

Mr & Mrs Mohamedally

# Dunheved 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?

Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on 14 and 15 July 2016, day one of the inspection was unannounced. The service was last inspected in January 2014, it met all the regulations it was inspected against.

Dunheved Lodge is a residential care home that provides 24 hour care and support for up to 14 adults. The home specialises in caring for adults with a learning disability. At the time of our visit, there were 12 people using the service, two people were using the service for respite care.

The home had a registered manager in post. '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.'

At this inspection we found that the service had not sent the CQC notifications in relation to the outcomes of Deprivation of Liberty (DoLS) applications. This was a breach of Regulation 18 of CQC (Registration) Regulations 2009.

People liked staying at Dunheved lodge and found staff who supported them were caring and kind towards them. There was a relaxed and friendly atmosphere when we visited.

There were systems and processes in place to protect people from the risk of harm and staff were aware of safeguarding procedures. People received assistance to stay safe from potential harm and injury. Appropriate recruitment procedures were followed and staff were fully vetted before they started work. There were sufficient numbers of qualified staff to support people and meet their individual needs.

People were supported to have their health needs met. Staff worked with the person to access the GP and other local health services as appropriate to help make sure the individual's health needs were met. People requiring assistance with taking their medicines received their medicines safely. Prescribed medicines were stored securely and managed safely.

Staff received training which gave them the knowledge and skills to support people effectively. Newly recruited staff received induction and foundation training to prepare them for the role. Staff received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff worked within the principles of the Mental Capacity Act 2005 (MCA). People were asked for their consent to the care and support they received.

There was a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take appropriate action.

The registered manager understood their role and responsibilities and positive feedback was received from

staff about their leadership and management. There were effective systems in place to identify areas for improvement and to help ensure the safety and quality of the service provided.

## 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. Staff were trained and knowledgeable in recognising signs of potential abuse and the action they needed to take to safeguard individuals.

People experienced safe and appropriate care and support that met their needs. This was because risks were identified and managed appropriately.

There were sufficient numbers of skilled staff to support people and to meet their needs. The recruitment practices were safe and ensured staff were suitable for their roles.

People were administered medicines as prescribed, staff followed safe medicine procedures.

### Is the service effective?

Good 

The service was effective. Staff participated in training and development to ensure they had the required knowledge and skills to meet people's care needs. They were supported in their roles through regular supervisions and appraisals.

Staff understood their responsibilities of the Mental Capacity Act 2005 and had taken the correct actions to ensure that the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed.

The service was effective. Staff participated in training and development to ensure they had the required knowledge and skills to meet people's care needs. They were supported in their roles through regular supervisions and appraisals.

Staff understood their responsibilities of the Mental Capacity Act 2005 and had taken the correct actions to ensure that the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed.

Staff used their positive relationships with people to encourage good nutrition and hydration, and participation in meal times in order to improve their health and wellbeing. People were supported to access to healthcare services as required.

### Is the service caring?

Good ●

The service was caring. People received support using their preferred communication methods thus ensuring their active involvement in support planning.

Staff assisted people to access activities in the community and maintain relationships of their choice. People's privacy and dignity was respected and choices were listened to.

People were listened to and staff encouraged and supported people to make their own decisions.

### Is the service responsive?

Good ●

The service was responsive. Support plans were person centred and tailored to the needs of people. Support plans were kept under review, any changes in people's health and support needs were responded to promptly and appropriately to help protect people's wellbeing.

People received support to participate in activities and to access the local community.

Concerns and complaints were listened to and acted upon in a timely manner.

### Is the service well-led?

Requires Improvement ●

The service was well led. There was an experienced manager in post who provided good leadership. There were shortfalls in one area, as the service had not sent the CQC notifications in relation to the authorisation of Deprivation of Liberty (DoLS) applications.

Staff were well supported and there were good team working practices at the service.

Staff practice was monitored and observed, regular quality audits were carried out to identify any shortfall and make the necessary improvements to the quality of the care and support provided for people.

# Dunheved 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 inspection took place on 14 and 15 July 2016, day one of the inspection was unannounced. One inspector undertook this inspection.

Prior to the visit we reviewed the information we had about the service and we looked at notifications that the provider is legally required to send us about certain events such as serious injuries.

On the day of the inspection we met with the registered manager and four staff. We also met nine people living at Dunheved Lodge. Some people were not able to fully share their experiences of using the service because of their complex needs. We used the Short Observational Framework for Inspection (SOFI) to observe the support provided for people at the service. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff supporting people in the communal areas. We looked at care records for three care people, and personnel files for four staff. We also reviewed records relating to the management of the service. During our visit we spoke with one person's relatives and a social worker, after the inspection we telephoned two relatives to get feedback on the service.

