

Dunster Lodge Limited

Dunster Lodge Residential Home

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

About the service

Dunster Lodge Residential Home is a care home which is registered to provide care and accommodation to up to 19 people. The home specialises in the care of older people. At the time of the inspection there were 14 people living at the home.

The house is an older style building with accommodation arranged over three floors. There is a passenger lift and stair lifts to enable people to access all areas.

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

People lived in a home which was well led by an enthusiastic and experienced management team. There were systems in place to monitor standards and plan improvements. People's and staff's views were listened to and used to influence changes and improvements.

People felt safe at the home and with the staff who supported them. The staff worked in partnership with other agencies to minimise the risks of abuse to people. There were adequate numbers of staff to meet people's needs and keep them safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff respected people's choices and preferences.

People were cared for by staff who were kind and compassionate. Staff were happy in their jobs which helped to provide a warm and relaxed environment for people to live in. People had built good relationships with staff and during the inspection we heard laughter and good-humoured banter.

People received care and support in a way that met their personal needs and enabled them to follow their own routines, interests and beliefs. People who lived at the home were treated as individuals and chose how they spent their time.

There were activities, informal chatter and entertainment which provided people with social stimulation. People were supported to maintain contact with friends and family and staff supported them to access community facilities.

Rating at last inspection

The last rating for this service was Good (report published 30 March 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Dunster Lodge Residential Home

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. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was 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.

Service and service type

Dunster Lodge Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 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

We looked at all the information we have received from, and about, this service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We received positive feedback from two health and social care professionals about the home.

We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with 10 people who lived at the home, one visitor and four members of staff. Throughout the day we were able to observe staff interactions with people in the communal areas. The registered manager and nominated individual were available during the entire inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at a selection of records which included;

Three care and support plans

Quality assurance questionnaires

Medication Administration Records (MARs.)

Health and safety records

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.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the home and with the staff who supported them. One person told us, "I'm never frightened here. The staff are all kind, decent people."
- Risks were minimised because staff knew how to recognise and report any suspicions of abuse. Staff were confident that action would be taken by the management team to ensure people's safety if they reported concerns.
- The provider had systems which helped to keep people safe. Where concerns had been raised with the registered manager they had worked in partnership with relevant authorities. This made sure all concerns were fully investigated and, where necessary, action was taken to protect people.

Assessing risk, safety monitoring and management

- People received their care safely because risk assessments were carried out and action taken to minimise risks where appropriate. For example, one person's care plan stated they were at high risk of falls and measures were in place to minimise the risk.
- People had personal evacuation plans which set out the support they would require if they needed to be evacuated from the building. This helped to minimise risks to people in an emergency, such as a fire.
- People lived in a home where checks were carried out to maintain their safety. This included testing the fire detection system regularly and all lifting equipment.

Staffing and recruitment

- There were adequate numbers of staff to keep people safe and to meet their needs. The registered manager told us in their provider information return that staffing levels were adjusted to meet people's changing needs. For example, if a person was unwell or receiving end of life care, then additional staff could be made available.
- People said there were always staff available when they required support. One person said, "I've got a buzzer. They come quickly if you need anything."
- The provider had a robust recruitment procedure which ensured all staff were thoroughly checked before they began work. Staff told us they had not been able to begin working at the home until references and checks had been received by the provider.

Using medicines safely

- People received their prescribed medicines safely from staff who had been trained to carry out the task. Clear records were kept of medicines administered or refused which helped to ensure the effectiveness of medicines could be monitored.
- People's medicines were safely stored. This included medicines which required additional security or refrigeration.
- Some people were prescribed medicines, such as pain relief, on an 'as required' basis. Records were kept of when these were given to people. However, there were no protocols in place to guide staff about when these should be offered, or how people may express their need for them. This could result in people not receiving 'as required' medicines in a consistent way. The management team gave assurances this would be addressed with immediate effect.

Preventing and controlling infection

- People lived in a home which was kept clean. The provider had recently purchased a sanitising machine which was being used to help minimise the risks of the spread of infection within the home.
- Staff had access to, and used, personal protective equipment such as disposable gloves and aprons, and there were handwashing facilities throughout the home. This also helped to protect people against the spread of infection.

