

Cathedral Care (Gloucester) Limited

Denmark Lodge

Inspection report

38 Denmark Road
Gloucester
Gloucestershire
GL1 3JQ

Tel: 01452311102

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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

This inspection took place on 8 and 13 May 2016 and was unannounced. Denmark Lodge provides care and support for up to seven people who have a learning disability. The service is located near the centre of Gloucester close to a range of local amenities. At the time of our inspection there were six people were using this service.

We last inspected the service on the 9 September 2014. At this inspection we found the provider was meeting all of the requirements we inspected.

The service had a 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 and associated Regulations about how the service is run.

Support workers had not always received access to supervisions and appraisals. Support workers were supported by a committed registered manger and had access to training and professional development. There were enough staff with appropriate skills, deployed to meet the needs of people living at the home. People, their relatives and support workers spoke positively about the home and the continuity of care staff.

People and their relatives were positive about the home, the support workers and registered manager. People were safe and looked after well at the home. Support workers managed the risks of people's care. They ensured people had the medicine they needed to meet their needs and their on-going healthcare needs were met. People received a healthy and balanced diet.

People enjoyed living at the home and were supported to live active social lives, which included attending activities and events in the community. People were supported to be involved in day to day activities, such as baking and cleaning.

The registered manager ensured people, their relatives and external healthcare professional's views were listened to and acted upon. The registered manager ensured support workers were involved in day to day decisions and promoted support workers to take on responsibilities such as key worker duties. Relatives and healthcare professionals spoke positively about the registered manager and the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People were safe and staff had a good understanding of safeguarding. Staff ensured people were protected from the risk of financial abuse.

There were enough staff to safely meet people's needs. Staff understood the risks of people's care and how to protect them from these risks.

People received their medicines as prescribed. People's medicines were managed and stored safely.

Is the service effective?

Requires Improvement ●

The service was not always effective. Staff had not always received regular supervision or appraisals. However, support workers felt supported by the registered manager and plans were place to provide staff with regular supporting meetings and an appraisal.

People were supported by care staff who had access to training. People ensured people's legal rights were protected.

People were supported with their dietary and nutritional needs. People's specific needs were met because staff ensured they received appropriate support.

Is the service caring?

Good ●

The service was caring. People were at the centre of their care, and were supported to spend their days as they choose. Support workers respected people and treated them as equals.

People had caring relationships with care staff and benefitted from these relationships. Care staff knew what people liked and disliked and spoke about people in a kind and a caring manner.

People were involved in decisions about their care and were supported by care staff to make informed choices.

Is the service responsive?

Good ●

The service was responsive. People were supported with activities within the home and also had support to access activities in the community.

People's care plans were detailed and were personalised to them and their needs.

People and their relatives were confident their comments and concerns were listened to and acted upon by the home's management.

Is the service well-led?

The service was well-led. The registered manager and provider had audits and systems in place which enabled them to identify concerns. Where concerns were identified, action was taken to improve the service.

The views of people and their relatives were regularly sought. People and support workers were involved with decisions made within the home. Support workers were given opportunities to develop and taken on additional responsibilities.

Good ●

Denmark Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 the 8 and 13 June 2016 and it was unannounced. The inspection was carried out by one inspector.

We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We also spoke with two healthcare professionals regarding the service.

We looked at the Provider Information Return for Denmark Lodge. 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.

We spoke with four people who were using the service. We also spoke with three people's relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with three support workers and the registered manager. We also spoke with a visiting masseur. We reviewed four people's care files, four care staff records and records relating to the general management of the service.

Is the service safe?

Our findings

People told us they felt safe and comfortable in the home. When asked if they felt safe, three people responded positively. People's relatives also told us they felt their loved ones were safe at Denmark Lodge. Comments included: "We wanted them to be somewhere where we had peace of mind, and we certainly feel that"; "She is comfortable there. Are only fear would be if she had to move" and "It makes me feel better to know he's alright there, it makes us all better."

