The Brandon Trust

Dover Lodge

Inspection report

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Date of inspection visit:
18 April 2018

Date of publication:
01 October 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Dover Lodge is residential care home for up to seven people living with a learning disability. The service is situated in a purpose built large house with bedrooms on all floors. On the second floor there is a flat where a person lives independently within the service. At the time of the inspection there were six people living at the service, some with a mental health condition, autism and learning disabilities. Dover Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This inspection took place on 18 April 2018. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Dover Lodge has 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 2008 and associated Regulations about how the service is run.

The registered provider had established safeguarding procedures. Staff knew what abuse was and how to protect people from harm and abuse. The provider had clear procedures for reporting allegations of abuse.

Staff identified risks to people's health and wellbeing. Risk management plans recorded actions staff would take to mitigate and reduce risks for people.

Staff continued to manage people's medicines in a safe way. The registered manager had systems in place that recorded the administration, ordering and storage of people's medicines.

There was an infection control process at the service. This gave staff guidance on how to reduce the risk of infection to people. Staff used personal protective equipment and knew how to use effective hand washing techniques.

The registered manager and staff reported essential repairs appropriately to the local authority who was responsible for the maintenance of the building to ensure it was safe for people. We noted that there were maintenance works required to the stairs and ceiling within the service. After our visit we received an update from the registered manager that the maintenance works and repairs were being completed.

Staff were available in sufficient numbers to care for people effectively. When people required additional care from staff this was made available. The registered manager continued to support staff through training, appraisals and supervision.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People continued to give staff their consent to the care and support they received. Staff understood how to care for people in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards framework to avoid unlawful deprivation of liberty.

People's meal choices and nutritional needs were met. People had food and drink provided by staff during the day and people contributed to the meal plan for the week.

People had access to services that met their health and wellbeing needs. Staff made referrals to health and social care services when people's needs changed.

People and their relatives said staff treated them with compassion, kindness and were respectful to them. Staff protected people's dignity and privacy whilst they delivered care.

People's assessments continued to be person centred. Care plans used the information from assessments to detail the support people required to meet their individual needs. People, relatives, health professionals and staff discussed individual end of life care. Care records contained people's views about how they wanted to be cared for at the end of their life. This information was made available to staff so they knew what action to take at this time.

People and their relatives had access to a complaints system so they could complain about the care they received if they needed to.

The registered manager continued to provide support to the service. Staff we spoke with enjoyed working at the service and were proud to work at Dover Lodge and with the people that lived there.

The registered manager continued to inform the Care Quality Commission of incidents that occurred at the service with concerns reported promptly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains safe.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains well-led.	Good

Dover 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.

We carried out a comprehensive inspection on 18 April 2018 and it was announced. We gave the service 24 hours' notice of the inspection visit because the location is a small care home for younger adults who are often out during the day. We needed to be sure that they would be in.

The inspection team included one inspector. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

As a part of the inspection we spoke with two people who used the service. We also spoke with the registered manager, the deputy manager and one member of staff. The records we looked at related to the delivery of care to people and the administration and management of Dover Lodge. We looked at two care plans, two recruitment files, staff duty rosters, quality audits and medicine administration records for two people using the service.

After the inspection, we spoke with one relative. We asked health and social care professionals for their views of the service after the visit. We did not receive any feedback from them.

Good

Is the service safe?

Our findings

People and a relative told us the care staff provided to them was safe but had raised their concerns about the condition of the premises. A relative said, "People are safe with staff, but the building needs some repairs, which is not wholly safe at the moment."

The environment required some maintenance. We noted that the ceilings in one person's bedroom, in the kitchen and in four areas of the hallway needed repairs following a water leak and damage. We also noted that the stair well and walls had large cracks on them. The registered manager showed us evidence of a report they had produced regarding the required repairs but no action had been taken. After the inspection, the registered manager updated us regarding the repairs and maintenance required to the service. They told us there had been cleaning of the light fitting, repairs to the ceilings in service, the decorative work on the first floor ceiling and the cracks in the upstairs floors was complete. We received evidence to support the update the registered manager gave us. Other maintenance work either had been completed or was in the process of completion. In view of the registered manager's update, we were assured that satisfactory repairs had been completed to ensure the premises were safe.

