

Durnsford Lodge Limited

Durnsford Lodge Residential Home

Inspection report

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Plymouth
Devon
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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: We carried out an unannounced comprehensive inspection of Durnsford Lodge on 05 February 2019. Durnsford Lodge is a 'care home' that provides care for a maximum of 28 older people. At the time of the inspection 23 people were using the service. 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.

People's experience of using this service: The management team and staff knew people well and understood their likes and preferences and health needs. Staff were caring and spent time chatting with people as they moved around the service. Relatives told us they were welcome at any time and any concerns were taken seriously and responded to. Records showed the registered manager arranged to meet with people, and their relatives, privately to discuss any worries they might have.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and relatives said the service was safe. Staff demonstrated a good awareness of each person's safety and how to minimise risks for them. The environment was safe and people had access to appropriate mobility and moving and handling equipment as needed. There was enough staff on duty at the right time to enable people to receive care in a timely way.

Staff had the knowledge and skills to administer people's medicines safely. The registered manager and senior staff had good oversight of relevant procedures through monitoring and auditing. This ensured people received medicines safely.

People were supported by staff who had the skills and knowledge to meet their needs. Staff understood and felt confident in their role.

People's health was well managed, and staff had positive links with professionals which promoted wellbeing for them.

The registered manager used the same safe recruitment procedures we found at our last inspection.

Staff were well supported by a system of induction, training, supervisions, appraisals and staff meetings. They had opportunities to raise concerns or suggestions and be involved in the development of the service. Quality audits were carried out to identify any areas for improvement.

Rating at last inspection: Good (Report published 18 August 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this

inspection, the service remained rated Good overall.

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.

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 ●

Durnsford 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people's care.

Service and service type: Durnsford Lodge is a care home. People in care homes receive accommodation and nursing or personal care. 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: The provider sent us a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the records held on the service. This included previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. We used all this information to support our planning of the inspection.

During the inspection we spoke with eleven people and three relatives. We looked around the premises and

observed staff interacting with people. We also spoke with the registered manager, the cook and six other members of staff. We spoke with three healthcare professionals who had experience of the service and provided us with feedback during the inspection.

We looked at two care plans in detail and the care notes for a further two people. We reviewed three staff files and the training records for three staff. We also reviewed two people's Medicine Administration Records (MARs), staff duty rosters, and other records relating to the running of the service.

Is the service safe?

Our findings

Safe - this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met

Systems and processes

- People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from harm or abuse.
- Staff meetings were used to remind staff of safeguarding processes.
- People told us they felt safe. One commented; "I have no concerns at all living here."
- There were processes in place to undertake risk assessments and identify the potential risk of accidents and to mitigate those risks through regular review.

Assessing risk, safety monitoring and management

- Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm.
- The environment and equipment was safe and well maintained. Emergency plans were in place to ensure people were supported in the event of a fire.
- Staff understood the support people required to reduce the risk of avoidable harm.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans included instructions for staff to identify indicators, so they could respond quickly.

Staffing and recruitment

- Staffing levels were sufficient to ensure people's needs could be met.
- There were enough staff on duty at all times to keep people safe and meet their needs. Two people told us, "I feel safe here, the girls are nice and I am happy with the care" and "I feel safe living here, I am treated well and get on well with the staff." A relative said, " My [relative name] is safe here, they have a rail on the bed to stop them falling out and there is a pressure mat on the floor to alert the staff, I can't praise the staff enough." Professionals said staff were competent in their role. One said "They {staff} always follow guidance and keep us updated on any changes."
- The provider had robust procedures in place to ensure recruitment was safe. Where agency workers were used the agency provided information, so the registered manager was aware of the staff members knowledge and skills.

Using medicines safely

- Medicines were safely received, stored, administered and returned, for example, where people refused to take them, or they were no longer required.
- Staff who administered medicines did so at the prescribed time and had received the necessary training to

support their responsibilities in dispensing medicines. A staff member told us, "We have training and updates, so we are familiar with any changes."

