Dunster Lodge Limited

Dunster Lodge Residential Home

Inspection report

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20 February 2017

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was unannounced and took place on 16 February 2017 and 20 February 2016
This is the first inspection of this established service since its re-registration as a new legal entity on 15 December 2015 There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported on a continuous basis by the provider who made regular contributions to the running of the home.

The service provides care and support for people for up to 19 people in a traditional house in a rural setting at the edge of the village of Alcombe. In the past year the home environment had been improved by the addition of new windows and work on some of the bedrooms.

People told us they felt safe at the home and with the staff who supported them. They told us they could talk to any of the staff. People said they felt safe and were looked after "very well." They said they liked the fact that there was always someone there who would do whatever they could to help.

People were supported by sufficient numbers of staff to meet their needs. They said staff usually came to help them quickly unless they were busy helping other people. One person said "I rarely need to use the bell at night but one night I did not feel good. They came straight away and helped me through the night."

People said the food was good. They commented on the home cooked meals and the variety of vegetables. Most people chose to eat their meals in the dining room. Lunch time was a pleasant sociable occasion. People enjoyed the food and the conversation, and interaction with each other and the staff. Some people chose not to eat in the dining room and this was respected.

The manager and staff were very pro-active in arranging for people to see health care professionals according to their individual needs. Staff noted changes in people's health and requested GP visits when required.

People were supported by kind and caring staff. Some people had lived in the home for several years. One person said "Staff are always kind and polite. There is no trouble there at all." People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives.

There were formal and informal quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient numbers of staff to meet people's needs safely.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure.

People received their medicines from staff who were competent to carry out the task.

Is the service effective?

Good

The service was effective.

People received care and support from staff who received appropriate training to carry out their jobs.

People's nutritional needs were assessed and met.

Staff monitored people's healthcare needs and made referrals to other healthcare professionals where appropriate.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

People's privacy was respected and they were able to choose to socialise or spend time alone.

People had opportunities to voice their opinions about the care they received.

Is the service responsive?

Good

The service was responsive.

People were able to make choices about all aspects of their day to day lives.

Care and support was personalised to ensure it was in line with people's wishes and needs.

People told us they would be comfortable to make a complaint and all felt any concerns would be fully investigated.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post who was open and approachable.

People's well-being was monitored and action was taken when concerns were identified.

People were cared for by staff who were well supported by the manager and provider in the home.

There were systems in place to monitor the quality of the service and plan on-going improvements.

Dunster Lodge Residential Home

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 began on 16 February 2017 and was unannounced. 20 February 2017 we concluded the inspection by arrangement with the manager to review the medications and to see more records. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service.

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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During the inspection we spoke with seven people who lived at the home, one visitor and four members of staff. We also spoke with the provider and registered manager.

During the day we were able to visit people in their rooms, view the premises and observe care practices and interactions in the sitting room and dining room. We looked at a selection of records which related to individual care and the running of the home. These included four care and support plans, three staff personal files, medication administration records and records relating to the quality monitoring within the home.

Good

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. They told us they could talk to any of the staff and were looked after "very well." People said they had no worries about the care they received. They said they liked the fact that there was always someone there who would do whatever they could to help.

Risks of abuse to people were minimised because the provider made sure that all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and checking that prospective staff were safe to work with vulnerable adults.

Staff told us they had received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been bought to the registered manager's attention they had worked in partnership with relevant authorities to make sure issues were resolved and people were protected.

People were supported by sufficient numbers of staff to meet their needs. They said staff usually came to help them quickly unless they were busy helping other people. One person said "I rarely need to use the bell at night but one night I did not feel good. They came straight away and helped me through the night."

Staff confirmed there were enough staff on duty. They said they worked together as a team to cover shifts if anyone was sick. The provider and registered manager also supported people living in the home and staff whenever necessary. For example on the first day of the inspection the provider cooked the lunch as the chef was sick.

Care plans contained risk assessments, which outlined measures in place enabling people to undertake daily living with minimum risk to themselves and others. People were encouraged to be as independent as possible and had risk assessments and support plans in place relating to their mobility. Staff told us how they supported one person with poor eyesight by assessing the risks in their room and being careful to follow the recommendations in the care plan such as keeping walk ways free and communicating clearly with the person when support was offered.