# Is the service safe?

## Our findings

People experienced safe and appropriate support that met their needs. One person smiled and indicated by gesturing that they liked living at Dunheved Lodge. One relative said "Staff are great; they ensure my family member is well looked after and safe." A staff member said "We observe people; learn how they express themselves, and look for their responsiveness to a question."

The service had procedures staff followed that helped to protect people from abuse. There were arrangements in place that were appropriate for keeping people safe and reducing the likelihood of the risk of abuse. The service had safeguarding policies and procedures in place that staff knew about. Staff were trained and demonstrated they knew how to recognise the various forms of abuse and felt confident in reporting any concerns. Staff knew what to do if they had any concerns for people's safety, and there were examples seen of them following reporting procedures. Staff felt able to speak up at any time if they were concerned about a person's care.

The registered manager was aware of their responsibility to refer any safeguarding concerns to the local authority. They understood their role and statutory responsibility to cooperate in investigating any safeguarding alerts. The service had safeguarding policies and procedures in place which were readily available for all staff to read.

Risks to the person were managed in a way that protected them while supporting them in the most appropriate way for the individual. The risk assessments and support plans were developed to meet the person's needs. The assessments covered when people were at home or out in the community or the day centre. Records showed that risk assessments were carried out for the activities that people took part in. For example on day one of the inspection staff were supporting people in sufficient numbers when they went fruit picking. Where risks were identified risk management plans were in place, which gave details of the risks and the preventative measures necessary to help prevent an incident occurring. Risk assessments were well detailed and updated as often as necessary.

Staff were aware of the emergency plans and these were kept up to date, and included fire evacuations. Each person had a personal emergency evacuation plan (PEEP), a copy of these were kept on each floor. Fire drills and evacuations took place in accordance with the fire risk assessment. The fire alarm, and emergency lighting were tested weekly and contracts were in place for the maintenance of equipment used in the home, including fire extinguishers. Any hazardous substance such as cleaning fluid was stored securely in a locked cupboard.

Weekly and monthly audits of the home were conducted including ensuring that flooring and furniture were kept in good repair. We observed that areas of the décor appeared tired and distressed and in need of redecorating. Hot water was checked to ensure it was at the correct temperature to prevent scalding a person and potential trip hazards were dealt with to help prevent any falls. Any equipment used in the house such as gas and electrical appliances were checked and maintained, there were current certificates for these checks.

On both days a large number of people went out to activities with staff support, and so less staff were available in the home. However those present were visible and continually engaged with people. One person went out independently, while others required staff support to keep them safe. The registered manager told us and staff rotas confirmed that there was sufficient staff deployed to enable people to engage in activities of their choosing.

We reviewed staff personal files. The service operated a thorough vetting process for all staff. Before staff were employed applicants completed application forms, references and criminal record checks. These checks helped to ensure that people were cared for by staff suitable for the role.

The home had a medicines policy that was available for all staff to read. Medicines were administered safely. Only staff trained and deemed competent in medicines administration could give medicines to people. The medicines administration record [MAR] chart for each person included information about any allergies they may have. The MAR charts were up to date, accurate and with no gaps in the administration of medicines. Medicines were stored securely in a locked cabinet. Audits were completed monthly of medicine procedures which included a check of medicine stock.



## Is the service effective?

### Our findings

The service was meeting peoples' care needs effectively. One person reflected on their years at the home and told of being so "settled and happy." A relative said, "My family member has done well since moving to the home and such a changed person, is always so happy." Another person visiting spoke positively of the impact the support network had on his family member. They said, "My family member has an excellent relationship with staff, they totally understand the best way of communicating and have developed suitable tools that work."

Staff were supported to undertake training relevant to their role. There was a training and development programme in place that included training from a training provider as well as training delivered by the local authority care home support team. The staff team had experienced a turnover of staff in the past twelve months and there were three new staff members on duty one of the days we visited. A large number of long term staff were employed at Dunheved Lodge, they had the skills, experience and a good understanding of how to meet people's needs. Two of the new members of staff were still undertaking courses and participating in training and induction, they had not completed all their mandatory training. The training records showed some gaps in training provision especially for bank staff which we discussed with the manager. Training and development plans showed these training needs were planned for in the immediate weeks.

Staff spoke about the training they had received and how it had helped them to understand the needs of people they cared for. Records showed that new staff received an induction when they started work at the service.

Staff told us they felt supported by the registered manager. Staff received one to one supervision every four to six weeks plus an annual appraisal. Records showed that staff meetings were held every two months and staff attended the meetings. Audits were undertaken of staff training and supervision meetings to monitor attendance.