- There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security. Storage temperatures were monitored to make sure that medicines would be safe and effective.
- Staff completed daily checks and managers undertook weekly and monthly audits. Any actions needed were identified and completed to improve medicines management at the service. For example, audits had identified that the recording of creams and external preparations was not always specific, and this had now improved.
- There were reporting systems for any incidents or errors and we saw that these were investigated, and actions put in place to try to prevent them happening again.

Preventing and controlling infection

- Staff followed infection control policies and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections. A staff member told us they had the training and equipment they needed to keep the service clean and hygienic.
- The premises were clean and largely free from malodours.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- The staff always reviewed risk assessments and care plans following accident or incidents to mitigate the risks of it occurring again.

Is the service effective?

Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Staff applied learning effectively in line with best practice. This led to a good service for people who lived at Durnsford Lodge and a good quality of life.
- Care records were regularly reviewed and updated when changes occurred. This meant people's support was up to date to ensure they received the right care and support that was required.

Staff skills, knowledge and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- The registered manager had a broad training programme to enhance and develop staff skills. One staff member said, "It really is good, and we get reminded about our training all the time. When we ask for some training it usually gets put on."
- The registered manager had a good system to understand which staff needed their training to be refreshed and who required supervision of their practice. Staff told us they felt supported. One said, "The support is second to none. The manager is on top of training and supervision."

Supporting people to eat and drink enough with choice in a balanced diet

- We observed staff supported people with their meals, where required, with a sensitive respectful approach. People told us meals were of a good standard and choices were offered every day. One person told us, "The food here is wonderful and if you don't like it, the chef will do you something else."
- Care plans included information about people's dietary needs and their likes and dislikes. This included any information about specific aids people needed to support them to eat and drink independently.
- Kitchen staff were aware of any specific dietary requirements, for example, if people needed their food to be prepared differently to minimise the risk of choking.
- If people were at risk of declining health due to poor food and drink intake staff closely monitored what they ate and drank and recorded this on food and fluid records.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations.

- Where people required support from external healthcare services this was arranged and staff followed guidance provided by those professionals. Visiting healthcare professionals told us the registered manager and staff worked closely with them to ensure they were receiving the right support when they needed it.
- People were encouraged to stay healthy. Staff supported people to continue to mobilise independently.
- The management team engaged with other organisations to help provide consistent care.

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

- The premises had sufficient amenities such as bathrooms and communal areas to ensure people were supported well. The lounges and dining areas were popular places for people to mix and chat. One person told us, "I love coming here for a chat and you see what's going on."
- Peoples rooms were personalised with items of furniture or ornaments. Paintwork and decoration in some areas of the service were damaged due to use of equipment and lack of maintenance. The registered manager told us this had been recognised and was being addressed in the business plan for 2019.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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.
- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have the capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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.

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

Ensuring people are well treated and supported; equality and diversity

- Staff were kind and patient with people. They had time to sit with them and actively listen to them. People expressed positive views on how they were treated by staff. Comments included, "The staff are very friendly and caring, they do their job very well," "The staff look after me very well and thoughtfully, I can talk to them at any time about any problems, I feel at home here", and "The care is wonderful here, we are like a little family."
- Staff had background information about people's personal history. This meant they were able to gain an understanding of people and engage in meaningful conversations with them. A staff member told us, "It's really interesting when we get a better view of resident's backgrounds. It helps us understand more about them. We know it's important not to make judgements as well."
- Where people were unable to communicate their needs and choices, staff understood their individual ways of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed.
- People's personal choices, relationships with friends and families were valued and respected. A relative told us "I am so pleased with the care here, there is so much love here, it's more than caring, I cannot fault the staff at all, nothing is too much trouble for them. I can't praise them highly enough."

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

- Where possible people were involved in developing their personal care plans. Where it was not possible staff were supported by family to help with the information needed to inform decisions.
- Some people needed aids to help them communicate effectively. This was recognised and supported. Care plans recorded if people needed glasses or hearing aids. On the day of the inspection opticians were carrying out a regular clinic to check people had the appropriate glasses.
- Where people needed independent support, staff signposted people and their relatives to sources of advice, including advocacy services.

