

Mr & Mrs G Rawat

Davigdor Lodge Rest Home

Inspection report

56-58 Tisbury Road
Hove
East Sussex
BN3 3BB

Tel: 01273726868

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Davigdor Lodge Rest Home is a residential care home providing personal care to up to 25 people. The service provides support to adults, many of whom were living with mental health conditions. At the time of our inspection there were 23 people using the service.

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

People were not always kept safe using the service. Risk assessments were not always completed for known risks to people or were not detailed to guide staff to support people safely. We discussed our concerns with the registered manager during the inspection who acted immediately to investigate the concerns raised and reduce the risk.

Auditing systems were not robust or effective to ensure management had oversight on identifying risk and acting on lessons learnt. The concerns found during this inspection had not been identified through internal quality assurance processes.

People medicines were managed safely and regular audits including competency checks of staff were undertaken. There were enough suitably trained staff to meet people's needs and keep them safe. Robust recruitment processes were in place to ensure staff employed were safe to work with the people living at Davigdor Lodge.

Staff were caring in their approach towards people. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff demonstrated a good knowledge of the mental capacity act, and it was clear its principles were applied throughout everyday practices. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People, relatives and staff spoke positively about the open culture at the service. They described a registered manager who was approachable and expressed confidence that any concerns raised would be dealt with appropriately.

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

Rating at last inspection

The last rating for this service was good (published 27 March 2019).

Why we inspected

The inspection was prompted in part due to concerns received about risk management, staffing levels and

information not being shared with appropriate external agencies. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Davigdor Lodge Rest Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to risk management, including fire safety and oversight of quality assurance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Davigdor Lodge Rest Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by an inspector and an assistant inspector.

Service and service type

Davigdor Lodge Rest Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Davigdor Lodge Rest Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 5 relatives about their experience of the care provided. We spoke with 7 members of staff including care workers, the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service

We reviewed a range of records. This included 4 people's care records and numerous medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks were not always effectively assessed or mitigated. This meant people were exposed to unnecessary harm.
- Risks to fire safety had not been assessed and mitigated. For example, it was identified that a person was smoking in their room and despite efforts to prevent this, it was still occurring. Staff were aware of this however there was no robust risk assessment to guide them on how to minimise risk to the person and wider community. This was raised with the provider and registerer manager at the time of inspection and reassurances were provided around safety measures in place. A robust risk assessment was then provided to guide staff on how to ensure these measures were monitored and effective.
- People had personal emergency evacuation plans (PEEPs) however not all of these were up to date or available in the 'grab and go' emergency bag. This meant people were at risk in the event of a fire.
- Staff knew people well and were able to describe how they supported people to mitigate risks. However, risk assessments were not always reviewed and updated following incidents and contained contradictory information. For example, a person required their care to be given by two staff, this was not clearly documented in their risk assessment and staff's knowledge of this varied between staff. Although there were several incidents involving the person the risk assessment had not been updated.

We found no evidence people had been harmed. However, some risks to people were not assessed thoroughly or at all. This is a breach of regulation 12(2)(a) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and registered manager took immediate action following the inspection to address the fire safety issues raised. They have engaged appropriate external agencies to support them make the improvement required.
- Other risks to people, such as falling or choking, were assessed and recorded. These risk assessments and care plans outlined measures to help reduce the likelihood of people being harmed and contained guidance for staff to follow to keep people safe.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from abuse at Davigdor Lodge, and appropriate action was taken when safeguarding concerns were identified.
- Staff were trained in safeguarding and knew how to report any concerns both within the service and to outside organisations such as the local authority safeguarding team.
- There was a lack of review and analysis of other incidents, such as falls, to look for patterns and trends.

This meant there may be missed opportunities to prevent these incidents from occurring in the future.