Learning lessons when things go wrong

- The registered manager used accidents and incidents as a way of learning and improving practice. For example, we saw information which showed that following a medication error additional training had been provided to a staff member. This helped to make sure that improvements were made when things went wrong.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- Dunster Lodge is a large older style building with adequate private and communal space for people to use. Bedrooms were set over three floors with a passenger lift and some stair lifts to enable people to access all areas.
- Since the last inspection some areas had been redecorated and refurbished but some areas, such as bathrooms and toilets, appeared tired and in need of redecoration. The provider informed us that redecoration was on-going and the next large project would be the kitchen.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- Each person had their needs assessed before they moved into the home. This helped to make sure the staff could meet people's needs and expectations.
- From initial assessments care plans were devised to give staff guidance about how to meet people's needs. Staff knew people well and although care plans were basic, staff were able to provide care and support which met their needs. One person told us, "It's wonderful here. They help me keep my independence."
- People were supported by a staff team who had access to a range of training in health and safety and subjects relevant to people's needs. Staff said training was good and included refresher training to make sure their practice was in accordance with up to date guidance and legislation.

Supporting people to eat and drink enough to maintain a balanced diet

- People were complimentary about the food served at the home. One person told us, "Food is good. You choose what you want." The lunch time experience was relaxed and unhurried and people were offered soft and alcoholic drinks to accompany their meal.
- People received food in accordance with their needs and preferences. The cook had a book containing detailed information about people's dietary needs, favourite meals, likes and dislikes. During the inspection people received lunch in accordance with their dietary choices. One person had been reluctant to eat, and the cook prepared one of their favourite meals to encourage them.
- Staff monitored people's weight and contacted other professionals, such as doctors and dieticians where

they had concerns. For example, one person had lost weight and advice had been sought and followed. This had resulted in a slight increase in their weight and well-being.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to range of medical professionals to meet their individual needs. One healthcare professional who provided feedback to us commented that staff sought medical attention appropriately for people in a timely fashion. One person said, "They get the doctor if you're really poorly. They respect my choice, but I don't mind them arranging it if they think I need a doctor."
- Staff worked with other healthcare professionals, such as district nurses, to ensure people received the care and support they needed. One person told us a nurse regularly visited them at the home and staff said they had good working relationships with other professionals. People said staff helped them to attend appointments when they needed to. One person told us, "[Deputy manager's name] is very good, she is sorting out new glasses for me."
- The registered manager ensured staff had training and guidance on promoting good oral health care for people. This had included specialist training to meet some people's specific needs. People had been able to visit the dentist and the registered manager told us, "One resident was so grateful, their dentures had been hurting them, but they were too embarrassed to speak about it."

Ensuring consent to care and treatment in line with law and guidance

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.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Most people who lived at the home were able to make decisions about their day to day care and support. During the inspection we heard staff seeking permission from people and respecting people's choices.
- Where there were concerns about people's capacity to make decisions the registered manager consulted with other professionals and family members to ensure any decisions made were in the person's best interests.
- The registered manager had made applications for people to be legally deprived of their liberty where they required this level of protection to keep them safe.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- In addition to residential care the provider also offered day and respite care. This enabled people to spend time at the home before making a decision to make it their home.
- People said staff always listened to their views and they received care and support in accordance with their wishes. One person said, "You can speak normally to them [staff] and they listen."

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion. Throughout the inspection we saw staff interacted with people in a friendly and respectful way. Comments about staff included; "Nice staff always very sweet with you" and "Staff are lovely always have a joke. So much they do is over and above what they need to."
- People had built trusting and affectionate relationships with the staff who supported them. Staff obviously knew people well and were able to converse with them about subjects that interested them and family and friends. People looked comfortable and relaxed with staff and they chatted happily together.
- People's individuality and beliefs were respected. Staff supported some people to attend religious services and events outside the home. The registered manager was conscious that the majority of people liked to celebrate Christian events and festivals, but they made sure people with differing beliefs were made to feel comfortable during these times.
- The home operated a key worker system to make sure everyone had a member of staff to take a special interest in them. We asked one member of staff what the idea of the keyworker system was, and they told us, "It's to make sure no one misses out on love."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Each person had a single room where they were able to spend time in private or with visitors. Staff knocked on bedroom doors and waited to be invited in before entering.
- Where people required support with personal care this was provided in bedrooms or bathrooms. People said staff were respectful when they helped them. One person told us, "They help me get up and dressed. They are very sensitive so it's not embarrassing."
- People were encouraged to maintain their independence where they chose to. For example, at lunch time