People were protected from the risk of abuse. Support workers had knowledge of types of abuse, signs of possible abuse which included neglect, and their responsibility to report any concerns promptly. Support workers told us they would document concerns and report them to the registered manager, or the provider. One support worker said, "I would go to the senior or the (registered) manager, I've never had to though." Another support worker added that, if they were unhappy with the manager's or provider's response they would speak to local authority safeguarding. They said, "I know we can go to safeguarding and CQC, we have access to the numbers." Support workers told us they had received safeguarding training and were aware of reporting safeguarding concerns.

The registered manager fully understood their responsibility to raise and respond any safeguarding concerns in accordance with local authority safeguarding procedures. Since our last inspection the registered manager had ensured all concerns were appropriately reported to local authority safeguarding and CQC. They also ensured all actions had been taken to protect people from harm.

People and their relatives told us there were enough staff to meet their needs. People confirmed there were always support workers around if they needed support. One person said, "They're here if I need them." Relatives raised no concerns regarding staffing. One relative told us, "There are always staff around, helping people with their activities."

There was a calm, pleasant and homely atmosphere in the home on both days of our inspection. Support workers were not rushed and had time to assist people in a calm and dignified way. They had time to spend talking and engaging with people throughout the day. For example, one support worker assisted one person paint their nails. Another support worker took people out for a trip to a local town.

Support workers told us there was always enough staff to meet people's needs, however they discussed with us their concerns about reduced staff numbers in the afternoons. The provider had reduced staff numbers in the afternoon due to the number of people living in the home, unless activities, events were planned or if people needed support to access activities in the local community. While support workers raised this concern they did not feel this had had an impact on people, and that the registered manager was always available to support them if required. We discussed staffing levels with the registered manager. They said, "There is always enough staff, and we plan to make sure people are able to access the activities they like."

People had been assessed where the registered manager or support workers had identified risks in relation to their health and wellbeing. These included moving and handling, mobility, agitation and nutrition and

hydration. Risk assessments enabled support workers to keep people safe. Each person's care plan contained clear information on the support they needed to assist them to be safe. For example, one person was at risk of choking. Support workers had clear guidance of how to support this person and sought speech and language therapists' advice as necessary.

Where people required assistance from a support worker and equipment, there was clear guidance on how staff should support them. The equipment needed, including wheelchairs, ceiling track hoists and slings were clearly detailed. Support workers knew how to use equipment to support people and told us they had received the training they needed.

People were promoted to take positive risks. People were supported to carry out activities which could place them at risk, however it was felt the benefits of the activity outweighed the risk. For example, support workers had identified the risks for one person who liked to go swimming. There were clear risk assessments in place which support workers needed to follow to ensure people could enjoy these activities.

People were supported to maintain their independence. For example, one person managed their own money. The person liked to go shopping by themselves and was supported to continue meeting this need. The registered manager and support workers actively promoted people to manage aspects of their care, such as spending money and managing their prescribed medicines.

People were protected from financial abuse as their money was kept securely and a record of their finances was maintained by support workers. Some people required support with the handling of their money which included the safe keeping and the management of their daily expenses. Including an accurate record of their expenses and income. Senior support workers ensured people's financial records were checked to ensure their expenses were recorded correctly and that no financial abuse had occurred.

People's medicines were securely stored in line with current and relevant regulations and guidance. People's medicine records accurately reflected the medicine in stock for each person. Medicine stocks were checked weekly by senior support workers. These systems ensured people's medicines were not taken inappropriately and people received their medicines as prescribed.

Is the service effective?

Our findings

People were supported by support workers who did not always have access to supervision (one to one meeting) or appraisals with their line manager. Support workers told us supervisions were carried out however not always as regularly as the provider requested. The registered manager told us, "I hold my hands up, we're behind on supervisions" They went on to tell us they were due to start appraisals for all support workers working at Denmark Lodge.