One person had been assessed as at risk of falling out of bed on admission to the home. Their care plan contained instructions to the staff to lower their bed to the lowest position while they were in bed. Another person had a risk assessment in place because they could be unsteady on their feet when they were moving from their bed to their chair. The manual handing risk assessment gave detailed guidance to staff stating how they and the person being assisted could be kept safe.

People's medicines were administered by staff who had received training from the manager. Monthly audits were undertaken to check MAR sheets were completed and stock levels were correct.

There were suitable secure storage facilities for medicines, including those which required refrigeration. The home used a blister pack system with printed medication administration records. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct. One person was able to administer their own medication and this was kept in their room. They discussed their medication with the manager and were reviewed regularly by their GP.

Some people were prescribed variable doses of medicines. We discussed with the manager the importance of ensuring the actual number of tablets taken was always clear. People were offered medicines for pain relief "as required." We heard a member of staff asking a person if they had any pains during the medicine round. Some people received medication that needed to be given at very specific times. The MAR charts had been amended to show the times required. This showed staff understood the importance of the timing of medication to promote the person's well-being.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. Without exception people felt well cared for and praised the staff who worked at the home. One person said "Staff are very good. I can't credit them enough. You can't fault them." Another person told us "Staff are very good at what they do. In fact I would say they are excellent."

People benefitted from a staff group who had all undertaken a thorough induction programme to make sure they had the skills to safely care for them. New staff also had opportunities to shadow more experienced staff which enabled them to get to know individuals and how they liked their care to be provided. Staff were beginning to undertake the newly introduced Care Certificate which is a nationally recognised foundation qualification.

Staff were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home and to their role. Many staff had nationally recognised qualifications in care which helped to ensure they were competent in their jobs. Each member of staff had a personal development plan that had been agreed and recorded with the registered manager. One plan seen recorded the member of staff wanted to achieve a nationally recognised qualification at level 3 and undertake further training in looking after people with dementia. The manager told us a range of training methods were used in the home. A trainer had attended the home to deliver training on the Mental Capacity Act. Safeguarding training was up-dated using an on-line package and discussion at team meetings. Community nurses came into the home and delivered short training in caring for people with diabetes. The training programme was planned in advance. Equality and diversity, caring for people at the end of their life and further dementia care training had been planned.

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People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. One person had been identified as being at risk of choking when eating. They saw their GP regularly. They had been seen by the Speech and Language Team and had a special diet which was of the correct texture. Their care plan gave detailed guidance regarding the way in which they were to be assisted to eat. We asked two members of staff about the assistance this person required. They were very knowledgeable and knew exactly what was in the care plan. We also saw the person having assistance during lunch in the manner prescribed in the care plan. People's weight was monitored and if people began to lose weight this was investigated and appropriate action taken.

Most people chose to eat their meals in the dining room. Lunch time was a pleasant sociable occasion. People enjoyed the food and the conversation and interaction with each other and the staff. Some people chose not to eat in the dining room and this was respected. There was one main choice of home cooked food and fresh vegetables at lunch time. A salad alternative was available and people were consulted about the meals they enjoyed. People said the food was good. One person said "The food is very nice. Good variety and well presented." Another person said was usually good although there was an on-going debate about issues such as how the vegetables were cooked. One person said "I don't care what is good for us. We want

what we like."

Most people who lived in the home were able to make decisions about what care or treatment they received. The manager told us they monitored people and would ask for support from health and social care professionals when they were concerned about anyone's ability to make decisions. Staff understood the importance of offering people choices on a day to day basis and encouraging them to make decisions about their care and how they spent their time.

Staff had received training about how to support people who lacked the capacity to make decisions for themselves. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)

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 were being met. Staff told us no one who lived at the home required this level of protection at this time. Throughout the day we saw people had unrestricted access to their rooms and all communal areas including the gardens. Some people were able to leave the home to participate in clubs and activities in the community. The manager told us they had experience of supporting one person in the home who had needed a DoLS application and had worked with the appropriate social care professionals. People's care plans stated people had capacity to make decisions about their wants and needs. The plans also contained information about family members who could offer people support to make complicated decisions.

