

Danmor Lodge Ltd

# Danmor Lodge Limited

## Inspection report

Danmor Lodge  
12-14 Alexandra Road  
Weymouth  
Dorset  
DT4 7QH

Tel: 01305775462

Website: [www.danmorlodge.com/](http://www.danmorlodge.com/)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Danmor Lodge Limited is a residential care home providing personal care to up to 25 people. The service provides support to older people and older people living with dementia. At the time of our inspection there were 22 people using the service.

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

People were happy with the care and support they received. Comments included; "We know all the staff and they're all very friendly and helpful. I have nothing to worry about as they all look after us", "I'm being looked after beautifully", "It's very good here", "I've got lots going to keep me busy" and "There always something going on and something to do."

People were supported by staff who understood the risks they faced and how best to reduce these risks. Any risks to people were fully assessed, planned for and mitigated.

Medicines were managed safely. People received their medicines when needed and appropriate records had been completed. We saw people had access to healthcare professionals.

Staff were trained in safeguarding. Staff were confident that any concerns they had about a person's welfare would be acted on and they knew how to contact safeguarding agencies if this was appropriate.

Staff were recruited safely and there was a very stable core staff team. Staff received a comprehensive induction and completed a variety of training courses to enable them to carry out their roles competently. Staff told us they felt well supported and they knew people as individuals and spoke passionately about the people they cared for.

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 were able to make choices about all aspects of their day to day lives and were encouraged to continue to follow their interests.

There was a happy relaxed atmosphere with a variety of activities that people had been consulted about and there were meaningful activities for people living with dementia or being cared for in their bedrooms. Whilst one of the lifts was not working staff had ensured they spent additional time with people in their bedrooms to reduce their social isolation.

People lived in a home that was kept clean and infection prevention and control measures were in place to reduce the risks associated with Covid-19.

There was an open and positive culture within the home and people, their relatives, staff and professionals

told us the registered manager and management team were approachable and helpful.

There were governance arrangements in place and systems to monitor and improve the quality and safety of the service provided. The registered manager and deputy manager were open and transparent and acted on any feedback given throughout the inspection.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was good (29 March 2019).

Why we inspected

We received concerns in relation to risk management for people whilst one of the lifts was out of order. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 not changed following this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern/ incident. Please see the Safe and Well-led sections of this full report.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Danmor Lodge Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Follow up

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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Danmor Lodge Limited

## Detailed findings

### Background to this 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

The inspection was carried out by one inspector.

#### Service and service type

Danmor Lodge Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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, this included notifications made by the service and concerns raised with CQC. We sought feedback from the local authority and health professionals who work with the service. We used all of this information to plan our

inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 18 May 2022 and ended on 26 May 2022. We visited the service location on 18 May 2022.

We spoke with three people who used the service to ask about their experience of the care provided and with one visiting relative who was also a volunteer. We spoke with nine members of staff including the registered manager, deputy manager, senior care workers, care workers and domiciliary staff. As most people were living with dementia, 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.

We reviewed a range of records. This included elements of three people's care plans and care records and Deprivation of Liberty Safeguards authorisations. We looked at a variety of records relating to the management of the service.

We also held remote video calls with the registered manager and deputy manager to discuss the governance arrangements at the service and also to give inspection feedback to the registered manager and deputy manager.

After the inspection visit

We continued to seek clarification from the registered manager to validate evidence found. We looked at further records in related to oversight, audits, complaints and compliments.

We asked the provider to share a poster asking staff and family and friends to contribute to our inspection. We received feedback from eight relatives and three staff. We subsequently spoke with one of the relatives and shared the information with the service to act upon. We received feedback via our website until 27 May 2022.

# 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. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People told us they felt safe. One person said, "I feel very safe and I get on very well with all the staff." A relative told us, "I feel safe in the knowledge that Mum is safe and being well looked after in clean and comfortable surroundings."
- There were effective safeguarding systems in place. Staff had received safeguarding training and were aware of different types of abuse. They knew what to do if they suspected or saw any signs of abuse or neglect. One staff member said, "Everything feels very safe here and difficult decisions are discussed."
- Safeguarding concerns were dealt with appropriately. This included working with health and social care professionals.

