

Dorset Lodge Limited

# Dorset Lodge Limited

## Inspection report

5-7 Dorset Gardens  
Rochford  
Essex  
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Tel: 01702545907

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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

This inspection took place on 9 March 2016.

Dorset Lodge is registered to provide personal care and accommodation for up to 10 people who have mental health needs. There were six people receiving a service on the day of our inspection, including one person who was in hospital.

A registered manager was 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.

Staff knew how to identify abuse and how to report it to safeguard people. Recruitment procedures were thorough. Risk management plans were in place to support people to have as much independence as possible while keeping them safe. There were also processes in place to manage risks in relation to the running of the service.

Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. People had support to access healthcare professionals and services. People had choices of food and drinks that supported their nutritional or health care needs and their personal preferences.

People were supported by skilled staff who knew them well and were available in sufficient numbers to meet people's needs effectively. Staff used their training effectively to support people and to respect them and their rights. People found the staff to be friendly and caring. People participated in activities and interests of their choice at home and in the community.

Care records were regularly reviewed and showed that the person had been involved in the planning of their care. They included people's preferences and individual needs so that staff had clear information on how to give people the support that they needed. People told us that they received the care they required.

Improvements were needed to the consistent management of the service and its quality checking systems. Staff found the registered manager to be supportive although they were not regularly in the service. People living and working in the service had the opportunity to say how they felt about the home and have their views listened to.

## 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.

The provider had suitable arrangements in place to ensure people were safeguarded against abuse and to manage risks for the safety of people living in and working in the service.

There were enough staff available to meet people's care and support needs.

People's medicines were safely managed.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff who had the knowledge and skills required to meet their needs.

Guidance was followed to ensure that people were supported appropriately in regards to their ability to make decisions and to respect their rights.

People were supported to eat and drink sufficient amounts and people enjoyed their meals. People had access to healthcare professionals as and when they required them.

### Is the service caring?

Good ●

The service was caring.

People were involved in making decisions about their care and the support they received.

Staff knew people well and what their preferred routines were. Staff encouraged people's independence and treated people with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans were reflective of their care needs. People undertook social activities and interests they enjoyed and that met their needs.

The service had appropriate arrangements in place to deal with comments and complaints.

**Is the service well-led?**

The service was not consistently well led.

Improvements were needed to the management of quality monitoring and reporting systems to ensure the service maintained its standards.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

Opportunities were available for people to give feedback, express their views and be listened to.

**Requires Improvement** 

# Dorset Lodge Limited

## **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 was undertaken by one inspector on 9 March 2016 and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at other information that we had received about the service. This included previous inspection reports, any information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection process, we spoke with four people who received a service and one person who was visiting the service. We also spoke with the deputy manager and three staff working in the service.

We looked at two people's care and medicines records. We looked at records relating to two members of staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

# Is the service safe?

## Our findings

People told us they felt safe living in the service. One person said, "Being around people I know makes me feel safe and I know all the staff here, they have been here since I came." We saw that people were confident in approaching and interacting with staff and in moving around the service.

The deputy manager and staff were aware of their responsibility in regards to protecting people from the risk of abuse and how to report concerns. They confirmed they would do this without hesitation to keep people safe. Staff had attended training in safeguarding people and were aware of the whistleblowing procedure. The deputy manager confirmed they would ensure that a current version of the local authority guidance on safeguarding was available in the service.

People's individual risks were assessed and actions were planned to limit their impact without restricting people unnecessarily. Staff were aware of people's individual risks and how to help people in a safe way. Staff were trained in emergency first aid and monthly checks of the first aid equipment were in place.

We saw there were processes in place to manage risk in connection with the operation of the home. A fire risk assessment was in place and regular fire safety checks were carried out to ensure that in the case of a fire the fire alarms would work efficiently. Whilst staff were unable to access the water risk assessment or safety checks, we saw that people had confirmed their agreement to the temperature of the water being limited to ensure the safety of all in the service. With people's agreement, staff logged when people went out and come back into the premises to support safety in the event of a fire or other emergency in the service.

People were protected by the provider's staff recruitment process. The deputy manager told us that no new staff had been recruited to the service for some years. Staff told us that references, criminal record and identification checks had been completed before they were able to start working in the service to show their suitability for the role. This was confirmed in the staff records we reviewed.

People were supported by sufficient numbers of staff to meet their needs safely. People confirmed that staff were available to support them as needed. Staff reported that there were sufficient staff to enable them to meet people's needs appropriately. An additional member of staff was rostered on shift flexibly as needed to support people with independence skills development in going out into the community or accessing transport. Staff also told us that additional staff would be on duty when people first moved in to support them, for example, to get to know the local area should that be needed. Staff told us that they were a small, close team and provided cover to ensure that people had the support they needed from staff who were familiar to them. We saw many examples throughout the day of staff spending quality time with people as well as completing the necessary support tasks.