People told us they had good access to healthcare support to meet their needs. The manager and staff arranged for people to keep health care appointments. We met people who had lived in the home for some years, who told us about the continued support they received to access treatment and consultations. They valued the assistance they received with transport to appointments. Action was taken when people became unwell. Some people had complex health problems and the manager was clear how these people were supported and the limits of the service the home could provide.

One person said "They get the doctor very promptly if you are ill. And they take you to the surgery for routine appointments. Another person told us how they were supported with their long term health problems. They said "Between the nurses and visits to the doctor this place keeps me going. They keep on top of it all." Records showed chiropodist and opticians visited the home.

Good

Is the service caring?

Our findings

People said they were supported by kind and caring staff. Some people had lived in the home for several years. The size of the home and the close involvement of the provider and manager contributed to the service ethos of "a second family." One person said "Staff are very kind and polite. I have no complaints at all." Another person said "We are looked after marvellously. I have no complaints at all. I know I can be difficult but staff are wonderful and tolerate a great deal. A relative said "They are looking after (relative's name) very well. Staff are very kind. I worry because (relatives name) would rather be home but not about them being here."

People talked about the help and care given by the manager. One person said " The manager knows about everything. They are helpful and nice. Really lovely."

Throughout the day we observed staff interacted with people in a warm and friendly way. Staff listened to people's questions and made time to chat. Some people liked to spend time in their rooms and staff regularly visited to them to make sure they were comfortable and to offer hot and cold drinks. We noted that the member of staff who took round mid-morning drinks took time to chat to each person they visited. One person said "I wouldn't change anything here. Everything is wonderful."

A regular visitor to the home said, "I have been coming here quite a while now. When I visit (my friend) I can see nothing worries them. I would like to be here myself one day. It is a lovely place, lovely people."

People's privacy was respected and all personal care was provided in private. When people came to the lounge they looked smart and well presented. People told us they enjoyed having the hairdresser visit them.

People told us they were able to have visitors at any time. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. There was also a choice of communal rooms. Some people had visitors who came to the home every day. They were made welcome and kept up to date with their family member's health and well- being.

People made choices about where they wished to spend their time. As people entered the sitting room they greeted each other. We heard conversation and laughter as the manager and staff interacted with people. Later in the day people also enjoyed having a rest or quiet time in their rooms.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and view their opinions. There were regular meetings for people who lived in the home. Minutes of meetings showed people found it easy to contribute their views. People said they were able to talk to the staff, manager and provider. They found them responsive and helpful. One person said "You can talk to any of the carers. If you need to you can go straight to the top. Ask for the manager. They come straight away."

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us it was clear they knew people well and understood the support they needed. They spoke of people in a respectful and kind way.

Whenever possible people were supported to remain at Dunster Lodge till the end of their lives. The managers and staff of the home had worked with GPs, community and palliative care nurses and family members to care for people in a skilled, yet kind and homely manner. Additional equipment was accessed and arrangements made for people to receive all appropriate additional medications and specialist health care.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. Staff told us how important it was to know the particular way people wanted things done and to give them plenty of time. They said they balanced the flexible routines some people wanted with the strict time keeping others required. People told us they were able to make decisions about how they spent their days. One person said "I can get up and go to bed when I like. I sit up quite late. You can please yourself. I do go downstairs a lot but it varies according to how I feel." Another person said "I do please myself all the time. I do as I like. You can get away with anything if you smile. They are very good girls and boys here".

Each person had an initial assessment before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. In the Provider Information return (PIR) the manager emphasised the importance of the initial assessment. They also talked to us about the need to review people's needs realistically. They said sometimes peoples' changing needs could be met if they moved to a ground floor room or received additional support from the community nurses. Sometimes however following a professional re-assessment the home would not be able to continue meeting peoples' needs for example if someone needed complex nursing care. The manager considered the needs of everyone in the home when accepting people. They said they tried to keep "everyone happy."

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. The home used a computerised care plan system and also kept paper copies of all plans of care. Care plans were being up-dated regularly by the manager. Each plan we read gave information about people's health and social care needs on admission to the home and an overview of the care they needed. In the computer records and daily records we were able to see when significant events had occurred and what care and support had been provided. We discussed with the manager the ways in which some information about people would be more accessible. They agreed to amend the system of record keeping and this had commenced by the second day of the inspection.