a member of staff explained to a person with poor sight where everything was on their plate. This enabled them to independently eat their meal. One person said, "They don't tell you what to do. You can be independent here."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were able to make choices about their day to day care. People could choose when they got up, when they went to bed and how they spent their day. One person said, "You can pretty much do as you like here. It's all very carefree."
- People were able to follow their own routines and staff respected these. One person told us, "I like to spend my mornings in the lounge and then I go to my room in the afternoon to watch television or read." After lunch two people went outside to sit on a bench and enjoy the views. A member of staff said this was something they liked to do most days.
- People had care plans which set out their individual needs and preferences to make sure staff knew how people wished to be cared for. Staff knew people well and we saw they treated people as individuals. They adapted their approach and support to each person and spent time helping people make choices.
- People's care plans had information about their previous occupations, interests and lifestyle choices. This helped staff to understand what was important to each person and plan their care and support accordingly.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to stay in touch with friends and family and visitors were always welcome. Some people went out regularly with family members and staff supported this. Wi-Fi was provided in the home to help people to keep in touch with people who were unable to visit.
- Staff supported people to take part in activities at the home and trips out. On the morning of the inspection a musician visited the home to play music and sing. This was enjoyed by a large group of people. At the end of the session people applauded enthusiastically and requested that he came back soon.
- People were happy with the activities and social stimulation provided. One person told us, "We have some nice entertainment and we go out a lot in the summer." Another person said, "They care about us, I like the company, the entertainment, they take us out for rides. I had nasty falls when I first came here, I don't have them anymore."

End of life care and support

- People could be confident that at the end of their lives they would receive kind and compassionate care.

Staff had received training in end of life care and worked with other professionals to make sure people were comfortable and pain free. The staff had received a number of thank you cards for the care they had provided at the end of people's lives. One relative had written thanking staff for "Wonderful care you gave my mother in her final months. Her last hours with you were calm and loving."

- People were able to spend time with loved ones at the end of their lives. The staff helped families to remain with their loved ones by providing support and refreshments. This had enabled some families to remain with their relatives throughout the night and day when they had been at the end of their life.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in their care plans. For example, if they needed information to be explained or read to them due to poor sight.
- The registered manager had begun to make information in the home dementia friendly. This included providing information about the day and date and photographs of events and trips which had occurred.

Improving care quality in response to complaints or concerns

- All complaints were taken seriously and responded to. The registered manager had fully investigated concerns raised and taken action to ensure improvements were made where shortfalls were highlighted.
- People said they would be happy to speak with a member of staff or the registered manager if they were unhappy with any aspect of their care. One person told us, "There's freedom of speech here. I would certainly complain if I needed to."

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; Continuous learning and improving care

- People lived in a home which was well led by a registered manager who was enthusiastic and passionate about providing good quality care. In addition to the registered manager there was a deputy manager and team of senior carers. This made sure people and staff had access to senior staff for advice and support.
- The registered manager had managed the care home since June 2018. They were also registered to manage a domiciliary care agency owned by the same provider. The registered manager was supported by the provider and a deputy manager. The provider had a contingency plan in place to ensure the smooth running of the care home and domiciliary care service in the absence of key members of the management team.
- There were systems in place to monitor standards and address shortfalls. In addition to formal audits the registered manager spent time with people seeking their views and observing care practices.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 promoted a culture that put people at the centre everything within the home. Comments from staff showed this ethos was put into practice. One member of staff said, "People can have or do whatever they want. It's their home." Another staff member said, "The people who live here are the most important and brilliant thing about the job."
- Staff morale was high which created a happy atmosphere for people to live in. During the inspection we heard laughter and people enjoyed good humoured banter with staff and the management team. One person told us, "The staff are very nice, helpful, I have no complaints. I feel confident that anything I need will be sorted. It is a pleasant atmosphere here."
- People knew the management team and felt they could discuss any issues with them. The registered manager was extremely visible in the home and responded to people's day to day issues. Where things were not to people's liking they apologised and made changes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff worked with other professionals to ensure people's needs were met in a timely way. Staff said they had good relationships with other healthcare professionals which meant they could seek advice when needed.
- The registered manager had links with local entertainers such as musicians and story tellers which provided entertainment for people at the home. They also ensured people continued to be integrated into the local community and supported people to use public houses, cafés, cinemas and theatres.
- People's views were sought on an informal basis and there was also a satisfaction survey for people and their representatives. Results of the last survey showed a high level of satisfaction with all aspects of the service.
- Staff felt well supported and able to share their views. One member of staff told us that since the new registered manager had been in post there were greater opportunities for staff and they were able to be more involved in the running of the home.
- People's views were sought and listened to. The registered manager asked people individually if they had any concerns or worries. For example, one person had complained of back pain and in response a new mattress was purchased for them. The registered manager told us the person's walking had improved and they appeared much happier. One person told us, "If you suggest something they listen."