People received their medicines in a timely and safe manner. People confirmed that staff brought their medicines to them at the correct times. We observed that staff dispensed people's medicines safely and respectfully. The provider had systems in place that ensured the safe receipt, storage, administration of medicines. Medication administration records were consistently completed and tallied with the medicines

available. The deputy manager confirmed that records would, in future, note the number of medicines carried over from a previous month and the date of opening of boxed medicines to enable easier checks to be completed. The service had procedures in place for receiving and returning medication safely when no longer required.

## Is the service effective?

### Our findings

People were cared for by staff who were well trained and supported in their role. One person told us, "The staff are wonderful." Staff told us they had had an induction when they started working at the service and had worked alongside more experienced staff to begin with. Staff told us that the induction and training provided them with the knowledge they needed to meet people's needs safely and effectively. One staff member told us, "Working in a care home was very different to working in the hospital so the induction was really useful. I am more involved with the people here and in supporting people with their medication."

Staff received regular training updates to ensure their knowledge was current to support them to meet people's needs. Staff told us they had opportunity for formal supervision meetings with their manager and this was confirmed in the records viewed. Whilst medication competency assessments were not in place, annual appraisals had been completed to assess staff competence and support staff development. Staff told us that they felt well supported in their work and had opportunity to develop their skills and knowledge and gain qualifications through further training, including a National Vocational Qualification in Health and Social Care.

People's rights were respected in the service. CQC are required to monitor the implementation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) in care homes. The 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. Whilst staff had not attended training on the MCA and DoLS, information was displayed and staff told us the registered manager had shared their knowledge with staff on these matters. Staff were clear that all the people living in the service had capacity to make their own decisions and that there were no restrictions placed on people by the service or under mental health legislation. This was confirmed by people we spoke with. We also saw that people went out and came home as they wished.

People were well supported to enjoy a choice of food and drinks to meet their nutritional needs and their preferences. We saw that people prepared their own breakfast, lunch, snacks and drinks encouraged and supported by staff as needed. Staff planned a weekly evening meal menu to enable the main shopping to be planned and this was displayed in the dining area. People confirmed they had input to this menu, that it was flexible with an alternative available and that they could, if they wished, cook their own evening meal or choose to eat out. People were supported by staff to varying levels depending on the person's support needs and in line with their goal and support plan. One person explained that a staff member went shopping with them, as they did not yet feel confident to go out alone, and that they loved cooking their own meal and shopping for it. People's dietary needs were identified and healthy eating encouraged, while respecting their right to make choices. Staff confirmed that none of the people living in the service were at nutritional risk and people's weight was checked monthly with their agreement to enable staff to identify any trends.



People had access to healthcare professionals as required and we saw this recorded in people's care records. People confirmed that they could attend healthcare appointments independently or that staff would go with them if they wished it. One person said, "I could see the doctor on my own but I like staff to be there to listen to what is said and explain it to me afterwards properly so I understand." Records also showed that people were supported to attend specialist clinics such as for regular blood tests relating to their medicines management or specialist optical screening as well as routine annual health checks. Staff were knowledgeable about people's particular healthcare needs and any support they might need with healthcare monitoring.

# Is the service caring?

## Our findings

People were supported in a caring way and received care and support which was individualised and person-centred. People told us that staff were caring and kind. One person said, "The staff here are very caring." All the interactions observed between staff and people were positive. Staff engaged people in social conversations and listened to what people had to say.

People were involved in planning and reviewing their care and people had signed their records to confirm this. Staff clearly knew people's goals. They discussed these with people in a respectful way providing clear information and listening to people's views and experiences. Staff knew people's interests such as favourite television programmes or social activities and used these in conversation with people. They shared jokes and laughed together. People were encouraged to make choices and have new experiences and staff provided support to their decisions to enhance people's quality of life.

People and staff chatted easily together in an appropriately familiar way. Staff had worked with people living in the service for a number of years which enabled confident relationships to develop. People were comfortable with staff and approached them with ease to ask questions, to which staff responded appropriately. People told us they independently maintained relationships with friends and family members.

People were supported to maintain and develop skills and independence. Staff told us that one of the main aims of the service and their role was to support people to move on to more independent living arrangements. We saw that people were encouraged to shop and cook for themselves and where appropriate were being supported to take more control of managing their personal budgeting. People's abilities were acknowledged and where, for example, their goals supported this, people were supported to take responsibility for aspects of their medication and healthcare management.