The provider had taken appropriate action to ensure the requirements were followed for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 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 made their own decisions and were helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. During the inspection a relative visited along with a social worker to attend a best interest's meeting in relation to the family member's travel arrangements. We saw staff encouraging people to make their own decisions about their day to day life. What time they got up and went to bed, the clothes they wanted to wear, the food they chose to eat and the activities they chose to participate in. Staff did this by using objects, such as showing a person a variety of their clothes at the start of the day. They gave the person time to consider their options and make a decision.

People can only be deprived of their liberty to receive care and treatment when it 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. Staff had received training on MCA and DoLS and understood what it meant to the people in the home. One staff member said, "We follow the person's support plan and challenge and encourage them to make their own decisions."

The provider has also made applications for authorisations to deprive ten people of their liberty under DoLS, and three of these had been authorised by the local authority.

Staff told us that each weekend they planned with people the following week's menu. They helped people decide by using actual food items or pictures. From this planning a shopping list was developed and staff and some of the people who enjoyed this role went to the supermarket to buy the food needed. We observed and people's daily records showed that people could change their mind on the day as to what they wanted to eat. For example a person chose to get up late, they did not wish to have cereal but asked for drinking chocolate and peanut butter sandwiches, and staff arranged this. A number of people had lived in long stay hospitals and liked to keep to the same routine and pattern, for example regardless of choice they opted for many of the same foods most weeks. We saw that food was labelled and stored correctly. Fridge and freezer temperatures were taken daily and were within the correct ranges.

People were supported to maintain good health and had appropriate access to healthcare services. Care records confirmed that people were registered with a local GP and saw the doctor if they were unwell. They were supported to have health checks and screening programmes. Staff maintained appointments in the office diary. We saw their health care needs were well documented in their support and health action plans. Each person had a hospital passport. A hospital passport assists people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital. This helped to ensure people stayed healthy.

## Is the service caring?

### Our findings

People were supported by caring staff. People were happy with the staff supporting them during our visit. The interaction and warmth observed showed people and staff knew one another well, and staff understood people's different ways of communicating. Staff were able to get the cooperation of the person by encouraging and praising their efforts.

One relative said "I am very pleased with the care my relative receives, staff really understand their needs and they are much more independent now." One staff member said "I think the support is good, we offer people choice to have as much independence as possible." Staff practice over both days showed respect to people. Staff addressed people by their own names. We observed that staff showed people compassion, support and respect when engaging with them. This knowledge of people gave staff the opportunity to support people in the most effective way. There were examples of the individual care and support people received, this information was recorded in people's daily notes.

Staff supported people with their spiritual needs. Care records showed that people were asked about their spiritual needs. People could attend church when they wanted to and records showed staff supported them to do so.

We saw that people had the privacy they needed and they were treated with dignity and respect at all times. We saw that staff knocked on people's bedroom doors before they went in and spoke quietly to people. This helped to ensure the person's dignity was maintained and enabled people to feel valued in their own home. People's rooms were personalised, and displayed their personal belongings to reflect their individual tastes. None of the people we spoke with were involved in choosing the colour schemes of their rooms or the communal areas.

People received support to communicate their wishes and choices as required. A family member told us their relative was provided with, "their own choices which staff were familiar with". Care records had information on people's individual communication styles. For example, one person used body language to communicate. We observed staff were alert and aware about people's communication needs and used their preferred way of communicating. For example, objects of reference were used to give choice. One person found it difficult to coordinate clothing and liked assistance with colour matching. Staff helped give the person choice by setting out a number of items of clothing that colour coordinated and which they choose from. Staff took time to listen to what people were expressing. They also used simple and easy to understand language making sure that people understood what they said.

## Is the service responsive?

### Our findings

The service was responsive to people's needs. People's care and support needs were planned for and delivered in a way that responded to their needs flexibly. Support plans were person centred and included people's views and preferences, and where relevant relatives input. A relative present told us, "I am regularly invited to be involved in planning for my family member, I share my views and I know I'm listened to." A social care professional told us, "We meet with the manager and the person, the person's relative is also invited to attend the review, this helps the person to express their views."

We reviewed care records for three people. Each support record contained a needs assessment and showed people's families had been involved in discussions of their needs to ensure people's best interests were represented. The assessments included details of the person's life history and preferences about their daily living arrangements and activities. We saw that each person had been asked about what was important to them; one person had told staff that keeping in touch with their relative was important and there were details describing the support the person required to achieve this personal goal. On one of the care records we viewed there was no information recorded about the person's goal, this we brought to the attention of the manager so that it could be addressed promptly.

