well-being and made referrals when appropriate to support them with both their physical and mental health needs. Some people required regular injections as part of their treatment plan to manage their mental health needs. Staff said "They prefer to go to the local clinic for their injection and we support them to manage this."

Good

Is the service caring?

Our findings

People told us that they were supported by staff who were kind and caring. Their comments included, "It's lovely here," "Staff are very good with me," and "If I have a problem staff are always on hand if I need to talk." We observed positive interactions and noted a relaxed atmosphere between staff and people throughout the inspection. Staff were heard to speak to people in a respectful way and they talked about them with compassion and understanding.

People told us they were happy with the care their received and spoke of a "family atmosphere." One person said, "I enjoy living here, we have made it into our own home." People told us they had developed positive relationships with staff, one person said, "I have my favourites, they are very caring people," another person told us, "I have a lovely key worker, they cheer me up if I get low." People told us they could choose who their key worker was and this was confirmed in the minutes of a staff meeting. Staff knew the people they were caring for well and they were able to describe what was important to them. For example, one staff member spoke about the importance of maintaining regular contact with one person's family, describing this as a "necessity" for them. A health care professional told us that they believed the quality of care provided by staff was good. They said, "Staff were attentive and kind towards a patient who could, at times, be challenging."

People told us they were involved in planning their care and we saw this was reflected in their care records. For example, some people had completed a self- assessment. This gave detailed information about how they described themselves, what they felt triggered mental health problems for them and how they wanted to be supported to avoid triggers or to manage a crisis. Examples included, 'I want to come down later for my meal when its quieter,' and 'I like to read books to keep my mind busy and to distract me.' A staff member spoke about the care planning process, saying "We ask people what they want, how they need us to support them and what we can change to support them better." We noted that care plans had been reviewed and people signed to confirm their agreement. Some care plans were not signed and where this was the case staff had noted the reason for example, 'Refused to sign as disagrees with diagnosis.'

People told us they felt listened to and that their views were valued. One person said, "We have regular meetings, we can decide what we want to do and how things should be organised here." Another person said, "The manager is very good and asks our opinions about things," another person added "The owner is always trying to make things nice for us; they (staff) are open to our suggestions." One person told us, "I had some damp in my bedroom and the owner agreed that it should be dealt with and redecorated. I chose the colour scheme I wanted and I'm really happy with my room." We were invited to view some people's rooms and found them to be comfortable and well personalised. People were able to bring their own furniture and possessions and we noted that many people have facilities to make their own tea and coffee in their bedrooms.

Minutes of a resident's meeting confirmed that staff actively sought people's views and people had been able to express their opinions. People told us they could make choices about their life and that they had autonomy to decide what they wanted to do. For example, one person said, "I come and go as I please, it's

up to me, nobody makes me do anything," another person said, "I can be as independent as I want to be and I know the staff are there to support me if I need it," a third person said, "I choose how involved I want to be with things here, sometimes I go on the trips but mostly I do my own thing."

People and staff told us that people were supported to maintain their dignity and to be as independent as possible. A staff member said "We try and support people to maintain their independence, if they want some help we are always on hand," another staff member said, "Some people like to do their own laundry and we assist them if they need us. Often people just need a bit of reassurance or encouragement to do things for themselves." One person said, "I like to manage things myself because I'm a very independent person, I always have been, I don't like having to accept help." We noted that people's care plans were written sensitively and guided staff in respecting people's wishes and preserving their dignity. Examples included 'Staff must be gradual in their approach' and ' Staff to be aware of the importance of feeling useful and acknowledge their contribution to the home to help them maintain positive self- esteem."

People were supported to maintain their privacy, one person said, "I like the privacy of my room and having my own door key." We noted that staff knocked on doors and waited for a response before entering. People's personal records were kept securely and staff were aware of the importance of maintaining confidentiality. For example, when giving medicines to people staff spoke quietly to avoid people over-hearing their conversations, people who required an injection were discreetly invited to a different room to maintain their privacy and dignity. We asked people about the use of CCTV and how this affected their privacy, one person said, "It's only used in communal areas and it's for the safety of people living here, it doesn't worry me." Minutes of residents meetings showed that people's views had been sought prior to the use of the CCTV cameras and people said that they were happy for the system to be used as long as it was not installed in their bedrooms.

The home had a dignity champion and staff said this had a positive impact. One example given was that previously people had to ask the staff or the chef if they wanted something to eat between meals or if they wanted a hot drink. This was recognised as being restrictive and new arrangements were introduced to ensure that people could make a drink themselves and were able to help themselves to snacks between meals. A member of staff commented "It's so much more dignified for people to just help themselves instead of having to ask us if they want a hot drink."

