The Brandon Trust

Dover Lodge

Inspection report

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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

This inspection took place on 30 March 2016 and was unannounced. Dover Lodge is registered to provide accommodation for up to seven women who are living with a learning disability. At the time of the inspection there were five people living at the service.

At the last inspection on 14 April 2014, the service was meeting the regulations we inspected.

The service 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 provider's safeguarding policy gave staff guidance to protect people from harm and abuse. The registered manager and staff described their knowledge and awareness of the signs of abuse and followed the provider's safeguarding processes to manage an allegation of abuse.

Staff identified risks to people and completed assessments of them. From this risk management plans were developed, and gave guidance to staff to reduce the recurrence of risks.

There were sufficient numbers of staff on duty to care for people and meet their support needs. The level of staff was flexible enough to meet the needs of people throughout the day.

People's medicines were managed safely and they received them as prescribed. There were effective systems in place for the administration, storage, and disposal of medicines.

Staff had access to regular training, and supervision and appraisal, to support them in their role. The registered manager and team leader supported staff so they were able to provide effective care for people.

Staff actively sought from people their consent to care and support. The registered manager and staff were aware of their role and responsibilities in providing support to people within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people with their nutritional needs for the maintenance of their health. Staff provided meals to people, which met their personal preferences. People had a choice in meals they wanted to eat and assisted staff in their preparation.

The management of people's health needs were met by health professionals when required. People and staff were familiar with each other. Staff identified and documented people's personal histories, which helped them to understand their likes and dislikes. People and their relatives were involved in making decisions about how they received care and support.

Staff supported people and their relatives in planning their care. Care and support needs were person centred and people were cared for in a way that included their personal preferences, and choices. Staff showed people kindness and compassion. Care and support delivered to people respected their dignity and privacy.

People and their relatives contributed to reviews of their care and support needs. Activities were provided in and outside of the service and people had an opportunity to take part in them if they chose. People were supported to be as independent as they were able and were supported to maintain relationships with friends and relatives that mattered to them.

People and their relatives had a copy of the provider's complaint policy and knew how to make a complaint and make comments about the service, care, or support they received.

The service supported staff to be involved in the development of the service. The registered manager informed the Care Quality Commission of notifiable incidents, which occurred at the service. The provider had systems in place that monitored, and reviewed the service to improve the quality of care to people. Improvement plans were developed, and staff implemented any changes to the service to ensure people received effective quality of care.

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 kept people safe from harm. Staff used safeguarding processes to protect people from abuse. Risks to people were identified and plans were put in place to manage them. There was sufficient staff in place to care effectively for people. People's medicines were managed safely.

Is the service effective?

Good

The service provided effective care for people. The registered manager supported staff with regular, training, supervision, and appraisal. People had access to healthcare support to maintain their health. Meals provided met people's preferences and requirements. The provider was aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring. Staff knew people's needs, wishes, likes, dislikes, and their care was delivered in line with them. People and their relatives were involved in making decisions about how they received care. Staff treated people with kindness and compassion and respected their privacy and dignity when providing care.

Is the service responsive?

Good

The service was responsive. People had an assessment and reviews of their care regularly and their care plans were updated to reflect any changes in need. People were able to complain to the manager, and there was a system in place to manage and resolve any complaints.

Is the service well-led?

Good

The service was well-led. Regular monitoring and review of the service took place and actions were implemented to drive improvements. The registered manager involved people and staff in the development of the service. The manager sent appropriate notifications to the Care Quality Commission.

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.

This unannounced inspection took place on 30 March 2016 and carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise is in adult social care.

Before the inspection, we reviewed information we held about the service, this included notifications sent to us by the service. A notification is information about important events, which the service is required to send us by law. We reviewed the provider information return (PIR).This form asks providers to give key information about the service, what it does well and improvements they plan to make. We used this information in the planning of the inspection.

During the inspection, we spoke with three people living at the service and three care workers. We also spoke with the team leader and registered manager. We completed general observations of the service, reviewed four people's care records and medicine administration records (MARs).We also looked at records regarding the maintenance of the building and the management of the service.