Records showed how best to support and manage a person's complex needs and behaviours and recommendations made by the mental health team were included with the home's support plans. Staff had a good knowledge and understanding of the person but liaised with mental health professionals when difficulties were encountered with current support plans. Behaviours that challenged were managed by staff anticipating and planning ahead to help minimise any risk to the person or others. The risk assessments were reviewed monthly and action management plans put in place to minimise those risks.

There was good detail on preferences such as times the person liked to get up in the morning, the food they liked and disliked, and the activities they liked to do. We saw staff responded appropriately to these individual requests. Details about the help a person needed and how it should be given, what a person liked to do for themselves, how to help them if they become anxious or upset. Staff told us they monitored how people were using their skills or noted if their skills were diminishing. This also prompted staff when to give more or less encouragement, or when to acknowledge the person was unable to complete the tasks they undertook when they were younger. Records showed the support plans were kept updated. The plans were comprehensive and, gave staff a good understanding of what the person needed and how they wanted to be supported.

Records showed that people's complex needs and behaviours were managed through staff having a thorough knowledge and understanding of that person. There had been some new staff join the team, new staff worked alongside experienced staff to learn how to respond to behaviours that challenged, and plan ahead to help minimise any risk to the person or others.

Each person had a daily schedule of activities. Staff discussed with the person the type of activities they may like to try, using pictures where necessary to help with communication. We saw that currently the majority of

people were engaged in attending a day centre five days a week. Three people chose to remain in the home but went out to events in the community with staff. We observed people were stimulated through one to one engagement with staff, doing puzzles, art work and learning cooking skills. One person told us they and their peers went recently to the south coast for a holiday. Their place of choice was Brighton and staff supported them there. One the first day of the inspection a number of people had gone fruit picking with staff. Records showed activities were risk assessed to ensure the person and others were safe. This helped to ensure the person enjoyed a good experience of the activity of their choosing in as safe a way as possible.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. People using the service and relatives said they felt happy to speak to staff or the manager when necessary. They had confidence that the manager would deal with any concerns promptly. The complaint's process was displayed prominently in the home.

## Is the service well-led?

### Our findings

One person we spoke with smiled and gestured in a positive way indicating they liked their home, and found staff helpful. Another person told us they had lived at Dunheved Lodge for many years, they said, "I could not imagine living anywhere else." Throughout our visits we saw staff and people engaging together in a relaxed and comfortable manner.

Staff commented "The manager is very supportive, the work here is rewarding and enjoyable." and "I feel very supported by the manager, their open good door policy is excellent for people who use the service and for staff."

There was good leadership and stability in the service. The manager had been in post for more than five years. A family member told us, "The manager is thorough and listens to what one says; he is reliable and always keeps us informed." We saw that people knew the manager well and approached him for advice and reassurance throughout our visits. One staff member told us the manager had a strong visible presence. Records showed that regular staff meetings were held.

The registered manager had a good understanding of their management role and responsibilities and the legal obligations with regard to CQC including the requirements for submission of notifications of relevant events. However we found that three people had a DoLS authorisation in place that CQC had not been informed about. We discussed these statutory notifications with the registered manager as it is a requirement that these incidents are reported. The failure to notify CQC of important events which affect people's health, safety and welfare was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The registered manager sent the required notifications on the same day.

The home had policies and procedures in place in relation to the service operation, and these were readily available for staff to refer to when necessary, and staff had to sign as having read them. Staff said they had access to the policies and any changes in these were discussed at team meetings.

The views of relatives were gathered informally when they visited or through telephone conversation. Visitors to the home were also asked for feedback and we saw several positive comments were received in the past two years.

There were systems in place to monitor the quality of the service which included quarterly visits by an external auditor. These visits were used to monitor, check and review the service in line with the fundamental standards and regulations. Areas included reviewing people's care records, staff files, cleaning and hygiene, the environment and health and safety. Where improvements had been identified action points were recorded for each time and followed up at the next visit. We saw that gaps in staff training and qualifications were identified and highlighted for action. The manager demonstrated that provision was made to address these shortfalls by the internal trainer and by the local authority care homes training team. Most of the outstanding training had been undertaken.

The registered manager also conducted daily, weekly and monthly audits of the home and their findings and actions were logged and an action plan developed when needed. The manager carried out individual checks on staff to ensure their work was in line with good practice. These included medicine spot checks that assessed staffs' competence in supporting people with their medicines. Records showed that checks completed reviewed the quality of support provided for people, for example assistance provided to take medicines at the prescribed times. The management team had identified improvements required that a staff member needed to complete, including attending additional training. These audits helped ensure there was a safe environment, and to identify shortfalls such as staff qualifications, care records, medicine procedures. On identifying shortfalls the manager developed action plans to respond to these and ensure the safety of the home and the people who lived there.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents  CQC had not received notifications that three people had a DoLS authorisation in place.