The staff responded to changes in people's needs. Some people who had lived in the home for several years now needed more care. Their care plan had not been fully up-dated to reflect their current needs. Some care had been planned and delivered with records made in the daily records by staff. We discussed with the manager the fact that this made it more difficult to keep track of care delivered. They agreed to increase the monitoring of care plans to ensure records of care were easily accessible. .

People talked about the range of activities offered according to their interests. One person said "There is usually something although the lady has been ill. We have music which is lovely. There is bingo, exercise and craft. You are not forced to do it though." Another person said "I like to spend mornings and evenings in my room. I like music and my radio. Occasionally there is a craft day which I enjoy. We have good basics here. You can tell them what you want and they will try and make it happen. We are pretty free."

On the day of the first day of the inspection care staff undertook some activities in the main sitting room.

People were engaged in talking about famous people they had met and doing word searches. People were offered a DVD to watch but when this was not popular it was discontinued. The member of staff said "You can tell very quickly if people are interested. They do like to chat though."
Some people liked to leave the home to follow their interests. One person's care plan stated it was important they had a programme of activities and kept in touch with the community. Records confirmed they went to a day centre two days a week and went out with a member of staff on other days. They attended church, a drama group and were part of a choir. In the home they had opportunities to draw. Other people attended clubs in the nearby town.

People were supported to maintain contact with friends and family. People told us their visitors were welcomed into the home at any time. Some people had their own telephones and used these to keep in regular contact with people. One person had brought their cat with them when they came to the home and staff helped them to feed it twice a day.

The registered manager sought people's feedback and took action to address issues raised. One person told us at times the home could be drafty. People had asked if money raised from activities events could be used to replace the open fire with a big wood burning stove. This had been agreed and actioned. One person had wanted a double bed and this had been arranged. Following consultation a person had moved to a downstairs room which had made it much easier for them to move about. The manager said they responded to many small requests from people on a regular basis. They said "It is automatic. Someone asks about something and we sort it out. I think we all take it for granted."

Each person received a copy of the complaints policy when they moved into the home. Although there were rarely formal complaints, people said they would find it easy to raise issues with staff or the manager. Several people mentioned the manager was a "good person to talk to."

Good

Is the service well-led?

Our findings

The home was well managed by a person who was registered with the Care Quality Commission as the registered manager for the service. They had a clear vision for the home as a professional service providing care for people as "a second family." They believed people living in the home deserved "warmth, caring and respect." Their vision and values were communicated to staff through staff meetings and formal one to one supervisions. Supervisions were an opportunity for staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. The provider of the service was in the home on a very regular basis to support the manager and contribute to the running of the home in many ways.

The staffing structure in the home was still developing as the senior carers were supported and encouraged to take a fuller role in running the home. There was a staff handover at every shift where any changes in a person's health or any requests could be discussed. Staff told us they could put forward ideas to the manager who was "excellent. Really easy to talk to."

There were formal and informal quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. An independent assessment of the home had been completed in June 2016 by an external consultant. The provider and the manager met almost daily and discussed issues occurring in the home. We discussed with the manager the merits of recording and formalising some of these meetings so progress made towards key objectives could be reviewed and monitored. They agreed to implement a system of recording some of their meetings.

Health and safety checks were completed in the home in relation to fire alarms, emergency lighting, water temperatures and medication administration. A recent requirement following an inspection from the fire service had been implemented. There were records to show improvements were made to the fabric of the home which were designed to improve people's well-being. For example a there were new windows in some rooms and the home had been up-graded and redecorated in some areas.

In addition to the informal collection of views about care by the manager and staff, satisfaction questionnaires had been sent to people in June 2016. Action points had been recorded and noted. People had commented about some foods at meal times. Otherwise people had been very positive about the care they were receiving in the home.

The registered manager and provider kept their skills and knowledge up to date by on-going training and reading. They participated in local provider meetings and accessed information on-line from CQC. In the PIR they submitted they outlined their plans for their own training in the next twelve months. This included further training in caring for people at the end of their life and implementing the Gold Standards framework. The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.