Following the inspection, we contacted three health and social care professionals for their feedback.

Good

Is the service safe?

Our findings

The registered provider created an environment where people felt safe living. People told us, they felt safe in their home, and were happy living at the service. Two people told us, that they were happy living in the service and felt safe living there.

People had the protection from abuse by staff that had knowledge of the provider's safeguarding processes. The registered provider had safeguarding guidance in place to support staff in the effective management of an allegation of abuse. Staff knew the signs of abuse and described actions they would take to manage an allegation of abuse to protect people from harm. There was a whistle blowing policy in place, which gave staff support to raise a concern about the quality of care. Staff we spoke with told us that they would raise a concern if needed. One member of staff told us, "I would be confident to raise a concern with my manager and I know this would be dealt with." Staff knew how to manage an allegation of abuse to protect people they cared for.

People had access to their money when they wished. People were able to pay for activities they enjoyed taking part in which helped them to develop their social skills. The management of people's money was safe. There was a record kept and maintained of people's income, out-going money, and balance. We checked people's financial records, found these were correct, and matched up with what was available to them. Staff followed the provider's financial management processes to protect people from the risk from financial abuse.

People were kept safe in a suitably maintained environment. Records showed that the registered manager ensured safety checks of fire, electrical and gas systems occurred to ensure they were safe. Equipment used in the service was also safety checked. For example, portable appliance tests (PAT) checked the safety of electrical equipment. This made sure the equipment was safe for people to use.

Staff identified risks to people and these were managed appropriately. People had an assessment of risks associated with their health and care needs. Staff developed a plan to manage risks, this guided staff on how to manage and reduce them. For example, one person's risk assessment identified risks associated with their medical condition. The assessment detailed actions staff should take to manage the risk whilst ensuring they administered emergency treatment promptly.
There was guidance for staff to support people to take risks. For example, it had been identified where a person require support while using public transport. Staff supported them to complete this task safely while increasing their independence.

People were cared for by sufficient numbers of skilled staff. A senior care worker managed a team of care workers on each shift and provided and supported staff with advice when required. The registered manager reviewed staffing levels on a regular basis to ensure the levels of staff met people's individual needs. For example, when a person needed staff to accompany them on holiday or to an appointment, to support people's individual needs additional staff were on duty.

The registered provider had robust recruitment processes in place to ensure the appropriate employment of staff. Staff completed an application process and the registered provider completed pre-employment checks to ensure the suitability of staff. The registered provider undertook Criminal records checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people. Staff recruitment records held documents used in the application process including, personal identification and employment references.

People had their medicines managed safely and as prescribed. One person told us "[staff member's name] tells me when to take my tablets." People had their medicines recorded on medicine administration records (MAR). We checked people's MARs and found these were complete and accurate. Each person had a medicine care plan, which detailed their specific needs. For example, there was a record of people's medicines and any allergies of medicines they had. Medicines administered followed the registered provider's procedure for the person as outlined in their care plan and the prescriber's instructions. The management of people's medicines was safe. There were processes in place for the safe administration, ordering, and disposal of medicines. This ensured people received their medicines in line with the prescriber's instructions to maintain their health. Medicines were stored safely in a secured, locked cupboard in line with guidance from the Royal Pharmaceutical Society: The handling of medicines in social care.

Good

Is the service effective?

Our findings

People were cared for by trained staff that were supported by the registered manager. There was a training programme in place for staff. Staff had completed mandatory training, which included medicine management, infection control, and safeguarding training. The provider assessed the effectiveness of staff training. For example, the registered manager assessed and agreed staff competency on the management of medicines before they managed and supported people with their medicines. Staff had the knowledge and skills to provide appropriate care. Staff completed training that was relevant to their role, which improved their knowledge and skills. For example, staff completed training in specific medical conditions and managing challenging behaviour.