People told us that staff respected their privacy and their personal bedrooms, always knocking and never entering the room without consent. Staff treated people with dignity and respect and we saw staff were respectful in their interactions with people. Staff told us that people's right to private time was respected and that people spent time in their rooms or outside the service as they chose. We saw that staff knocked on people's bedroom doors and also asked people for their agreement for us to view their bedrooms.

## Is the service responsive?

### Our findings

We saw that people had opportunity to visit the service prior to living there and this was done in a phased way to support the person to get to know the service, the staff and the other people living there. Staff confirmed that the detailed pre-admission assessment involved the person and other supporting professionals such as those involved in the person's care programme approach. One person who was visiting the service told us they were involved in this process and were looking forward to living in the service.

People were supported with their care and staff were responsive to their needs. People told us they were mainly self-caring but that staff did provide them with support and guidance. Staff were aware of how each person wanted their care to be provided and what they could do for themselves. Each person was treated as an individual and had a plan of care in place to identify their personal support needs. People confirmed that they were involved in planning the goals in their care plan and associated risk plan and that staff helped them to achieve their goals.

Care plans and risk assessments had been regularly reviewed and had been signed by the person to demonstrate their participation. This showed that the care plans were up to date and supported staff to provide care relevant to the person's specific needs. We noted that for one person that while physical healthcare needs were identified, greater clarity could have been included. Staff confirmed this would be addressed. Care plans gave guidance to staff on how to recognise any potential changes in the person's mental health, approaches that had helped the person previously and actions to be taken by staff in this event. Staff were able to demonstrate a good understanding and awareness of the support to be provided so as to ensure the safety and wellbeing of the person, staff and other people living in the service at those times.

People told us they could spend their time as they wished and we saw this during our inspection. Some people were involved in tasks at home including doing their laundry, cooking or watching television. People spent time in their own room and went out when they wanted to. Some people went out to local shopping areas and later told us they had had something to eat while they were out. One person worked on a voluntary basis in a local shop and another in a local school. Another person told us that they had enjoyed computer and art classes at a local college that had now closed. They told us that staff were supporting the person to develop their confidence in using public transport and that once achieved they hoped to go to college again to follow their particular interest in cooking.

People told us they felt confident to raise any concerns or complaints in the service if they needed to and that they would be listened to. The provider had a complaints policy and procedure in place. The complaints information gave people timescales within which response and actions would be implemented so people knew what to expect. Information was not included to guide people on how to take their complaint further if they were dissatisfied with the provider's response. The deputy manager assured us this would be amended without delay. A system was in place to record complaints and to show any outcomes or learning identified. The deputy manager told us that no complaints had been received since our last

inspection so we were unable to judge the procedures' effectiveness.

## Is the service well-led?

### Our findings

A registered manager was in post but was not present at the time of the inspection. Staff told us that the registered manager had not had a regular presence in the service for some time but was always available to them by telephone should they need guidance or support. The registered manager had not notified us of their absence as required or told us about it in the provider information document they sent to us prior to the inspection. We looked at the provider's Statement of Purpose which is a document the provider must have in place to confirm the services they offer. The record stated that the service provides nursing care, an activity the service is not legally registered to provide. Staff confirmed that nursing care was not provided in the service and therefore this record was inaccurate. The accuracy of some other records in the service also needed improvement such as the complaints information.

Systems to monitor the quality and safety of the service required improvement. People told us that some of the windows were old, draughty and needed improvement. Staff told us that some fire doors were being wedged open as new batteries were needed for the automatic closures. There was no clear system to record and report such events and no record of action planned to improve them was available. A monthly 'administration audit' had been consistently completed since January 2015. There was no detail to show what the checks included and they had not identified any required improvement actions in the service throughout that time. Staff told us that no audits had been completed in the service such as of medicines, records or health and safety including the water system. This meant that the provider could not be reassured that their quality monitoring system was sufficiently robust to identify and plan effective action to bring about improvements.

People benefited from a staff team that worked together effectively. Staff were clear as to the aims of the service and expressed commitment to providing people with the support they required while respecting their independence and right to make their own decisions. There were clear communication systems in place to support quality care including handovers and communication records. Staff signed these records to confirm their receipt of and responsibility for the information. Staff told us that the registered manager was approachable and supportive. Staff meetings provided opportunities for staff to express their views and receive information relevant to the service and the people living or planning to live there. Staff views were also sought in regular questionnaires and these confirmed that staff had the support they needed.

People had opportunity to express their views in the service in regular service user meetings. Records showed that people were asked for their views relating to the menu and informed about improvements from previous discussions such as new garden chairs. Meetings were also used to review safety issues such as revisiting the emergency fire procedures. Staff supported people to complete three monthly satisfaction questionnaires about the service. These recorded that people were satisfied with all aspects of the service of the service provided to them at Dorset Lodge.