However support workers felt they were supported informally and could discuss any issues they had with the registered manager, including discussing their training and support needs. Comments included: "We don't have supervisions as often as we should. However we can talk to (the registered manager) anytime" and "Things are often dealt with straight away. We're always talking." The registered manager told us about the action they would take along with senior support workers to ensure all support workers had an appraisal and the required level of supervisions. However it was clear that the lack of formal supervision had no impact on the care and support people received as the registered manager and support workers shared information regularly.

People and their relatives were positive about support workers and felt they were skilled to meet their needs. Comments included: "I like them", "The staff are absolutely marvellous"; "They're all very nice" and "The staff are really very good."

People's needs were met by support workers who had access to the training they needed. Support workers told us about the training they received. Comments included: "The training is okay here, we do group training. There is training for all and we can access more training. We have the skills we need"; "Yes definitely have the skills I need. If you needed more (training) you're always accommodated" and "So far, so good. We get access to all the training we need. The manager looks at refresher training and you can always repeat training if you need." Support workers had completed training which included safeguarding, fire safety and moving & handling.

Where people's needs had changed or new people moved the home, support workers were supported and trained to meet their needs. One support worker told us how the provider had ensured they and other support workers had the skills they needed to meet one person's nutritional needs. They told us how they received training regarding PEG feed training. Percutaneous Endoscopic Gastromy (PEG) care is a means of feeding when oral intake is not appropriate. They said, "We're given new training when we need it for people."

Support workers told us they had been supported by the registered manager and provider to develop professionally. They explained they had been supported to complete a qualification in health and social care and encouraged to undertake further qualifications. One support worker told us, "You can request training. They wanted me to do the next qualification, however I'm not interested to go any further."

Support workers we spoke with had undertaken training on the Mental Capacity Act (MCA) 2005. The Mental

Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. They showed a good understanding of this legislation and were able to cite specific points about it. One support worker told us, "We give everyone choice and treat them as individuals. We can't force people do to something they don't want to do." They explained how one person decided not to go on a trip during the inspection once they had got into the car. They spoke with the person and respected their wishes. The person was supported to return to Denmark Lodge.

The registered manager and support workers ensured where someone lacked capacity to make a specific decision, a best interest assessment was carried out. For one person a best interest decision had been made as the person no longer had the capacity to understand the benefits and risks of an operation and their on-going care needs. A decision was made in the person's best interest with their social worker, doctor and family present.

The registered manager had carried out an assessment to check if Deprivation of Liberty Safeguard (DoLS) applications for people needed to be made. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made applications to the local authority and was waiting for feedback regarding these applications. However we reviewed people's mental capacity assessments to ensure people were cared for in the least restrictive way.

People spoke positively about the food and drink they received in the home. Two people responded positively when we asked them if they had enjoyed their food. One person said, "I get cups of tea." People had a cooked meal at lunch and they ate and enjoyed this meal alongside support workers and the registered manager. People clearly enjoyed eating alongside support workers and there was a friendly atmosphere. Support workers told us they ate together as a "family" and this had had a positive impact on people. For example, one person used to eat by themselves, however now enjoyed the dining experience and company of others at this time. We observed support workers ensuring people had drinks and snacks when they wanted them.

People's dietary needs and preferences were documented and known by support workers. Support workers knew what food people liked and which foods people needed to meet their nutritional needs. For example, one person had nutritional supplements provided through a PEG tube. Support workers followed guidance from the person's dietician to ensure they received the nutrition they needed on a daily basis following a change in their needs. Support workers understood these needs and the person's care plans clearly showed the support they required.

People were supported to maintain good health through access to a range of health professionals. These professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GPs, psychiatrists, dentists and speech and language therapists. For example, support workers had sought and acted upon the advice of psychiatrists regarding the anxieties of two people living at Denmark Lodge. Support workers knew these people well and followed the guidance, including the use of distraction techniques and identifying triggers which caused people anxieties.

Is the service caring?

Our findings

People had positive views on the caring nature of the service. All four people we spoke to responded positively when we asked if they liked living in the home and if the support workers were nice. One person said, "I like it here." Relatives spoke positively about the caring nature of the service. Comments included: "I think it's a marvellous place. The staff come across as caring and kind"; "Very happy" and "She [relative] is very happy there. It is her home; she's familiar with everyone and is comfortable there. The staff are really affectionate about her."