Staff continued to follow the provider's safeguarding policy. Staff understood how to report and protect people from harm and abuse. Staff continued to be familiar with what abuse was and they had refresher training in safeguarding people. One care worker told us, "I would report abuse immediately to the manager and the local authority safeguarding team. Abuse can be physical, sexual or mental and it is my job to report it."

Systems to identify risks associated with people's needs remained in place. Risks were recorded in people's care records and the support people needed to reduce the likelihood of a risk occurring. The risk management plans covered risks associated with eating and drinking, mobility needs and people's level of independence. The risk assessments and management plans were reviewed every six months or when people's needs changed.

The registered manager had individual and service fire risk assessments. Staff had detailed guidance on what actions to take to keep people safe and to evacuate the building in the event of a fire. There was regular testing of fire safety equipment to ensure it was well maintained and accessible.

The registered manager continued to report and manage accidents and incidents at the service. The registered manager investigated Incidents and accidents and implemented a plan to reduce recurrence. The registered manager shared with staff the outcome from any investigation into an incident so they had the opportunity to discuss this and learn from it.

The registered manager ensured that infection control procedures were followed at the service. Cleaners were employed to complete the schedule for cleaning the service. Cleaning equipment was available and stored appropriately and safely. Staff continued to use personal protective equipment to maintain and promote good hygiene. Staff used gloves and aprons to help them reduce the risks and to protect people

from the likelihood of infection. Displays of good hand washing techniques were available for people and staff to follow within the service.

The management of people's medicines remained safe. There were systems for the safe ordering, storage, administration and disposal of medicines. People's medicines administration records (MARs) were accurately completed and any gaps were explained. There was a risk assessment in place for the administration of medicines. This listed people's medicines, any allergies and the method of administration with an accompanying photograph of the person. This enabled people to receive their medicines safely.

The registered manager carried out six monthly reviews of people's MARs to ensure people had been given the right medicines at the right times. The registered manager assessed staff as competent in the administration of medicines before supporting people with their medicines.

The registered manager continued to ensure only suitable people were employed at the service. Checks were carried out on staff following a successful interview. This included a criminal records check by the Disclosure and Barring Service (DBS) which helps employers to carry out checks and make informed decisions to prevent unsuitable people from working with people. The registered manager arranged for other checks to be completed such as previous employment history including any gaps, job references, personal identification and the right to work in the UK. Staff had their employment at the service confirmed when all checks were returned.

The registered manager ensured there were enough staff available to support people safely. Staffing levels were assessed and flexible to meet the individual needs of people living at the service. When people needed support to attend a hospital appointment, social activity, visit friends and family or needed one to one support; staffing levels were increased to accommodate this.

Good

Is the service effective?

Our findings

People were effectively cared for by staff. Before people received care and support, they had an assessment of their needs. People were involved in the gathering and provision of information for their assessment process. Health professionals or relatives were involved in assessments and provided information when people were unable to do this themselves. People's assessments identified their health needs, past histories and the social activities they enjoyed. People or their relatives had a copy of their assessment and care plans so they understood what care and support they would receive.

Staff received continued support in their jobs. The registered manager ensured staff had training, supervision and appraisals to support them. Staff completed mandatory and refresher training to improve and build on skills they learnt. Training included health and safety, moving and positioning, safeguarding adults, emergency first aid at work, fire safety, food hygiene, infection prevention and control, and basic life support. A relative said, "Yes, staff are well trained and know their jobs well." A member of staff commented, "The training is really good and it helped me work with people and understand them better."