We spoke with some visitors who told us that they were made to feel welcome whenever they visited. Staff said there were no restrictions on visiting and that they were proactive in encouraging people to invite friends and family to visit. One person told us that they had friends who regularly visited and they found staff to be welcoming.

Good

Is the service responsive?

Our findings

People told us that they felt the staff were responsive to their needs. One person said, "The staff understand me and they give me the help I need." Another person said, "It's a good home, they go out of their way to help us," and "I think they respect my views."

People's needs were assessed prior to coming to live at Davigdor Lodge, the provider told us that they liked to introduce new people to the home slowly with a number of introductory visits, including an overnight stay, to make sure their needs could be met.

At the previous inspection we had found that care plans lacked guidance and information for staff to provide safe and responsive care. At this inspection we found improvements had been made. People's support plans reflected the care programme approach (CPA). This is a system used by mental health professionals to say how services will support people. Staff told us that people's care plans were in the process of being updated and that they were moving towards a recovery model. A recovery model supports people to take control of their life, despite having mental health problems. It should be individualised and focussed on the goals and aspirations of the person, building on their strengths and learning from setbacks to overcome obstacles.

Documentation identified risks with an associated support plan to reduce and manage the risks as well as specific recovery goals for the person. People's care plans included information about their needs, goals and actions required to meet the goals. Staff told us that they were in the process of reviewing all the care plans to ensure that information was up to date and accurate and we saw evidence that this was happening. Reviews included progress made to date against the care plan objectives and challenges that had arisen in meeting their goals. One example showed a goal of improving independence by learning new skills had not been met. The reason given for this was that the person lacked motivation to try new tasks. The future plan was for staff to actively encourage them and support them to learn cooking skills to improve their independence. This was signed by the person.

Care records were personalised and reflected the individual needs, preferences and interests of people. Information included people's daily routine, for example, 'Prefers to wake at 8am,' and 'Enjoys spending time in the quiet lounge area.' People's likes and dislikes were also recorded, including, 'Likes spending time in the garden ' and 'Enjoys listening to music,' and 'Dislikes crowded places and noise.' Details of people's personal history were evident and staff said they made efforts to find out about people's life history whenever possible. People told us they were supported to follow their interests. For example, one person told us about their interest in ancestry and showed us how staff were helping them to research their family. Another person said they enjoyed swimming and a staff member supported them to go on a weekly basis. A third person, with an interest in art, had been accompanied to London for an art event. Some people were supported to maintain their religious beliefs and attended a local church regularly.

At the previous inspection we found that opportunities for social activities or engagement were limited. At this inspection we found that improvements had been made. The home had an activities co-ordinator who

worked five days a week. Records showed that people were undertaking a range of activities, examples included, music, walking, knitting, and watching films. Staff told us they were trying to create an activity programme that was more personalised. Documentation showed that activity plans were being created that related to people's care plans. Staff explained that this was work in progress and they were beginning to use the different recording process to capture what people were doing each day. One person told us that they enjoyed gardening and said that they were able "to potter" in the garden whenever they wanted to. Staff told us they encouraged them to use their own initiative to garden whenever they felt like it, as they would in their own home.

People told us they enjoyed the arranged group activities, especially trips that were organised on a monthly basis. We were shown a gallery of photos taken on a previous trip and people said they were looking forward to the next outing planned to the Devil's Dyke pub. Staff told us that some people engaged well with the organised activities and we saw examples of this happening, including a pool game in the activities room. Some people were able to go out on their own and we noted people coming and going during the inspection. One person said, "I like to go into town and do my own thing," another person told us, "I like to go to charity shops and get some good bargains, staff don't need to come with me." One person showed us the art project that they had undertaken and another told us that they enjoyed cooking and they were supported by staff to use a small kitchen area upstairs if they wanted to.

Some people told us they didn't feel able to go out alone and relied on staff to support them. Staff confirmed that they encouraged people to go out and would accompany them if they were anxious. Records showed that people were supported to go out individually, for example one person had a particular interest in Dr Who and had been supported to attend a Dr Who event. We noted that staff engaged with people regarding their interests. For example, several people were watching a tennis match on the TV and staff, including the chef, were watching with them and chatting about the tournament. The atmosphere was very relaxed and cheerful and people were seen to be enjoying the afternoon together.

During the inspection we noted that some people were spending time in their rooms and only came downstairs to have a cigarette in the garden. We asked staff how they ensured that people were not socially isolated within the home. Staff told us that some people found interaction with groups of people too difficult and preferred to spend time in their rooms. They told us that they made sure they saw people every day and we noted that they were checking on people throughout the inspection. One staff member said, "It's very difficult, some people are so limited by their mental illness. They cannot tolerate engagement with other people except for very short periods. Staff feel helpless, all we can do is check them regularly and try and build a rapport and a level of trust." We saw evidence that there was regular communication between staff and the community mental health team to ensure that people were getting the help they needed to remain within the community. A health and social care professional told us, "Some of the people here have very complex mental health needs. Staff have worked with us to stabilise them. They are isolated from the world around them but staff are trying to build good relationships." Staff spoke of the challenges that this presented, saying "We want them to be able to talk to us and to feel comfortable in the presence of other people but that will take a long time." They said, "We take things very slowly, at their pace." The care plan reflected this approach and we noted progress had been made for example, one person had allowed a staff member to support them with some elements of personal care.