People enjoyed positive relationships with support workers and the provider. The atmosphere was calm and friendly. Support workers engaged with people in a respectful manner. We observed warm and friendly interactions. People were informed about the purpose of our visit by support workers who asked them if they would like to talk to us. Support workers encouraged people to spend their days as they wished, promoting choices and respecting people's wishes. For example, one person wanted their nails painted, whilst another person wanted to play on a computer game which they clearly enjoyed.

People engaged with support workers and were comfortable in their presence and enjoyed friendly and humorous discussions. For example, the registered manager and support workers talked with people who had been on a trip to the local town. They talked about how they walked along the canal as they could not get a coffee. People clearly enjoyed talking to support workers and had enjoyed their trip.

People were cared for by support workers who were attentive to their needs and wishes. For example, support workers knew what was important to people and supported them with their day to day needs and goals. One person had recently been feeling unwell. Support workers were spending time with this person, and supporting them to ensure they were okay. One support worker ensured the person was comfortable, providing them with drinks and ensuring they were happy. We spoke with this person, who when asked if they were happy responded positively and enjoyed a short dance. Support workers told us this person was due to go to hospital for an operation, which would hopefully make them feel better.

Support workers were supported to spend time with people and they spoke positively about this. All the support workers working at Denmark Lodge had worked there for a number of years; this had enabled them to build strong, positive caring relationships with people living in the home. It was clear that support workers respected that it was people's home and enjoyed the time they had to spend with people. Comments included: "We have time to spend with people, to help them go outside and access the community" and "I love working here. It's like a family home, very relaxed. Anyone that comes says it feel like a home." One person visiting the home to provide massage therapy to people told us, "It doesn't feel like a care home, it's very homely. It's lovely."

Support workers clearly knew the people they cared for, including their likes and dislikes. They spoke confidently about people. For example, one support worker talked about their role as a key worker for one person living at the home. They told us, "We get involved, organising holidays and activities. We support them to do the things they want to and go on holiday where they want to." A relative spoke positively about

their loved one's key worker they said, "(key worker) is lovely and takes her out for chippies."

One support worker told us how they had supported one person to make a decision based on their needs and anxieties. For example, the person enjoyed swimming however found loud environments uncomfortable. The person's key worker discussed how they supported the person to make a decision if they wanted to go swimming at busy times, such as school holidays. They told us, "I sit with him, help him make a decision. He will tell you what he wants."

People were treated with dignity and respect. We observed support workers assisting people throughout our inspection. Support workers respected people's personal rooms, knocking on their doors and asking if they could come in. Where they supported people they told us they ensured people's dignity was respected and that people were kept comfortable. For example, support workers told us how they kept one person comfortable during their personal care. They told us they always talked to them, telling them what they were doing and ensured the person had items to hold onto during their personal care, they told us this helped reassure them and keep them safe.

Is the service responsive?

Our findings

People's care plans included information relating to their social and health care needs. They were written with clear instructions for support workers about how people's care and support should be delivered. People's care plans and risk assessments were reviewed monthly and changed to reflect people's needs where changes had been identified.

Support workers kept detailed records of people's medical appointments and the outcome of any appointment. This enabled support workers to ensure they had the correct information to meet people's needs. Where people's support needs had changed this was clearly reflected in their care and support plans.

Support workers documented the support they provided people on a day to day basis. This included support to attend activities, as well as day to day life within the home. Where a person was not feeling well or their needs had changed this was clearly recorded, which ensured support workers had the information they needed.

People's relatives told us they were informed of any changes in their relative's needs. Comments included: "I can always phone up and ask how she is. The staff have always been keen and happy to fill me in. The manager will write a covering letter if they send anything, like an invoice, which just lets us know what's going on"; "They let us know things. They involve her, that's what we're pleased about" and "The staff are marvellous, they let us know how things are."

