

Dunster Lodge In The Community Limited

Dunster Lodge Domiciliary Care

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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection was announced and took place on 27 & 28 July 2015.

Dunster Lodge Domiciliary Care provides personal care and support to people living in their own homes in the West Somerset area. At the time of this inspection the

agency was providing care to approximately 90 people. Packages of care varied from a small number of visits a week to 24 hour care to people receiving support at the end of their lives.

The last inspection of the service was carried out in May 2013. No concerns were identified with the care being provided to people at that inspection.

Summary of findings

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. 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.

People were extremely complimentary about the agency and the staff who supported them. Many people commented they thought staff went the extra mile to make sure they were comfortable and content.

Comments included; "I have had the carers since October. They are certainly the tops, I can't speak highly enough of them," "Anything extra you want they are always happy to do" and "They are the best carers I have had in 30 years. Always on time and always treat you with dignity."

People had consistent staff who they were able to build trusting relationships with. This ensured people received care from a small number of staff who they got to know well. This aspect of the service was very much valued by people. We heard examples of how a consistent staff group, working with patience and understanding, had enabled the agency to provide care to people who had previously been unwilling to accept support. This led to improvements in people's well being.

Care staff demonstrated extreme kindness and compassion for the people they visited. In addition to people receiving care, they also supported informal carers to enable them to continue their caring roles.

Care was planned and delivered in a way that was personalised to each person. Staff monitored people's

healthcare needs and liaised with other professionals to make sure people received effective treatment and pain relief. Where changes in needs were identified, care was adjusted to make sure people continued to receive care which met their needs and supported their independence.

Staff knew people well and respected the things that were important to them. A health and social care professional told us they felt the agency respected people's choices about how they wished to live their lives.

Staff were well trained and people were confident they had the skills to meet their needs. Staff were well supported which led to high morale and a happy workforce. Many people commented that staff were always cheerful.

The agency had a robust recruitment procedure that ensured staff were thoroughly checked before they began work. Staff knew how to recognise signs of abuse and all said they were confident that any issues raised would be appropriately addressed by the registered manager or provider. People felt safe with the staff who supported them.

There were systems in place to monitor the quality of the service and plan on-going improvements. People using the service and staff felt involved and able to make suggestions or raise concerns.

People felt well supported by staff and knew how to contact the registered manager or community team supervisor if they wished to discuss any aspect of their care. A number of people told us they would recommend the service to other people.

Summary of findings

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.

The service had a robust recruitment procedure which minimised the risks of abuse to people.

Risk assessments were carried out to make sure people received their care safely and were able to maintain their independence.

People were appropriately supported with medicines by staff who were competent to carry out the task.

Good



Is the service effective?

The service was effective.

People received care from a staff team who had the skills and knowledge to meet their needs.

People were always asked for their consent before care was given.

Staff liaised with other professionals to make sure people's healthcare needs were met.

Good



Is the service caring?

The service was caring.

People felt staff were exceptionally caring and went out of their way to make sure they were comfortable and content.

People were supported by small teams of staff who they were able to build trusting relationships with.

People were involved in decisions about their care and support and felt able to discuss their wishes with staff and the registered manager.

Outstanding



Is the service responsive?

The service was responsive.

People received care and support which was extremely personal to them and took account of their preferences.

The registered manager matched staff to people using the service to make sure they received care from staff who shared their interests and values.

People told us they would be comfortable to make a complaint and felt any concerns raised would be dealt with.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The registered manager was open and approachable which created a friendly and inclusive atmosphere for people who used the service and staff.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views.

People benefitted from a staff team who were well supported in their roles and happy in their jobs.

Dunster Lodge Domiciliary Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 & 28 July 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be available in the office. It also allowed us to arrange to visit people receiving a service in their own homes.

Before the inspection, we asked the provider to complete 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. The provider supplied information about people using the service prior to the inspection and

returned their completed PIR before the end of the inspection. At our last inspection of the service in May 2013 we did not identify any concerns with the care provided to people.

The visit to the services' main office, and to people living in their own homes, was carried out by an adult social care inspector. Phone calls to people using the service were undertaken by 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.

In the course of the inspection we met ten people who used the service and spoke with 15 people and three relatives on the phone. We spoke with three health and social care professionals. We also spoke with 10 members of staff, the registered manager and registered provider.

We looked at records which related to people's individual care and the running of the service. Records seen included four care and support plans, quality audits and action plans, three staff recruitment files and records of meetings and staff training.

Is the service safe?

Our findings

People told us they felt safe with staff who worked for the service and with the care they received. One person said “I feel safe and comfortable with all the girls who visit me.” Another person told us “I feel perfectly safe with my carers. They are really great.”