Assessing risk, safety monitoring and management

- Prior to the inspection, we received some concerns about risk management for people and staff whilst one of the lifts was out of order. Risk management plans were in place as required.
- People told us any risks were well managed and planned for. One person said, "I had some falls before I moved in. I now do exercise to strengthen my legs with the staff."
- People's care plans contained risk assessments which gave staff with a clear description of identified risks and guidance on the support people required. Staff consistently followed people's risk management plans and had a good understanding of the risks people faced. For example, one person who was cared for in bed, was at risk of contracture of their limbs due to their frailty. There were risk management plans in place and staff supported the person to undertake the exercises to keep their limbs mobile.
- Systems were in place to recognise early signs, take observations and respond or escalate any deterioration in people living at Danmor Lodge.
- At the start of the inspection, some minor recording shortfalls in people's care and monitoring records were identified. The registered manager and deputy manager took immediate action to address the shortfalls.
- The home was well maintained. Regular checks of the environment were undertaken to make sure it was safe. Equipment was checked and serviced by outside contractors.
- Fire systems and equipment were monitored and checked to ensure they were in good working order. Personal emergency and evacuation plans (PEEP) were in place for people.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Applications had been made for people to be deprived of their liberty where they needed this level of protection to keep them safe. There were systems in place for DoLS applications, renewals and monitoring any conditions.
- Staff demonstrated good knowledge of the MCA. Staff asked for people's consent before any care or support was provided.
- People's care records included capacity assessments where needed and these were regularly reviewed. Where people were assessed as lacking capacity to make a decision, best interest processes were followed and recorded.
- People told us they were consulted and listened to.

#### Staffing and recruitment

- Staff were recruited safely and there were enough staff deployed. The registered manager reviewed the staffing levels against people's needs. There were enough staff to reduce the social isolation of the people who were affected by one of the lifts being out of order.
- Training provided staff with the skills and knowledge they needed to meet people's needs. New staff received an induction before working. This included training and shadowing of other experienced staff. A staff member told us they had "Plenty of support and given time to learn."
- People and relatives told us there was enough staff and they knew them well. They spoke highly of their caring natures and skills and knowledge. One person said, "We know all the staff and they're all very friendly and helpful. I have nothing to worry about as they all look after us." Another person said, "It's a stable staff team and mostly they've been here a while."
- Staff were very caring and spent time with people chatting and reassuring them. One person was upset and missing their family. Staff physically comforted the person and helped them phone their relative. A relative told us, "At all times I have found every member of the staff very helpful. I have seen them interacting with my wife many hundreds of times over the years. They have always been really kind and gentle with her. I can tell that this is normal behaviour for them because even though my wife's ability to react to a situation is fading, she always looks pleased to see them."

#### Using medicines safely

- Medicines were received, stored, administered and disposed of safely.
- We observed staff administering people's medicines. Safe procedures were followed. Staff explained to people what medicines they were taking and asked if they needed any pain relief. People were provided with a drink to take their medicines with and staff were patient and respectful. One person said, "Staff bring around my medicines, they never miss them."
- Audits and checks were completed, and actions taken where issues had been identified.
- Staff involved in the handling of medicines had received training about medicines management. Staff were assessed as competent to support people with their medicines.
- The management team held 'medication briefing meetings' with all medicines trained staff every three

months.

Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.

● Visiting in care homes

- The registered manager was facilitating visits for people living in the home in accordance with the current guidance. Essential visitors had been identified for people and confirmed they had continued to visit their family member at the home at all times. When visiting was restricted, staff supported people to keep in touch with loved ones through telephone and video calls and e-mails.

Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated and where appropriate, measures were put in place to mitigate the risk of reoccurrence. Lessons learned were shared with staff at handovers and staff meetings. For example, falls analysis had identified an increase in people falling at night. In response an additional checklist was introduced so night staff could double check the sensors in people's bedroom were in place and that people had access to their call bells.
- A new staff member told us there was, "Good teamwork and everything feels equal. Very good culture about speaking up and learning lessons."