Staff received supervision that supported them in their role. Staff supervision identified training, and professional development needs. One staff member said, "my manager and I have regular meetings to discuss my work." Another staff member said, "I can raise any issues with my work and I will get the support that I need to do my job." Staff records held notes from staff supervision meetings, these contained agreed goals with actions taken to achieve them. . The registered provider ensured that newly employed staff shadowed staff with more caring experience so they became familiar with the needs of people for whom they provided care.

There was a process in place to complete regular staff appraisals. The registered manager reviewed with staff their professional development and progress within the service. Appraisal meetings provided staff with the opportunity to reflect on their practice and develop goals and targets to support them in their caring role.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People gave their consent to receive care and support from staff. People were able to make an informed decision using methods of communication they understood to aid their decision. People had signs, symbols, and pictures available to support them. Staff completed an assessment of people's mental capacity to determine whether they could make specific decisions. If people lacked the capacity to make decisions a best interests' meeting was held to discuss complex decisions. Staff involved people and their relatives in making important a decision regarding their care. People gave their views, and staff considered them when making decisions that affected their health and well-being.

People were cared for in a way, which did not unlawfully, deprive them of their liberty. The registered manager had an understanding of their role and responsibilities in line with MCA and DoLS. The registered

manager made referrals to the local authority to make application for DoLS. The provider complied with the MCA in general, and (where relevant) the specific requirements of the DoLS. People could be confident that the provider would be able to protect them from the unlawful deprivation of their liberty.

People had food and drink which met their preferences, nutrition and hydration needs. One person told us, "I like the food." There was sufficient food and drink for people to have and these were stored appropriately. For example, fridge and freezer temperature checks were completed to ensure food was stored safely. People had the choice of meals they wanted to eat.

Staff demonstrated an understanding of people's nutritional needs to manage their health conditions. For example, there were records of people's health needs, which affected their ability to eat and drink and the support they needed to do so safely. People who required a specialist diet had this need met. People were involved and contributed to the planning of the menu for the week. They were also able to choose meals that were not on the menu. People had meals that met their cultural needs. We observed staff preparing a meal for a person which met their needs and which they enjoyed eating.

People had access to health care services when their needs changed. Staff knew people's health care needs and attended health appointments with them. People had regular reviews and monitoring of their health. For example, a person had a referral to a health care professional for an assessment and additional support for behaviour that presented as challenging. Staff introduced the person to the health professional, which helped to develop an effective working relationship. People had a hospital passport in place that included their health conditions, allergies, and health care needs. The passport ensured people received consistent care and treatment in line with their health care needs. Healthcare professionals were aware of people's needs to enable them to provide appropriate and consistent care.

Good

Is the service caring?

Our findings

People told us they liked all the staff that cared for them. One person told us, "[staff member] is very nice, and she is lovely." Staff knew people's needs well. People received support with their care needs, in line with how they wished to receive care by staff. Staff allowed people time to communicate with them and to respond. Staff spoke about people in a kind and compassionate way.

People and their relatives were involved in planning their own care. For example, assessments were person centred and took into account people's individual care and support needs. Care assessments detailed the support people required such as supporting them with their personal care. They also had information on the activities people enjoyed doing. People had their care needs regularly assessed this provided an additional opportunity for people to make decisions about how they wanted to receive care and support. This meant that staff listened to people's views and they contributed to their assessments and in planning their care.

Staff acted promptly when people were distressed. We observed a person using the service becoming distressed. A member of staff allowed the person space to voice their concerns while ensuring that they were in a safe place to do so. Following this incident the member of staff spoke to the person in a calm and comforting manner. The person responded positively to this, they looked relaxed and then engaged in conversation the staff member. Staff took action to support people to alleviate their anxieties. Staff showed concern for people's wellbeing in a caring and meaningful way. This meant that staff cared for people in a way, which showed compassion and awareness of the needs of people they supported.

Staff provided personal care to people while maintaining their privacy and dignity. For example, we observed staff knocking on people's bedroom doors and they waited from a response from them before entering their room. Staff managed people's care and support needs in privacy.