- We received verbal reassurances from the registered manager and provider that action was taken and patterns were identified, however these weren't always recorded.
- People and relatives told us they felt safe. People's comments included, "We have to have [staff] here to help us" and, "I like it here, I feel safe". A relative said, "I believe [relative] is safe there. [Staff] make a great effort and my [relative] seems quite settled there which is a relief for me. "

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff demonstrated a strong knowledge of the MCA and its principles, which were embedded in everyday practice at the service.

Staffing and recruitment

- There were enough staff to safely support people. We saw staff engaged with people and provided assistance to people when this was needed.
- The provider operated safe recruitment processes. Checks were carried out on staff to make sure they were suitable to support people. This included checks with previous employers and the Disclosure and Barring Service (DBS) who provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were managed safely, and they received them as prescribed.
- Care plans contained information about people's medicines and how staff should support them to take them in a timely and appropriate way. We observed people being supported with their medicines in the way they wanted.
- Medicine administration records (MARs) were complete and accurate, and medicines were stored safely and appropriately.
- The registered manager audited medicines stock and records, and checked staff's competency to make sure they were managing and administering medicines safely

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- There were no restrictions on visiting and people could see their friends and family as and when they wished.



Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Governance processes were not always operating effectively to identify where improvements were required. These processes failed to identify the issues observed during the inspection.
- The overarching analysis of accidents and incidents was not robust. Accident and incidents were last reviewed in October 2022, despite the provider's internal frequency tool stating this should occur monthly. There were a number of other incidents since the last audit. This meant the provider did not have oversight of themes and trends to identify improvements.
- Robust audits of safeguarding concerns were not undertaken. Oversight of safeguarding concerns was not evident, and the most recent concerns were not documented in the quality assurance safeguarding folder. The latest audit was completed in July 2022 but there were further safeguarding concerns raised since. Although we found no evidence of people coming to harm, this meant there may be missed opportunities to learn and prevent these incidents from reoccurring.
- Quality assurance checks of the environment were in place however there was discrepancy regarding how often these should be undertaken. Completed actions were not reviewed by the registered manager to maintain improvement. For example, the missing portable electronic testing checks (PAT) were overlooked.

The provider failed to implement effective systems and processes to assess, monitor and improve the safety of the service provided. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and provider were receptive to our feedback following the inspection and began to take action to address the gaps identified.

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

- The registered manager and provider were supportive and responsive to staff and people using the service. Staff spoke positively about the registered manager and told us if they raised concerns, they would be acted on. A staff member said, "[Registered manager] is approachable, I feel confident going to them and that it would be dealt with appropriately."
- People were comfortable with staff and we observed warm interactions throughout the inspection. People told us they would feel able to talk to staff if they were concerned about anything.
- Relatives felt the service was well-led and feedback about the registered manager was positive.

Comments included, "[Registered manager] is absolutely 100% excellent. I get worried they might leave because it's not an easy job," and "Communication is very good here. They have been very supportive."

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

- People and their relatives were engaged and involved in shaping their care in the way they wanted.
- A range of methods were used, to help inform service planning and improvement. This included resident and relative meetings, telephone calls and surveys. Recorded feedback showed overall satisfaction with the service. Relatives and people were confident their views were routinely sought and acted on. A relative told us, "I've raised concerns before and have been impressed by how quickly the matter was sorted."
- Staff told us they felt listened to and were able to suggest improvements when needed. Regular team meetings were held. A staff member said, "I feel respected working here. [Registered manager] is open to our suggestions. We work well together as a team."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager sent notifications to the CQC as required and knew their duty to be open and transparent when things went wrong. This included offering an apology to people and their representatives when needed.

Working in partnership with others

- Staff worked effectively with a range of healthcare professionals involved in people's care and support. They acted on their recommendations and advice to plan and deliver care and support that met people's needs and helped them achieve positive outcomes in relation to their safety and wellbeing.
- The provider and registered manager worked well in partnership with advocacy groups and social care organisations. This helped people to have a voice and improve their wellbeing.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have systems to assess and improve the quality and safety of the service and mitigate risk. This placed people at risk of harm.</p>