People and their relatives were involved in reviewing and planning people's needs. Relatives told us their views were always sought and respected. People's relatives were invited to people's care reviews with the registered manager and local authority social workers. Where people did not have relatives, they arranged for the person to have an independent mental capacity advocate to assist them with discussing their views and making decisions regarding their care.

People were supported to enjoy active social lives by support workers. On one of the days we inspected, three people enjoyed a trip to a local town. Support workers supported people with the activities which were important to them, for example one person liked to go swimming and to a hot tub. Other people liked to attend Dolphin Gateway Club (a local group available for people living with learning disabilities and autism). Support workers told us how they worked flexibly to support people to attend different activities and events. People spoke positively about Dolphin club and told us there was plenty for them to do. A relative told us, "They organise transport, they're very good."

People and their relatives told us there was plenty for people to do at Denmark Lodge. One person told us they enjoyed playing computer games, while another enjoyed watching television. A relative told us, "The staff are really engaging. There is a lot of activity. They do lots of things, such as hand bells and musical instruments." One person was often cared for in bed, support workers checked and regularly spent time with the person to ensure they were okay and protect them from the risk of social isolation.

People and their relatives knew how to complain. The provider had received no complaints since our last inspection. The provider and support workers spoke positively of how they responded to incidents quickly to ensure people received a good service. People indicated they were happy with all aspects of their life at Denmark Lodge. Relatives also spoke positively about the service and how their views were listened to. One relative told us, "(the registered manager) is very good with complaints."

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager. Comments included: "I like them"; "They are very approachable. Very good" and "Very good. Focused on people, which is good." We observed the registered manager spend time with people and people clearly enjoyed the time they spent with the registered manager.

Support workers were complimentary about registered manager. Comments included: ""(The registered manager) is fantastic. Can go to them with anything, even personal issues"; "They're very good. An excellent manager, however steep the hill she will help you to climb it" and "Fantastic and approachable manager. So supportive."

The registered manager promoted a caring and homely culture at Denmark Lodge which put people at the centre of everything. Support workers were committed to the service and were positive about the management. Comments included: "I love it here. It's almost like a family. We really get to know people and what's important to them"; "They (people) definitely come first and we're focused on their needs" and "It is like a family. We've all been her too long not to know how to support people their way."

People's views were sought regularly through monthly home meetings. These meetings allowed support workers and people to discuss activities and events for people such as picnics and people's individual activities. People were able to suggest things they wished to do and were supported to raise any concerns they had. Additionally the provider carried out surveys with people, to understand what they thought of the service and raise any concerns regarding their care.

The registered manager, support workers and the provider had effective systems in place to monitor and improve the quality of care people received. They operated a range of audits such as medicine audits and scheduled checks within the home. Where audits or observations identified concerns, clear actions were implemented. For example, the provider and registered manager had identified not all staff had received an annual appraisal and the home's garden was not tidy. Following this support workers had ensured the home's garden was tidy and inviting. The registered manager had put a clear plan in place to ensure all staff received effective supervision and appraisal.

Senior support workers had been given clear responsibilities around managing people's prescribed medicines and finances. They had clear systems in place which ensured people received their medicines as prescribed and were protected from financial abuse. Support workers spoke positively about the support they had received to develop.

The registered manager carried out monthly staff meetings. These meetings ensured support workers had the information they needed on changes in the service and supported them to be involved in changes within Denmark Lodge. Recent meeting minutes discussed changes in people's as required medicine protocols and sharing responsibilities within the home. Support workers felt able to suggest ideas and improvements regarding Denmark Lodge. One support worker told us, "(The registered manager) listens to us and we can

suggest ideas).

People and support workers were protected from risk as the provider ensured lessons were learnt from any incident and accidents. The registered manager told us incidents and accidents were reported and discussed. No person living within Denmark Lodge had an incident or accident within the home since 2012.

The registered manager listened to and acted from advice and guidance from local authority commissioners and other agencies. The local authority suggested actions the provider should undertake. The registered manager had taken notice of these actions to make changes around personalising peoples care. Local authority commissioners spoke positively about the service.