The registered manager continued providing opportunities for staff to discuss their work. Staff had supervision meetings where they were able to explore challenges in their role and daily practice. Staff discussed concerns they had about people living at the service and were able to get advice from their manager to resolve these. Each year staff had an appraisal of their performance. Staff discussed long term goals and reviewed their performance over the past year. The registered manager was able to refer the member of staff for additional support when they discussed any concerns. Supervision and appraisal meetings continued to be recorded and signed by the registered manager and the member of staff to agree what was discussed and any decisions made.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager and staff understood how to care for people who needed care within the framework of the Mental Capacity Act 2005 (MCA). Staff had training in the MCA that helped them in their understanding of mental capacity. People had an assessment of their mental capacity and had a best interests meeting so that specific decisions could be made on their behalf when they were unable to make a decision about a particular area of their care. People who were unable to make health care decisions due to reduced mental capacity were supported to make decisions that were in their best interests. For example, a person required specialist health care investigations following the development of a health condition and they were supported through this process so that they could receive appropriate healthcare.

People gave their consent before receiving care and support. One relative said, "Staff can ask my relative for their consent for simple things like providing support with their care. For decisions regarding health care, I am involved and know what is happening and give consent on [my relative's] behalf." Care records contained information where a decision needed to be made and people gave their consent to this. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The

procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff understood the requirements of DoLS and any conditions on authorisations were met.

People continued to have meals they enjoyed and met their needs. People told us, and we observed, that they could choose what to eat from a choice of freshly prepared food. People and relatives said, "there is good quality food provided", "Yes, I had a nice lunch", "The meals are nice." Staff continued to understand people's nutritional needs. Staff ensured people had a varied diet and promoted healthy eating when this was required. Staff recorded meals people had eaten each day. This enabled staff to track people's nutritional needs and to identify any concerns quickly.

People had access to health care services to help them maintain their health. Staff had an awareness of people's current health care needs. Staff attended health care appointments with people when required. People's care records contained advice from health professionals and staff followed this. Each year people had an annual health care check to ensure any new health concerns were managed appropriately.

People had a hospital passport in place that had details of health conditions, medicines taken, allergies, and health care needs. This information was taken to health appointments so health professionals had people's accurate information about their needs and how they preferred to be supported.

People lived in a service that met their current needs. The service was adapted to ensure people were able to move freely within their home. The registered manager was considering how the service could be further adapted for people when they became physically frail due to increasing old age.

Good

Is the service caring?

Our findings

People received care from staff who were kind and compassionate. People and their relatives were happy about the quality of the care they received. Their comments included, "Yes they're nice", "They're good" and "The staff are very kind and helpful to [my relative]." We completed observations on how staff and people engaged with each other. We saw staff spoke with people in a respectful way and staff demonstrated how they ensured people were treated with kindness and compassion. We saw staff were respectful of people's personal space and carried out personal care in privacy. We saw staff knock on people's bedroom doors when they needed to speak with them and when staff wanted to administer medicines to people.

Staff showed they knew people well and had an understanding of their needs. It was clear from the chatter and laughter at lunch time that mealtimes were relaxed and informal. People had lived together at the service for over 10 years so knew each other and staff well. Staff understood people's individual communication needs. Staff recorded details of how people communicated with others and staff. Staff told us some people used nonverbal signs to show how they were feeling. Staff understood these signs and we saw staff respond effectively to people who communicated this way.

People had information presented to them using pictures and symbols. People were able to point to an item so that staff understood what they wanted. For example, there were signs used if a person wanted to go out to the shops, go to the hairdresser or visit family and friends. Individual activity boards were located outside each person's bedrooms they had access to the day and date and events that were going to happen each day. This reminded people and staff of those things. People had information provided for them in line with the Accessible Information Standard, for example providing documents using signs and symbols for people with a learning disability, or supporting people to get large print books or audio books from their local library and supporting people who were hard of hearing. The Accessible Information Standard makes sure that people with a disability or sensory loss are given information in a way they can understand.

People made decisions about their care and support needs. This was co-ordinated so it detailed people's individualised care and support needs. One relative said, "I make the decisions [my relative] cannot make for themselves. The staff keep me updated when [my relative] needs health care support." People and their relative's views were taken into account when completing care plans that detailed the support they needed.

People had a review of their care needs when required. Care reviews captured people's needs accurately and their care plans were updated to reflect this. People were able to contribute and be involved in the reviews of their care. People, their relatives and relevant health and social care professionals were involved in care plan reviews. This helped people to receive co-ordinated and effective care that met all of their care and support needs.