Two people who received visits in the evening said they felt safe going to bed because they knew staff always locked up and made sure the house was safe before they left them. One person said “The other night the carer came back because as she was leaving she noticed I had left a window open. It’s things like that that make a difference.”

People were helped to remain safe in their homes because staff carried out regular checks. These included weekly checks of smoke detectors. Staff highlighted their concerns about one person who smoked heavily and often forgot to turn the gas off. The agency involved the fire service and action was taken to improve safety for the person.

Risks of abuse to people were minimised because the provider made sure all new staff were thoroughly checked to make sure they were suitable to work for the service. These checks included seeking references from previous employers and carrying out checks with the Disclosure and Barring Service (DBS.) The DBS checks people’s criminal history and their suitability to work with vulnerable people. Staff told us, and records confirmed, they had not been able to begin work at the agency until all checks had been carried out.

People were further protected from the risks of abuse because staff had received training in the protection of vulnerable adults. Minutes of staff meetings showed this subject was regularly discussed to ensure staff were familiar with how to recognise abuse and how to report it. Staff spoken with had a clear understanding of what may constitute abuse and what to do if they had any concerns. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Staff told us there was excellent communication between themselves and the registered manager and they always felt listened to if they raised any concerns. Where concerns had been identified the registered manager had informed appropriate agencies to make sure people were protected.

People were supported by sufficient numbers of staff to meet their needs. The agency was organised in a way that ensured people received care and support which met their needs at a time that was appropriate to them. The registered manager explained that sometimes they were unable to meet people’s time requests when they began to use the service but would always try to accommodate them. No one raised any concerns with us about the timing of their visits. One person said “The timings are pretty good. I don’t expect them to arrive on the dot but they are never far off.” Another person said “They’ve never let me down.”

Staff told us rotas were well organised and there was always flexibility to ensure everyone received their care, even in emergencies or when care staff were off work at short notice. One healthcare professional we spoke with said the agency were very good at ensuring people received care at a specified time if this was needed to ensure their safety. We were informed there had been no missed calls in the last 12 months. If emergencies occurred which meant staff would be more than 15 minutes late the person was phoned to alleviate any anxiety.

Care plans contained risks assessments which outlined measures which enabled care to be provided safely in people’s homes. Risk assessments included the risks associated with people’s homes and risks to the person using the service. Risk assessments in respect of assisting people with mobility recorded the number of staff required and the equipment needed to minimise risk. For example one person’s assessment said they required to be assisted to move using a mechanical hoist and two staff. Staff told us two staff were always available to support the person.

To protect people from the risks associated with unsafe moving and handling procedures all staff received regular training in this. One senior member of staff was a trainer for moving and handling and offered regular support and guidance to other staff. They told us they provided monthly training sessions for staff to make sure their practice was kept up to date. This member of staff also said they were involved in the assessment of any person requiring this level of support with their mobility. This enabled them to assure themselves the agency staff had the skills to safely support them.

Risk assessments outlined measures in place to minimise risk whilst enabling people to maintain their independence. For example one person who had very limited mobility had a ceiling hoist in their home and liked

Is the service safe?

to use this independently. The risk assessment had been carried out in consultation with the person and other professionals. The control measures ensured a care worker was present for reassurance but the person operated the hoist independently.

People who required support to administer medicines received support from staff who had received training in this area. There were risk assessments in place to show the level of support people required with taking medicines. Some people required only gentle reminders whilst others required full assistance and monitoring. Where staff administered medicines to people they recorded this on a medication administration record. Records seen were well completed meaning it was easy for other carers or visitors to see if the person had taken their medicines. During the

inspection one person phoned the registered manager to say they would like more help with their medicines. The person's care plan was up dated and the information was relayed to the person's regular care workers.

Some people were prescribed medicines, such as pain relief, on an 'as required' basis. For people receiving end of life care, or those unable to clearly express themselves, the agency used a pictorial assessment format. This showed a series of faces which encouraged people to identify their level of pain. This enabled care workers to provide pain relief accordingly or seek further support from community nurses to maintain people's comfort. One healthcare professional told us care workers contacted them if they had concerns about a person's pain relief.

Is the service effective?

Our findings

People received effective care and support from well trained staff. People told us they thought staff were well recruited and well trained. One person said “They seem to pick staff with the right attitude and the right abilities.” Another person told us “They know exactly what they are doing and are good at it.”

People were supported by staff who had undergone a thorough induction programme which gave them the skills to care for people effectively. One member of staff told us their induction had been “Really good.” Another member of staff said “The induction tells you everything you need to know but it’s also about doing things the Dunster Lodge way. There’s a big emphasis on respect and dignity and always seeking help when you need it.”