# 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. The rating for this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- At the start of the inspection we found some minor recording shortfalls. The registered manager and deputy manager took immediate action to ensure that people's records were accurately maintained.
- There were robust governance and audit systems in place and these fed into and contributed towards the quality improvement plan. The plan included improving personalised care and activities. The registered manager had ensured any recommendations from the local authority contract monitoring team's visits had been implemented.
- Overall, relatives were positive about how well led the home was by the registered manager and management team. One relative fed back to us, 'I have nothing but praise for the quality of care that the home provides, under impressive management.'
- The registered manager and management team were committed to continuous learning and improvement of the service. The management team demonstrated their understanding of quality and regulatory requirements and quickly implemented the improvements required in record keeping.

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 understood their responsibilities to be open, honest and apologise if things went wrong.
- Overall, the registered manager made sure we received notifications about important events so we could check appropriate action had been taken. However, we had needed to prompt the registered manager to send in a notification in relation to the lift being out of order. The registered manager told us they were now clear in relation to notifying us about any events that effect the safe running of the service.

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

- Feedback about the registered manager and the service was positive from people and staff. Staff told us there was 'Excellent communication between staff and management, their office is always open' and "Danmor lodge is a great home. We have a wonderful team who support all of our residents to a high standard and take care of each other. So much thought goes into every aspect of each day for each department."
- People benefited from a registered manager and staff team who promoted a positive culture. They

focused on people being treated as individuals and being able to continue to live full and rewarding lives. People told us; "I'm being looked after beautifully", "It's very good here", "I've got lots going to keep me busy" and "There always something going on and something to do."

- The majority of feedback from relatives was positive. Comments and written feedback from relatives included; "Danmor is very caring and friendly home. Management are excellent very approachable for staff members and residents and families", "Staff are polite and friendly and listen to comments or questions I raise. They have a good understanding of how the resident's family feel", 'Before first using Danmor Lodge I visited a number of homes, and although some have smart new premises, it was clear that the management and staff knew what residents needed and provided this in a caring manner" and "Staff are caring and strive to provide a high standard of care." Where mixed feedback was received from a relative the registered manager told us they were working with the relative to address the areas for improvement identified.

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

- There were regular residents' meetings where people were provided with updates, consulted, and they could contribute to the planning for the day to day life at the home. One person told us, "If I have any worries the staff sort it out."

- Staff morale was good which led to a happy environment for people to live in. Staff were proud of the teamwork and showed they genuinely cared for people living at Danmor Lodge. One staff member told us, "Everyone works really hard to make the home a place the residents would be happy to call home." Other comments and feedback from staff included; "It's like a home from home. I plan on staying to work at Danmor for the foreseeable future. The residents are always our top priority and we all want to see each and every one happy and healthy" and 'All of our team communicate to keep Danmor Lodge's residents happy and healthy. This is led by the fantastic management staff who are very approachable with our thoughts and ideas and make it easy for us to report anything that is or isn't working.'

- The service had received compliments about the care provided and had also received positive feedback from a national care home review website.

- Staff told us they felt valued and appreciated by the management team. They felt their work during the pandemic had been recognised and they were well supported. One staff member said, "During the pandemic we all became like family to each other."

- There were well being initiatives for staff. Staff told us they were very well supported by the registered manager and deputy manager.

- There were annual surveys for staff, people, professionals and relatives. The results of these informed the home's quality improvement plan.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent and timely care. People's care records detailed the involvement of family members, specialist nurses, GPs and district nurses.

- A health professional told us, 'All in all, very positive interactions with Danmor... I cannot think of any negatives. They are very caring towards their residents, know them well and recognise when they need medical support with an issue.'

- The home was part of both national and local care home forums and actively participated in these. The service has taken part in piloting and implementing the use of joint health and social care electronic recording systems.