

Dunniwood Lodge (Doncaster) Limited

Dunniwood Lodge

Inspection report

229-231 Bawtry Road
Bessacarr
Doncaster
South Yorkshire
DN4 7AL

Tel: 01302370457

Date of inspection visit:
12 May 2021

Date of publication:
04 June 2021

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

Dunniwood Lodge is a residential care home providing personal and nursing care for up to 44 people. Some people using the service were living with dementia. At the time of our inspection there were 32 people living at the home.

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

People were safeguarded from the risks of abuse. Staff received training in this area and knew how to recognise and report abuse.

Risks associated with people's care were identified and risk assessments were in place to minimise the risk.

Staff were knowledgeable about risks associated with people's care.

Accidents and incidents were monitored, and trends and patterns identified. Lessons were learned when things went wrong.

People received their medicines as prescribed. Competency checks were carried out and staff were knowledgeable about medicine management.

The provider had a robust recruitment procedure which ensured new starters were recruited safely.

We observed staff interacting with people and socially engaging with them. Staff we spoke with felt there were enough staff. They also told us that the management team was supportive and assisted them when needed.

The provider made sure infection control processes helped keep people safe during the COVID-19 pandemic. The home was clean and there were PPE stations situated at several points throughout the home.

The provider had managed the current pandemic well and implemented effective procedures.

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

Rating at last inspection

The last rating for this service was good (published 29 March 2018).

Why we inspected

We received concerns in relation to poor management, staffing and infection control standards. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

Prior to the inspection we reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained good. This is based on the findings at this inspection. We found no evidence during this inspection that people were at risk of harm from the reported concerns. Please see the safe, caring 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 Dunningwood Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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

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.

Dunniwood Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act.

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

Dunniwood Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager who was registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with nine members of staff including; operations director, registered manager, deputy manager, care, kitchen and housekeeping staff.

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 six people's care records and multiple medication records. We also looked a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included training data.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People's medicines were managed safely.
- Medicines were stored securely and disposed of correctly. Clinical rooms were clean and organised. Regular temperature checks were undertaken of clinical rooms and fridges to ensure medicines were stored within safe temperature ranges.
- People received their medicines as prescribed and this was confirmed by their medication administration records. The provider was preparing to convert medicine administration records (MAR's) to an electronic system. Whilst no signatures were missed this had created some confusion in regard to signing the MAR on paper or electronically within the care plan. The registered manager assured us this would be addressed at team meetings and individual supervision.
- Staff who supported people with their medicines were appropriately trained. Regular checks of their practice were carried out to make sure they were following the correct procedures.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service. Feedback from people included; "I am very happy here indeed. Staff make sure I have everything and it's just how I like it" and "I'm very well looked after."
- The service had policies and procedures in place to safeguard people and protect them from harm.
- Staff received regular safeguarding training. They were able to identify different types of abuse and followed internal and external processes to keep people safe.

Assessing risk, safety monitoring and management

- There were individual risk assessments within each care file. These included actions to mitigate the risk and evidence of regular reviews.
- Risk assessments relating to the environment and health and safety issues were in place at the home.
- All required health and safety checks were completed and documented regularly. Health and safety certificates were in place and up to date.
- The service had a business continuity plan in place, to be implemented in the event of an emergency or loss of utilities.

Staffing and recruitment

- People felt there were enough staff to keep them safe. One person told us, "There are always staff around."
- There were sufficient staff to meet people's care needs. We observed that staff were not rushed and responded promptly and compassionately to people's requests for support.

- The provider had systems in place to help ensure that staff were recruited safely.
- The provider used a dependency tool to ensure there was a safe number of staff to meet people's needs.

Preventing and controlling infection

- There were appropriate protocols and policies in place to support the home around infection control.
- We observed staff wearing appropriate PPE through the home. There was appropriate hand washing facilities throughout the home to minimise the spread of infection.
- The home was conducting appropriate Covid-19- tests for all staff and residents.
- 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.

Learning lessons when things go wrong

- The service took learning from falls, accidents, incidents, safeguarding concerns and complaints, which were regularly audited.
- Audits were analysed for any patterns or trends and these were followed up with improvement actions.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- All services registered must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been managed. We found statutory notifications had been submitted as required.
- There were effective governance systems in place to audit the quality of the service.
- The registered manager completed regular audits to monitor and improve the quality of service delivery. Action plans were completed following audits. The registered manager maintained good oversight of progress and outcomes.
- Staff received regular training to ensure they had the appropriate skills to support people.

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

- The service had an open, positive culture. Staff told us they felt part of a team that was committed to providing good quality care. Comments from staff included, "I really like working here," and, "It has been tough but we have a fantastic team and things are looking better all the time."
- Staff told us the manager had an 'open door' policy and they felt able to speak with the manager if they had any concerns or queries. Comments from staff included, "[Name of manager] is very approachable and supportive" and, "I haven't been here very long but the management are lovely and have been very supportive and encouraging."

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

- People completed regular surveys with staff to help ensure they stayed fully involved and participated as far as possible in the day to day life of the home. One person told us, "Staff consulted with me about the colour choice of paint and carpet for my room. That was really nice."
- The service was in regular communication with people's family and friends. Throughout the pandemic people were kept fully informed of all current guidelines.
- When changes to the visiting guidance occurred, the service was quick to implement the new procedures.
- We saw examples of regular staff meetings and staff supervisions.

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 had a clear understanding of their responsibilities and acted on the duty of candour. People told us they were kept informed of any changes in the home and around their care and support.
- The rating from the last inspection was on display in the home.
- The provider had informed the CQC when relevant events had happened at the service, as it is legally required.

Continuous learning and improving care

- The registered manager and staff team had systems in place to learn from accidents, incidents and safeguarding concerns. This included any lessons learned from any of the provider's other homes.

Working in partnership with others

- Collaborative working with agencies and organisations was prioritised. The registered manager spoke highly of professional relationships the service had established with a range of professionals such as GPs and district nurses. A visiting nurse told us, "I have no concerns about this home. I find the staff to be caring and knowledgeable and the manager very proactive."