People benefitted from staff who had the skills and knowledge to meet their needs. Staff had opportunities to undertake on-going training which kept their practice and knowledge up to date. The registered manager organised training in line with the needs of the agency and the people who used the service. For example they had identified that a large number of people being referred to the agency were requiring care at the end of their lives. In response to this all staff had been enrolled on end of life care training with a local college. Previously only senior staff had undertaken training in first aid but as the agency had grown in size this training was being extended to all staff to ensure they were all able to respond to emergency situations.

Staff supported people to eat and drink according to their care plans. Staff told us they cooked meals for some people and others preferred to do this independently but they always made sure people had ample food in their homes to have a good diet. The minutes of a recent staff meeting showed staff had been reminded to always check people’s fridges and bread bins before they left a house to make sure there was fresh food available to people. One person told us “Without being asked, they will bring me milk the next day if they see I am getting low.”

One person we met required full assistance to eat their meal and we saw staff assisting this person in a calm and unhurried manner. For this person all food and drink taken was recorded. This enabled their intake to be monitored and assistance sought from other professionals when needed. Another person’s care plan said they had a poor

diet so staff assisted them to shop and gave advice about healthy eating. One person told us “The girls take me out to shop for my food and will help to prepare it. It’s so nice to still be doing that.”

People only received care with their consent. All care plans contained copies of up to date consent forms which had been signed by the person receiving care. The care records of one person showed they had initially been reluctant to accept help from the staff. However staff had gradually been able to build a trusting relationship with the person which enabled them to provide additional support. Records and photographs showed this had resulted in improvements in their well-being and general health. We met this person with their regular care worker, they were very relaxed together and chatted happily. A healthcare professional said the care workers used a very gentle approach which allowed them to build confidence with the person and increase the support offered to meet their needs.

Staff had an understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager had involved a person’s family member and relevant professionals when making a decision about one person’s care.

The staff monitored people’s health and liaised with relevant health care professionals to ensure people received the care and treatment they required. A member of staff said the consistent staff helped them to identify if people were unwell. They said “We have regular clients so we recognise immediately if something has changed which could mean they’re not so well.” Another member of staff said “If we have any concerns about a person we text the manager immediately so they can contact someone. Obviously if it was an emergency situation we would do the necessary, like phone an ambulance.” One person said “They report back any medical changes then the office sort it out.” A healthcare professional told us the agency were good at seeking advice and following recommendations made by other professionals.



Is the service caring?

Our findings

People were extremely complimentary about the agency and the staff who supported them. Many people commented they thought staff went the extra mile to make sure they were comfortable and content. Comments included; “I have had the carers since October. They are certainly the tops, I can’t speak highly enough of them,” “Anything extra you want they are always happy to do” and “They are the best carers I have had in 30 years. Always on time and always treat you with dignity.”

Thank you letters and comments on quality assurance questionnaires emphasised the caring nature of the staff. One person had written “You really go above and beyond.” Another had commented “[staff members name] and her colleagues are excellent. They really go the extra mile.”

People had consistent staff who they were able to build trusting relationships with. The staff were arranged into small teams with a community team supervisor and senior carer heading each team. This ensured people received care from a small number of staff who they got to know well. This aspect of the service was very much valued by people. One person said “I see the same person every weekday morning and a different one at weekends. They know me well and I feel well looked after.” Another person said “The care and help I get is excellent. I cannot fault it. I have the same group of carers and they know exactly what I need doing.”

One healthcare professional told us a small team of staff had worked with a person who had previously refused to accept any care in their home. They said the staff had shown great patience in getting to know the person and build a relationship that enabled them to support the person with their needs.

The registered manager informed us they aimed to ensure people did not receive care from more than five members of staff and the community team supervisor. Comments from people using the service confirmed this to be the case. Staff knew people well and were familiar with their routines and needs. This meant people received consistent care and support.

During the inspection we heard many examples of how staff went over and above their responsibilities to provide a

caring service to people. One person told us “They are always happy to do extra things for me like watering my plants.” A relative said “They will do anything we ask which helps me to cope.”

One member of staff told us they had supported a person who was receiving end of life care to attend the wedding of a close family member. Staff had arranged for there to be enough staff available to assist them to get ready and stay at the wedding as long as they felt able. The member of staff spoke about the occasion with great affection and compassion. They said “It was wonderful to see them. They were so happy they had been able to do it.”

One healthcare professional said the service was very good at supporting informal carers. We heard how two members of staff had responded to an urgent call from a person’s informal carer. The staff visited the person and their carer during the night and stayed until the person passed away in the early hours of the morning.