Respecting and promoting people's privacy, dignity and independence

- There were some posters in a bathroom and bedroom giving staff instructions in how to apply footwear for one person and to dispose of continence items. However, the use of the words 'nappy bin' was not dignified. We discussed this with the registered manager who agreed to remove the posters and to ensure staff were reminded of the need to ensure dignity was upheld.
- The service used closed circuit television [CCTV] in public areas. The purpose was to ensure security and safety for people. The Statement of Purpose included the services commitment to ensuring privacy and dignity was upheld. However, there was no reference to the purpose of use of CCTV. The registered manager told us they had recognised this omission and were to include a reference to the use of CCTV.

- Staff respected people's choices around privacy and dignity. For example, people had their bedroom doors closed if they chose to and staff told us their relatives were offered private space to visit them.
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- People were supported in a dignified and respectful manner. One person became anxious. Staff were discreet when supporting them, offering gentle reassurance without drawing unnecessary attention to them.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were developed which reflected people's individual needs across a range of areas. These were reviewed monthly or in response to changing needs to help ensure they remained up to date and accurate.
- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. For example; details around how a person preferred to spend their time and what their likes and dislikes were.
- An activity co-ordinator was employed to support people to take part in a broad range of activities. People told us, "There is always something going on" and "I like to join in some things but there is no pressure to. It's my choice."
- Where people were unable to leave their room due to their health needs or did not wish to participate in group activities, they had one to one visits to help maintain their wellbeing and prevent isolation. For example, staff spoke with a person about their past career interest which had been very important to them.
- Care plans included details for staff about the support each person needed. For example, how to effectively respond to a person who could become confused and resistant to care at times but responded well to one to one interaction with staff.
- Care staff told us the use of electronic records was much easier for them to maintain. They said it kept them up to date and enabled them to communicate any changes quickly.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened and responded to. People's comments included; "If I am not sure about something I only have to ask, and it gets sorted out" and "The manager and the staff are very good at listening if I am concerned about anything." There had been a complaint about a laundry issue and fed back to staff. Adjustments were made to improve the process. This showed complaints were taken seriously and used to identify further improvements.
- There was a complaints policy in place which outlined how complaints would be responded to and the time scale.

End of life care and support

- People were supported to make decisions about their preferences for end of life care, and staff empowered people and relatives in developing care and treatment plans. Professionals were involved as appropriate.
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed well led. Leaders and the culture they created promoted high-quality, person centred care.

Planning and promoting person-centred care

- People who lived at Durnsford Lodge and staff commented positively about the registered manager. They told us the registered manager was visible about the home and had a good understanding of people's needs and backgrounds. One staff member said, "We all feel very supported. [Registered manager] is always available if you need to know anything or are not sure about things." A person using the service said, "The manager is approachable and does a good job."
- A quality assurance system was in place to enable the registered manager to monitor and identify any shortfalls in the quality of the service people received. There was a business plan in place to identify any improvements required because of service audits and quality checks by the provider. This showed action was taken in response to the findings and monitored for completion.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs.
- The registered manager understood their role in terms of regulatory requirements. For example, notifications were sent to CQC when required to report incidents that had occurred and required attention.
- Staff were required to read policies and procedures, and they were discussed during meetings to ensure they understood what was expected of them.
- The quality assurance system included checks which were carried out by staff, the manager and the provider representative to ensure regulatory requirements were being met.

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

- Regular engagement meetings took place with all stakeholders of the service. This gave people an opportunity to discuss any changes to the organisation and working practices and raise any suggestions.
- Staff, people and their relatives completed regular surveys to gain their views of the service and the feedback had been used to continuously improve the service.

Continuous learning and improving care

- The registered manager completed a range of quality audits to ensure they provided an efficient service and constantly monitored Durnsford Lodge. These included, medicines, care records, the environment and

infection control. This demonstrated improvements could be made to continue the home to develop and provide a good service for people who lived there.

- Accidents and incidents were recorded and regularly reviewed so any patterns or trends would be quickly identified.
- Organisational audits were in place and used to develop the service by reflecting good practice.

Working in partnership with others

- The registered manager had forged good links for the benefit of the service with key organisations, reflecting the needs and preferences of people in its care, and, to aid service development.