Staff supported people to maintain and develop new relationships with relatives and friends that mattered to them. People were supported to visit friends and relatives and to maintain relationships with people they had met socially. On the day of our inspection a person had a member of staff support them to visit their

relative. Visitors continued to be welcomed at the service. A relative told us that they were encouraged to visit their family member when they chose. Staff encouraged people to keep in touch with friends and relatives as they chose.

People and their relatives had access to advocacy services that could provide help to people in decision making and exploring choices and options about issues that mattered to them if needed. Staff were also able to contact advocacy services on behalf of people.

Good

Is the service responsive?

Our findings

People received a service that was responsive to their care and support needs. Each person had a care plan that detailed their likes, dislikes and needs. This included their nutritional, mobility, personal care, social, physical and mental health needs. Staff provided people with support with accessing social activities, ensuring they had a healthy diet and ensured they had regular health checks to ensure they maintained their health and wellbeing. Care workers said they found the care plans were useful and even though they knew people well they reviewed their care plans so they continued to be familiar with their needs.

People were supported to do the things they enjoyed doing. People attended day centres and other social activities. The registered manager had agreed to provide additional one to one support for a person who was temporarily unable to go out. People were supported to attend religious services if they chose. Staff respected people's religious beliefs and helped them to observe religious events and festivals.

People were supported to making choices with in relation to end of life care and support. Staff spoke with people and their relatives about how they wanted the end of their life to be. People and their relatives discussed their opinions and a record was made of their choices. An end of life care plan was in place that detailed what people wanted to happen at that time. Staff had training in end of life care. This enabled staff to gain knowledge of end of life care and so they could care for people at this time respectfully.

The registered manager and staff had working relationships with healthcare professionals to support end of life care. Staff knew who to contact in these circumstances and this information was recorded in people's end of life plan. Staff had access to information on people's individual religious practices so they knew how to care for people in accordance with their individual beliefs.

The registered provider had an established system to manage complaints. The registered manager investigated complaints and comments that were received by the service. The registered manager described the process they followed to manage a complaint and how they informed the complainant of the outcome of this. An easy read complaint form that used signs and symbols was available for people. This enabled people to understand the complaints process so they could make a complaint if they wished. The relative we spoke with told us they had not made a complaint but said they would be comfortable discussing any concerns they had with the registered manager of the service.

Good

Is the service well-led?

Our findings

People lived in a service that was well run and the registered manager provided support to the staff team. A relative told us, "It's a well-run service and the manager and staff are really good" and "I can't fault how the service is run." People described the service as "nice" and "lovely."

Staff said the registered manager and team were supportive. Staff felt able to speak with the registered manager for advice at any time they needed. A member of staff said, "The manager is really good to me, she listens to me and tries to help me when she can." Staff said they felt valued by the registered provider and enjoyed working with people and in the service. Staff continued to meet regularly to discuss aspects of their role and share good practice and knowledge.

The vision and values of the service were person-centred. People were at the centre of the service and this was evident during our observations at the inspection. Staff we spoke with said their job was to keep people safe and ensure they were well cared for. Staff said, "Without people living here we staff would not have a job" and "This is their home and we need to respect that always."

People provided feedback about the service. Each year people and their relatives spoke about their experience of living at the service and receiving care and support by completing a questionnaire. We reviewed the most recent questionnaire results which showed that people were satisfied with living at the service and had raised no concerns about the quality of care.

There was an embedded system to review and monitor the service. The registered manager carried out monitoring checks. This included the regular review of people's care records, medicine administration records and the health and safety of the service. These records were accurate and up to date. The registered manager addressed any concerns with the individual member of staff to support them in their development.

Care was co-ordinated in an effective way. Relationships with health and social care service departments were developed and built on. This enabled health care professionals to respond to staff's concerns about people promptly and provide them with appropriate services to resolve these concerns.

The registered manager met their registration requirements with the Care Quality Commission. They notified us of incidents that occurred at the service as required by law.