There were numerous compliments about staff and their caring nature. One person told us “They are all so dedicated and cheerful. Another person said “They are caring carers. I feel so well looked after but also cared about.” We were told about one community team supervisor who did a “Friday fish and chip run.” This enabled people who were not able to get out to have fish and chips once a week. One person said “They get fish and chips for me. That is great because I would miss them if they didn’t do it.”

People told us their privacy was respected and they were always treated with dignity. One person said “They most certainly treat me with respect and protect my dignity.” Another person told us “They treat me with real respect and I never feel my dignity is compromised.” One thank you card said “They were always respected and treated with dignity by your hand picked staff.”

People were introduced to new staff before they assisted them with personal care. One member of staff said they had visited a person a number of times with the person’s regular carer before they assisted them with personal care. They said “You never go straight in and expect people to accept you doing personal things for them. They have to trust you.” One person told us “The senior always comes along with any new carers to introduce them to you. That makes me feel safe and comfortable with them.”



Is the service caring?

There were ways for people to express their views about their care. Each person met with the registered manager when they started to use the service to discuss their care needs and expectations. One person told us “They did the whole care plan with me.” Another person said “The planning of my care was really good and very easy.” People said because they had met the registered manager they felt comfortable to phone them at any time if they wanted to make changes or discuss their care package. One person said “You can ring about anything. I feel she knows me and knows about my care.” Other people said they were able to talk with their care worker or the community team

supervisor who visited them regularly. One person said “They [community team supervisor] pop in to see if there’s anything you want and to make sure you’re happy with how things are going.”

Staff were aware of issues of confidentiality and did not speak about people in front of other people. We noticed this was often raised at staff meetings to make sure staff were constantly reminded of the need for confidentiality. When they discussed people’s care needs with us they did so in a respectful and compassionate way.

Is the service responsive?

Our findings

People received care and support which was extremely personal to them and responsive to their needs and preferences. The registered manager liaised with relevant professionals to make sure people's changing needs were met. One healthcare professional told us the agency kept in touch with them to make sure people received appropriate care and pain relief.

Staff had a good knowledge of the needs and preferences of the people using the service. This enabled them to provide care that was responsive to people's individual needs and wishes. One person said "It's a very personal touch. They know me well." Another person commented "They know all my habits and little ways, you never have to tell them."

Care workers had a good understanding of what was important to people and provided support in line people's social and cultural values. We visited one person who was being cared for in bed. We were told the person had been a keen gardener and loved their garden. Their bed was positioned so the person could still see their garden through the window. Another person had a pet which was very important to them and care workers assisted them to care for it.

Staff worked in partnership with people to make sure care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes and assisted them to be independent. For example one care plan for someone who was partially sighted stressed the importance of not moving furniture or objects in the home to enable the person to move around on their own.

Where possible care workers assisted people to maintain their independence and make choices about their support. One member of staff said "We do encourage people to be independent and we work at their pace. We all know about the risk assessments so we know what people are safe doing." One person, who had some difficulties with their memory, expressed a wish to go into town to shop independently. The agency had been creative and worked with a local taxi firm to make this a possibility. They had put in place a care plan which ensured the person was always dropped off and collected in the same place. They also carried a card with them giving details of who to contact if

the person appeared lost or disorientated whilst out. One person said "They do things to support me, not for me." A healthcare professional told us the care workers respected how people wanted to live.

People had choices about the care workers who supported them and the registered manager tried to match people to staff who had similar interests and values. Care plans contained information about the preferred gender of care workers and these preferences were accommodated. One person told us they had not got on well with one care worker. They said they had discussed this with the community team supervisor and a change had been made. Another person received support to access community facilities. We met the person with their allocated care worker. It was apparent they had a similar sense of humour and enjoyed similar things. The person told us "I think we have been put together because we both love shopping and the theatre. We get on wonderfully."

Care workers took steps to prevent people from becoming socially isolated. In response to some concerns the registered manager had arranged for a small group of people who used the agency to attend day care at the care home owned by the same provider. We met three people attending day care. All told us they enjoyed the change of scene and the company it provided. One person said "It's lovely to get out and meet new people."

Initial assessments were carried out with people who wished to use the service. This enabled them to express their wishes and views. It also allowed the agency to decide if they were able to provide the care requested. These assessments gave details about the assistance the person required and how and when they wished to be supported. As far as possible people were supported according to their choices. One person said "The manager came to see me in the beginning and wanted to know how I liked to be helped. It's worked well since the beginning really."

Changes to people's care plans were made in response to changes in the person's needs. One person had been supported to attend a hospital appointment and the healthcare professionals recommended a plan of care which included the person being weighed each day. Records showed the person was receiving this care and care workers were liaising with healthcare professionals in line with the recommendations.

Is the service responsive?

The service was flexible to ensure it met people's changing needs and aspirations. People said the care staff who visited them continually monitored their needs and made changes accordingly. One person told us "The carer speaks to the office if they think I need more or less help." Another person said "If I wanted to make any changes I would ring the office and they would make it happen."

Each person received a copy of the complaints policy when they started to use the service. Records showed all complaints were responded to in a reasonable timescale and action was taken if the complaint highlighted any shortcomings in the service provided. People told us they would be comfortable to make a complaint and felt confident any issues they raised would be fully investigated. One person said "I know I could just ring if I

wasn't happy and she [registered manager] would be round here like a shot to sort it out." Another person said "You can talk to the team leader any time. When I have said things in the past they have been sorted without any fuss." A relative told us when they had spoken with care staff about an issue, improvements had been made.

The registered manager visited people in their homes to monitor the quality of the service and seek feedback from people. We visited two people with the registered manager and noted people knew them well and were very comfortable talking with them. The registered manager was also a musician and told us they often took along a musical instrument to play to people who enjoyed live music but were unable to leave their houses.

Is the service well-led?

Our findings

People described Dunster Lodge Domiciliary Care as well run. One person said “There are very good systems in place which lead to happy staff and happy customers.” A healthcare professional told us they thought the service was well run and they had never received any negative feedback. The provider and registered manager told us the service had expanded in the past year but they wished the service to remain at a level they felt enabled them to provide a good standard of care to people. We heard from healthcare professionals that the agency did not take on work if they were unable to meet people’s needs.

People were very complimentary about the service and said they would recommend it. Comments included; “I would recommend the service without reservation,” “Oh gosh I would definitely recommend them. They have been such a huge help to me” and “They are a really nice bunch of people.”

The registered manager had been in post for approximately 18 months. In this time they had fully audited the service and taken action to address any areas of weakness. They had a strong commitment of involving people and supporting staff to provide care that was personalised to each person using the service. Changes made had included the introduction of person centred risk assessments to make sure people’s wishes and goals were fully integrated into their assessments.

Another action arising from the audit had been to put in place a clear staffing structure. The staff group were divided into small teams each led by a community team supervisor and a senior care worker. The registered manager stated in their audit this had improved the service by enabling some tasks, including observations of care, to be delegated to senior staff. This had also improved communication about the needs of people who used the service to ensure changing needs were responded to promptly. Staff said communication was “Excellent” and “Brilliant.”

People using the service and staff told us the structure in place worked well as it meant there were clear lines of responsibility and everyone had access to senior staff to share concerns and seek advice. Senior staff worked as part

of their team which enabled them to monitor people’s well-being on an on-going basis. It also made them easily available to people who wished to discuss any issues with them.

People told us there was a very open culture and they felt able to share their views with staff and the registered manager. One person said “I know I can speak to them about anything. It makes such a difference.” Another person said “There is always someone in the office.”

Staff felt extremely well supported by the registered manager and the provider. They told us there were effective systems in place to make sure senior staff were always available. A member of staff said “I am really well supported there is someone available for advice night and day.”

The open and positive culture created high staff morale which was reflected in the service provided to people. People told us staff were always cheerful and happy. One person said “All the carers are bright and cheery.” Another said “They are smiley and happy.”

People benefitted from staff who were motivated and kept up to date with good practice. Staff told us they enjoyed their work. One staff member said “I feel lucky to have found this job. The support is brilliant and the people I work with are wonderful.” Another staff member said “It’s an amazing organisation to work for.” There was a monthly team meeting for all staff. Minutes of these meetings showed they were an opportunity to share ideas and receive information. There was a policy of the month at each meeting to make sure staff were up to date. There were also discussions to keep staff informed of changes and current good practice. Recent discussions had included topics such as the new care certificate, the mental capacity act and best interest decisions and equality and diversity. Any complaints received were shared with staff at team meetings which meant learning from complaints could be discussed to continually improve the quality of the service.

To recognise good practice and increase staff morale all compliments received were shared with the staff team. There was also an award for employee of the month. One member of staff said “It’s nice to be recognised for what you do. It gives you a buzz and you get a bottle of wine.”

Is the service well-led?

The registered manager kept their skills and knowledge up to date by on-going training and reading. The agency was a member of the Somerset Registered Care Providers Association which holds regular events to assist providers to keep up to date with changes to care and legislation.

The registered manager was aware of the legal responsibilities of being a registered person and had notified the Care Quality Commission of all significant events in line with their legal duties.