People told us they would feel comfortable to raise any concerns with staff. They talked of "trusting the staff" and said they felt able to complain. One person said, "I would tell the staff if I was unhappy with something," another said, "They would definitely do something if I complained, I am in no doubt about that." A system was in place to record people's complaints and staff told us that if anyone raised a concern it was dealt with straight away.

Good

Is the service well-led?

Our findings

People living at Davigdor Lodge spoke highly of the management of the home. Their comments included, "They do very well, it's not easy to be a manager," and "It's a good home, it's well managed." At the time of the inspection the person in charge had applied to CQC to be the registered manager and was waiting for the registration process to be completed. They had been in post for just over 3 months and told us that the transition into the manager's role had been difficult to begin with. Staff spoke positively about the new manager and told us that they felt improvements were being made. One staff member said "There is a better structure now, communication has improved and there's more emphasis on person centred care." Another staff member said, "I like working here because I like the residents, staff and the manager."

At the previous inspection we found that the home was not consistently well led. At this inspection we found that improvements had been made. The manager had a clear vision for the home and spoke of "Seeing people for their personhood, not their disability." Staff spoke positively about the changes that the new manger was introducing and told us morale was good. Staff meetings were being held and records showed that they were well attended. Team briefings had also been introduced to improve communication between the manager, deputy and team leader. Staff were clear about their roles and what was expected of them. For example one staff member said, "We are working at improving the care plans and moving towards a more recovery focussed model of care." Another staff member said, "We work well as a team and we are making changes. For instance we have started recording the activities that people enjoy in their care plans so we can evidence what they are doing." A staff member commented that the staff were now working to people's strengths, and talked of the home "Feeling different."

People told us that the manager and the provider were approachable. One person said, "The owner is often here, they are very easy to talk to and they join in and help out all the time." Other people spoke highly of the new manager, saying, "He's a nice chap," and "The manager's a kind person. I think he's doing a good job here."

The manager spoke about the programme of change that was in progress at Davigdor Lodge saying, "Some staff told me they felt there was a lack of leadership here so we have introduced a new management structure and I think staff are clearer now." They described how staff were consulted about changes through team meetings and individual supervision meetings, saying, "I want staff input about what needs to change and where we can make improvements." Examples of changes included the development of the garden to provide a covered outside area for people who wished to smoke. Another example given was that a staff member had suggested that there needed to be more activities organised for the male residents. As a result a pool tournament with prizes was introduced and was proving to be popular. Organised break times for staff had been introduced to ensure that people could be supported but that staff still got a break when on duty.

The manager and provider spoke about having an open culture within the home and staff told us they had developed good links with the local community. One staff member described having a "Strong relationship with a care co-ordinator," saying, "They are happy to advise us and they respect our opinions too." A local

pharmacist had recently completed a review of medicines and a visiting health care professional confirmed that they had a good relationship with staff at the home. They told us "Staff want to act in people's best interests. The manager wants to do things right." The provider told us that they had a good relationship with neighbours and encouraged them to come into the home for example with invitations to the care home open day.

Staff and managers attended external training events and meetings to ensure that they kept up to date with current and emerging practice within the care industry. Staff attended a number of regular forums such as the care home dignity forum and care home manager's meetings which enabled them to make links with other local providers, to share practice information and to receive local information from the commissioners in the Clinical Commissioning Group and the Local Authority.

The provider had a range of systems in place to monitor the quality of care. Weekly checks were recorded throughout the home to ensure health and safety was maintained. Regular audits occurred to identify any issues and actions were taken where needed. The provider had undertaken a questionnaire with people living at Davigdor Lodge. The information had been analysed and an action plan developed in response to feedback from people. For example the key-working system was reviewed following comments that people wished to have more time with a key worker of their choice. A key worker is a named member of the care staff who takes a lead and special interest in the care and support of the person. Changes were introduced to enable people to choose two key workers of their choice so that they had more opportunity to spend one to one time with staff members. A CCTV system was used to monitor the safety of people in communal areas of the home. The provider had ensured that people and staff were properly consulted about the introduction of the system and a clear policy and procedure was in place to ensure that its use was compliant with legislation such as the data protection act.

The provider and manager were aware of their responsibility to comply with the CQC registration requirements. They had notified us of events that had occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken.