

Durnsford Lodge Limited

Durnsford Lodge Residential Home

Inspection report

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13 July 2016

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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

The inspection took place on the 12 and 13 July 2016 and was unannounced.

Durnsford Lodge Residential Care Home provides care and accommodation for up to 28 older people. Durnsford Lodge Residential Care Home provides care who may also have mental health needs, including people living with dementia. On the day of the inspection 24 people were using the service.

The service had 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.

There was a calm, friendly and homely atmosphere. Friendly conversation and gentle background music helped create a relaxed and homely atmosphere. People and their relatives all spoke highly of the care and support Durnsford Residential Home provided. One person said, "I am very happy here; all the staff are kind and caring".

Staff interacted with people in a caring and compassionate way. For example, staff spent time sitting with people and checked they were comfortable and happy. One staff member walked slowly alongside a person as they mobilised around the home. They chatted about the day and made the person feel unrushed and relaxed.

The design and décor of the building had been carefully thought out and took account of people's needs. People were able to move safely around the building and had sufficient space to enjoy time on their own or in the company of others. The garden area had been developed to include an area specifically designed for people living with dementia.

People told us the staff were caring and they felt they mattered. They said staff listened to them and respected their wishes. Staff we spoke with were clear about the importance of respecting people. They consistently spoke about people being individuals and treating people as they would like to be treated. A Comment from onestaff was that, "All the staff are here for the right reason, we are passionate about the work we do".

A range of activities were available to meet people's needs and particular interests. Staff had considered ideas to evoke memories and trigger reminiscent thoughts and conversation. For example, memory frames had been put together and included pictures and objects relevant to the person concerned.

The service had an open door policy, relatives and friends were welcomed and people were supported to maintain relationships with those who mattered to them.

Staff were supported through induction, supervision and on-going training. Staff were encouraged to enhance their skills and professional development was promoted. Staff told us they were supported and encouraged to question practice. Staff said they were aware of the values of the service and these were regularly discussed and promoted. Staff were inspired and motivated to provide a good quality service and had a clear understanding of their role and what was expected of them.

People medicines were managed safely. People received their medicines on time and in a way they preferred. The practice was reviewed through regular audits and the staff training and competency were up to date.

People were fully involved in planning and reviewing their care. This meant their care was personalised and reflected the person's current wishes and needs. Care and support focussed on each person's individual needs, their likes, dislikes and routines important to them. Staff understood their role with regards to the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards (DoLS). Applications were made and advice sought to help safeguard people and protect their human rights. When people were unable to consent to their care or support discussions took place to ensure decisions were made in their best interests. When people's needs changed staff reacted promptly involving other social and healthcare professionals if needed. The food in the home was of a good quality and catered for people's specific dietary needs and preferences.

People told us they felt safe living at the home. All staff had undertaken training on safeguarding adults from abuse, and felt confident any incidents or allegations would be fully investigated.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment. Staff received a comprehensive induction programme. There were sufficient staff to meet people's needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively. A staff member said: "The training is really good, the dementia training was really excellent".

A range of activities were available to meet people's needs and particular interests. A new garden area with seating and a water feature had been added to support the needs of people living with dementia.

The registered manager and registered provider took an active role within the running of the home and had good knowledge of the staff and the people who used the service. There were clear lines of accountability within the management structure. People, friends and family and staff described the management of the home as approachable, open and supportive. People told us, "The manager is always around, she will come into my room to say hello and check I am ok with everything".

There were effective quality assurance systems in place. Incidents were appropriately recorded and analysed. Learning from incidents and concerns raised had been used to help drive continuous improvement across the service.

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 effective. People received care and support that met their needs.

Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People had their health needs met and were supported to maintain a healthy balanced diet.

Is the service effective?

Good ●

The service was effective. People received care and support that met their needs.

Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People had their health needs met and were supported to maintain a healthy balanced diet.

Is the service caring?

Good ●

The service was caring. People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and supportive staff.

Staff were knowledgeable about the care people required and the things that were important to them in their lives.

Is the service responsive?

Good ●

The service was responsive. Care records were personalised and so met people's individual needs. Staff knew how people wanted to be supported.

Care planning was focused on a person's whole life. Activities were meaningful and were planned in line with people's interests.

People were encouraged to maintain hobbies and interests. Staff understood the importance of companionship and social contact.

Concerns and complaints were taken seriously, explored thoroughly and responded to promptly.

Is the service well-led?

Good ●

The service was well led.

People were actively involved in developing the service and their views were valued.

Staff understood their roles and responsibilities and were supported by an open and inclusive management team.

Staff were motivated and inspired to develop and provide a quality service.

Quality assurance systems drove improvement and raised standards of care.

Durnsford 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.

The inspection took place on the 12 and 13 July 2016 and was unannounced. Two inspectors undertook this inspection.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We also reviewed information we had received from health and social care professionals and the local authority

During the inspection we spoke with 12 people who lived at Durnsford Lodge, two relatives, the registered manager and six members of staff. We also spoke with a visiting District Nurse who supported some people within the home. We observed the care people received and pathway tracked four people who lived at the home. Pathway tracking is where we follow a person's route through the service and capture information about how they receive care and treatment. We also looked around the premises and observed how staff interacted with people throughout the two days.

We looked at six records related to people's individual care needs and eight people's records relating to the administration of their medicines. We viewed three staff recruitment files, training records, and records associated with the management of the service including quality assurance audits.

Following the inspection we contacted the local hospital discharge team and local authority commissioning

team for feedback regarding the quality of care at Durnsford Lodge.

Is the service safe?

Our findings

People told us they felt safe. Comments included; "I feel safe here" and "Staff always check if I'm ok". One relative said; "I feel my relative is safe and happy" and, "I am reassured by the care they receive".

People were protected from discrimination, abuse and avoidable harm by staff who had the knowledge and skills to help keep them safe. Policies and procedures were available for staff to advise them of what to do if they witnessed or suspected any incident of abuse or discriminatory practice. Records evidenced all staff had received safeguarding adults training. Staff confirmed they were able to recognise signs of potential abuse, and felt reported signs of suspected abuse would be taken seriously.

People were kept safe by sufficient numbers of staff. People and their relatives said there were always enough staff to meet their needs and to keep them safe. The provider regularly reviewed staffing levels and had made recent changes to increase staffing during the busier times of the day. We saw staff interacting with people in an unhurried way and having time to respond to their needs in a timely manner. For example, we saw one person being supported to walk to the toilet. The staff member walked slowly alongside them, chatting and reassuring them that there was no rush and saying they all had, "plenty of time". Staff took time to stop and speak to people when they passed them in the lounge or when they walked past people's bedrooms. Staff said staffing levels were sufficient to keep people safe.

People's medicines were stored, administered and disposed of safely. Staff had undergone training to administer medicines. People told us they had their medicines as prescribed and on time. Medicine administration records (MAR) had been signed and updated to ensure medicines were correctly administered. Where refrigeration was required, this fell within the correct temperature guidelines. People had detailed information in their care plans about their medicines and what condition they were taking them for. Staff were knowledgeable with regards to people's individual needs relating to their medicines.

People were protected by safe staff recruitment practices. Records evidenced that all employees underwent the necessary checks prior to commencing their employment to confirm that they were suitable to work with vulnerable people.

People were supported by staff who managed risk effectively. Support plans described potential risks to people and how these could be minimised. For example, one plan described a person's mobility and the risks of falls. The plan stated the person needed their walking frame available and the environment needed to be clutter free to reduce the risk of them falling. Staff understood the importance of a person's choice, regardless of their age or disability, to take everyday risks. Staff actively supported people's decisions so they had as much control and independence as possible.

People had PEEPS (personal emergency evacuation plans) in place to provide guidance on what support they would need should an evacuation be required. Staff were trained to understand their role in the event of a fire and fire risk assessments were in place and up to date.

People were kept safe by a clean and hygienic environment. The home was visibly clean and sanitising gel, gloves and aprons were available throughout the building which we saw staff using throughout the inspection. Cleaning rotas were evident throughout the home and there were regular infection control audits. There were contracts in place for the disposal of domestic and clinical waste.

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. One person said, "The staff know how to look after me, they know what I like, they know I like to have my regular cup of tea".

Staff confirmed they undertook a thorough induction programme and on-going training to develop their skills and knowledge. They told us this gave them confidence in their role and enabled them to follow best practice and effectively meet people's needs. Newly appointed staff completed the Care Certificate. (The Care Certificate has been introduced to train all staff new to care to a nationally agreed level) they also shadowed other experienced staff until they felt competent in their role.

In addition to mandatory training such as Health and Safety and Food Hygiene staff also completed tailored training that reflected the needs of people they supported. Comments from staff included, "There are plenty of opportunities for training; the dementia training was really excellent". A fund raising event had taken place to raise additional funds for specialist dementia training, which would be facilitated on a specialist 'dementia bus'. The training facility allowed staff and relatives the opportunity to experience what it is like for people living with dementia and to raise further awareness of the condition.

Staff commented they felt well supported through regular supervision and team meetings that took place. Staff told us they used this time to discuss issues of concern, learn from each other and follow best practice advice. Comments included; "I get good guidance and support from the management."; "I used my supervision to raise issues I had and I was listened to, things have changed and improved" and, "I can talk to [...] at any time not just when I have supervision. I get a lot of support and this really helps me."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 a person lacks the mental capacity to make particular decisions, any made on their behalf must be in their best interests and the least restrictive available. If a person lacked capacity their care was discussed with a range of professionals and family, where appropriate, to ensure the decisions were made in the person's best interest. People had decision specific mental capacity assessments on their files where it was required. Staff had undergone Mental Capacity Act training and had a good understanding of the principles of the Act and how this applied to the people they supported.

People can only be deprived of their liberty in order to receive care and treatment which is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had sought authorisations under DoLS when they were required and the documentation was stored in their files alongside information on what this meant for the person being supported.

People's consent was obtained by staff prior to them undertaking a task, for example, we saw staff asking people how they wanted to have their medicines and also seeking permission before entering their bedroom. People's files also indicated where people had consented to elements of the care plan, or where a best interest decision had been made for those who lacked capacity to give their consent. One person's plan stated that capacity in relation to personal care may at times fluctuate. The plan highlighted to staff the need to prompt the person to understand and make decisions about their personal hygiene, for example, leaving out fresh towels and a clean set of clothing on their bed. The plan also stated the person may need a change of staff support when personal care was declined. This meant staff used ways to aid people to consent to their care as much as possible and acted in their best interest when this was not possible.

People had their nutritional and hydration needs met. We saw people being offered drinks throughout the day, served in attractive china cups with a selection of biscuits. We observed people having their lunch. People either chose to eat in the dining room or in their bedroom. The atmosphere during lunch was pleasant and relaxed. Tables were laid with table cloths and flowers and people were offered a range of drinks with their meals.

People were involved in decisions about what they would like to eat and drink. Care records identified what food people disliked or enjoyed and listed what the service could do to help each person maintain a healthy balanced diet. People were encouraged to say what foods they wished to have made available to them. A recent residents' meeting was used to discuss people's meal preferences. People's choices had been incorporated into the menu and the provider told us the menus were constantly updated to reflect the fact that people's tastes change. People confirmed their food choices were respected. Comments included; "We get asked what things we would like to eat. If they can then a few days later we get given it" and, "We get a nice choice of food, there's always an alternative on offer, if you don't wish to have the main option."

Referrals were made to SALT (speech and language therapists) or dieticians as required. This was to help ensure people who had difficulty swallowing or were causing a concern were assessed. Staff were then given necessary guidance. Food and nutrition charts were completed and information was carried through to people's care plans and risk assessments as required.

People had their healthcare needs met. Records indicated they saw a range of health and social care professionals including GPs, chiropodists, speech and language therapists and dentists, as required and staff supported people to attend appointments where necessary.

People's bedrooms were personalised and they were able to choose how they were decorated. Shared spaces were bright and decorated to a high standard. There was a lift and stair lift which were used to enable people to access different parts of the building. Corridors were wide enough for wheelchairs and other equipment and fitted with handrails. There was signage around the home to help people orientate themselves. Adaptations had been made to support those with dementia. The home had received a grant from the Local Authority to build a dementia friendly garden. The garden had been designed based on people's feedback and included seating areas and a water feature. Wide pathways and wheelchair access meant all people using the service could benefit from this facility. During the inspection we saw people sitting in the garden chatting with friends and visitors. One person said, "It's lovely, I come out here all the time".

Is the service caring?