People had regular contact with people that mattered to them. People maintained relationships with people outside of the home and arrangements were made to support them to visit friends and relatives if they chose. Relatives and friends were encouraged to visit people at the service. People developed relationships with people from services they attended and were encouraged to invite people to visit as they wished.

People's care records were stored securely in a locked cupboard and staff had access to them when needed. People's personal private information was safe and kept confidential. Staff updated care records daily and when changes in their needs happened. This meant that people's records contained the most recent information that was pertinent to their care and support needs.

Good

Is the service responsive?

Our findings

The registered manager supported staff to provide a responsive service for people to meet their needs. People had assessments of need completed before they came to live at the service. Staff then considered whether the service could meet those needs. Once people agreed to live at the service, staff developed a care plan with them and, when appropriate, their relative. People's care plans described their individual needs and the support staff needed to provide to meet them. Regular reviews of care plans took place to ensure the service continued meeting their needs.

People had care plans that were person centred. For example, staff had guidance to follow to support a person with their health needs. Records showed that a person's health needs had increased over a two month period. Staff sought guidance from a health care professional; who identified the person needed a change in treatment to manage their health condition. . Staff noticed the person's health improved following the change in treatment and health professional's review. People's care needs were identified and staff sought guidance and support to meet their individual needs.

People's social care needs were met by the service. Staff encouraged people to attend activities outside of the service. For example, people were encouraged to engage in community activities. Staff provided activities in the home which people enjoyed taking part in. For example, staff knew a person enjoyed making meals and drinks for themselves and other people. Staff supported them to prepare and make meals with staff supervision. Staff supported people to follow their own interests and participate in activities that were meaningful to them. The registered manager arranged regular residents' meetings. People were encouraged to participate and their views were heard and action taken to resolve any concerns raised. For example, people were involved in planning their holiday. A record of the meeting was available in easy read format so people were able to review it and they had a copy for their records.

The registered provider had a complaint policy in place. This gave people and relatives guidance of how to make a complaint about any aspect of the service. People and their relatives had a copy of the complaints form. The complaints policy and procedure was available for people, relatives, and staff. People or their relatives had not raised any concerns about the service.

Good

Is the service well-led?

Our findings

The registered manager supported staff to provide a service that was well led. People told us they got on well with the manager and could talk with him because he took time to listen to them. One person told us "I like [the registered manger], I like talking to him." People were free to enter the office to speak with staff or the registered manager when they chose to. Staff told us that they "felt listened to," by the registered manager. Another staff member said, "He [registered manager] always listens to me and helps provide a solution to any problems I may have at work. He is flexible."

People and their relatives were encouraged to feedback to staff, the registered manager, and the provider. The provider analysed the survey responses people and their relatives made. People and their relatives provided positive feedback that demonstrated people were happy with the service and the care provided.

The local authority commissioning team carried out checks at the service, and found some areas for improvement. Records showed staff had taken action to make the improvements as required.

There was a registered manager at the service. They were aware of their responsibilities and kept the Care Quality Commission (CQC) informed of notifiable incidents that occurred at the service.

The provider and manager welcomed feedback from staff. Staff contributed to the management of the service through monitoring and reviewing of the service. A regional manager completed regular checks at the service. From this, staff put in place a plan for action to make improvements to resolve any outstanding issues. There were regular staff meetings relating to the service and their caring roles. Staff offered solutions to issues raised.

The registered provider had systems in place to ensure people received good quality care, which met their needs. Reviews of people's care records occurred to ensure accuracy and consistency of them. These were routinely audited so people had relevant care and support in place. People received a safe service because the registered manager and staff took action to mitigate risks and to improve the quality of care records.

People lived in a service that completed internal audits on the quality of food, activities, and the home environment. For example, medicine audits took place to protect people from harm from the unsafe management of medicines. The registered manager or senior care worker audited and medicine administration records (MARs).these checks helped to reduce the risk of errors in the administration of medicines to people.