Our findings

People spoke highly of the quality and consistency of the care they received. Comments included; "The staff look after you very well"; "I am definitely well cared for, they know I love my cup of tea" and, "The care is very good, all the staff are kind and caring". Relatives said; "Staff here are just lovely and very kind, when it was [...] birthday they put on a special birthday tea" and, "The staff offer a really personal touch, they really care." A health care professional told us the home was one of the best they visited in the city.

Staff interacted with people in a caring and compassionate manner. We observed one member of staff took immediate action to comfort a person who had showed signs of distress. Their prompt intervention helped the person to have their needs met and within a short time the person was happy and joking with staff. Another person, who had recently moved into the home, was showing some signs of anxiety and asked frequently to contact their family. Staff respected their wish and provided gentle words of reassurance. This interaction helped the person relax and they were soon sat chatting happily to people in the home. One person needed some assistance to use the toilet and mobilised using a walking frame. The person was concerned that they were walking too slowly and taking up staff time. The staff member supporting them linked their arm and said there was no rush, saying "We have all the time in the world". We saw staff spend time sitting and talking with people and when they were undertaking a task they allowed time to stop and say hello or comment on what people were doing. These interactions helped create a friendly and positive atmosphere in the home.

Staff were patient and kind when providing care and support. For example, one person needed to be hoisted into their wheelchair to go into the dining room for lunch. The staff spoke to the person at all times, explaining what they were doing and checking the person felt comfortable and safe. Another person shouted at the staff when they were being supported to transfer. The staff smiled and spoke gently to the person reassuring them that everything was alright.

Staff had good knowledge of the people they cared for. They were able to tell us about individuals likes and dislikes, which matched what people told us and what was recorded in their care records. For example, one person had a large window in their room with sea views over the city of Plymouth. Staff said they loved the view and it was important to them as they were able to look out and see where they had grown up as a child.

People told us their privacy and dignity were respected. Comments included, "My privacy is always respected" and "Staff are very good when it comes to my privacy and make me feel very comfortable." Relatives said, "The staff are very respectful, very dignified". Staff closed doors and used curtains and screens when they provided personal care.

Friends and relatives were able to visit without unnecessary restriction. Relatives told us they were always made to feel welcome and could visit at any time. One relative commented about how impressed they had been when the staff organised a birthday tea. They said, "The care and support people receive has been very reassuring for me". The provider confirmed people's relatives and those that mattered to them were free to

visit whenever they chose and would always be welcomed.

Is the service responsive?

Our findings

Care records contained detailed information about people's health and social care needs, they were written using the person's preferred name, reflected their whole life and set out how the person wished to receive their care. For example, one record stated a person preferred a shower to a bath and to always have their meal in their bedroom. We observed this was respected. Another person's record stated they preferred to sit in a quieter part of the home and this could minimise the risk of them becoming distressed and shouting at people and staff. We saw this person was sat comfortably by the window in a quiet lounge area of the home.

People were involved in planning their own care and making decisions about how their needs were met. Care records were regularly reviewed with people or if appropriate those who mattered to them. When possible, people had signed to say they were happy with their care plan. One relative said, "We are kept informed and involved when it is appropriate." Changes to people's needs were identified promptly and put into practice. This was then communicated to staff and records were clearly set out so staff knew what to do to make sure personalised care was provided. For example, one person's plan said due to recent health issues their dietary needs and requirements had changed. Information was available to staff about the type of food the person needed and how this need to be prepared and served to them. Another person said they liked to spend time in their room and enjoyed a regular cup of tea. In addition to the electronic call bell systems staff had provided the person with an old fashioned hand bell they could use when they wanted a drink. They said, "The staff are very good at making sure I have my cup of tea".

People told us they were able to maintain relationships with those who mattered to them. Several relatives and friends visited during our inspection. People either spent time with visitors in their bedrooms or were able to choose from a number of different seating areas around the home and gardens. One person said, "My son visits every day, he is always made to feel welcome". Another person had a visitor and staff served them tea and biscuits and had a little chat about their day. A large notice board in the home displayed pictures of social events such as BBQs and summer fetes, which had included family, friends and people from the local community.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities. Places of interest that people had been supported to visit included the theatre, social clubs, garden centres and local shops. The provider told us people who wished to attend church in the community did so regularly and transport was provided if necessary. For those who were unable to attend church in person, a representative of the person's faith had been sought and visited the home. We saw people were able to occupy their time in the home, for example, one person was doing a jigsaw and others sat in the communal lounge reading the papers and doing the crossword. Activities were planned each day such as bingo, arts and crafts, music and gentle exercise classes. Due to the layout of the home and the number of different communal areas people were able to choose if they wanted to join in with planned activities. The registered manager told us they had plans to recruit an activities coordinator which they hoped would further improve the social opportunities available to people.

The provider had a policy and procedure in place for dealing with any concerns or complaints. This was

made available to people, and those that mattered to them. The policy was clearly displayed in the entrance to the home. People knew who to contact if they needed to raise a concern or make a complaint. People who had raised concerns, had their issues dealt with straight away. A relative told us; "If you have any concerns at all, you only have to mention them and action is taken straight away"

The provider told us people were encouraged to raise concerns through residents' meetings and surveys they conducted. These were used for people to share their views and experiences of the care they received. Any concerns raised would be thoroughly investigated and then fed back to staff so learning could be achieved and improvements made. For example, people raised a concern that their laundry had not always been returned to them as they would expect. The provider had sent a letter to people stating they would recruit an additional laundry assistant to improve the system, and advised them to report any further concerns. Another person had raised a concern that they had not received sufficient amount of drinks. The registered said they had introduced a chart for staff to sign stating when drinks had been offered and provided. A letter of apology had been sent to the person concerned.

Is the service well-led?

Our findings

A registered manager was employed to manage the service. The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who lived at Durnsford Lodge. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. The registered manager confirmed, the service measured their performance against recognised quality assurance schemes. The service had recently achieved a five star food hygiene rating, and was in the process of working towards achieving the six steps end of life care programme. The registered manager maintained their own professional development by attending regular training and had recently enrolled in a leadership and management course with Plymouth City Council. The registered provider was regularly in the service and supported the registered manager in their role.

People, friends, family and staff described the management of the home to be approachable, open and supportive. One person said, "You can go to the registered manager about anything, like you can any of the staff, they will always help you". Staff comments included, " [...] is so supportive, excellent at motivating and gives the staff a real lift. Staff comments included; "[...] is so supportive, you feel safe to raise any issues, there is an open culture".

The registered manager told us staff were encouraged and challenged to find creative ways to enhance the service they provided. Staff told us they felt empowered to have a voice and share their opinions and ideas they had. Comments included, "We are always encouraged to think of ideas and express any thoughts we have".

Staff were inspired and motivated to provide a good quality service. Throughout the inspection we saw staff smiling and looking happy as they worked and supported people, comments from staff included, "All the staff are here for the right reasons, we are passionate about our work". Good practice was recognised and staff were made to feel part of a team. Staff said, "Sometimes the manager will put a little message in the communication book telling us how well we are doing, it's good, really nice". The registered manager said they had identified one staff member to work alongside the Integrated Discharge Team at the local hospital. They said this would help identify pressures relating to hospital discharge for both the hospital and care home and help enable them to look at ways of improving the process for people and their relatives.

The registered manager told us one of their core values was for all support to be person led and not task focused. Staff said, "It is really important we spend time with people, this is considered as important as other daily tasks; that is one of the reasons I work here". The provider sought feedback from people and those who mattered to them in order to enhance their service. Residents' meetings were conducted that encouraged people to be involved and raise ideas that could be implemented into practice. For example, people had said they wanted the dining room table to be laid more attractively. An action plan detailed new table cloths and place mats had been purchased with fresh flowers placed in vases on the tables each day. People we spoke with said they had been happy with this change.

Staff meetings were regularly held to provide a forum for open communication. Staff told us they were encouraged and supported to question practice and action had been taken when required.

The home worked in partnership with key organisations to support care provision. Health and social care professionals who had involvement with the home confirmed to us, communication was good. They told us the service worked in partnership with them, followed advice and provided good support.

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected and would not hesitate to raise concerns to the registered manager. They were confident the registered manager would act on the concerns appropriately.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

There was an effective quality assurance system in place to drive continuous improvement across the service. The registered manager and senior staff completed spot checks on the environment as well as checking with people if they were happy or if they had any concerns. Regular audits were undertaken of people's medicines and personal finances. A number of environmental checks were completed on a weekly or monthly basis including, checks of fire equipment, temperature controls and call bells. The registered provider was regularly in the service and supported the registered manager in their role.