Dunsland House Limited

Dunsland House

Inspection report

5 Shrublands Road
Berkhamsted
Hertfordshire
HP4 3HY

Tel: 01442866703
Website: www.dunslandhouse.co.uk

Date of inspection visit:
04 July 2016
06 July 2016

Date of publication:
02 September 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 04 and 06 July 2016 and was unannounced. This was our first inspection of this home.

Dunsland House is a residential home in Berkhamstead, providing care and accommodation for people over the age of sixty-five who require nursing or personal care. There were fifteen people who lived at the home at the time of our inspection some of whom lived with dementia.

The home has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The ground floor area of the home which included the main lounge, dining area, office and hallway was being refurbished at the time of our inspection. The provider had carried out a risk assessment of this refurbishment and ensured that the area that was being refurbished were cornered off and not accessible to people during the time that work was being done.

People who lived at the home were safe because the provider had taken appropriate measures to safeguard them from avoidable harm. These included the safe recruitment and training of staff who supported people, the completion of risk assessments of the home environment and that of the care people received, and the effective management of people's medicines and healthcare needs.

The service was not always effective because appraisals of staffs' performance were not completed. The registered manager told us that this would be completed before the end of 2016, and following the inspection, they provided us with evidence that demonstrated they had commenced the process for appraisals. The staff were however trained, skilled and understood their roles.

Staff supported people to eat a healthy and balanced diet and to have access to health and care services when necessary. They sought people's consent before they provided any care or support and understood the requirements of the Mental Capacity Act 2005.

People were cared for by staff that were friendly, kind and caring. They supported people in ways that promoted their privacy, dignity and respected their views. They provided the support that was personalised to people and with support from the management team, they ensured people's complaints and concerns were resolved.

The registered manager with support from the provider ensured the service ran appropriately providing visible leadership and oversight at all levels. This ensured the provision of a good level of care and support to the people who lived at the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People's medicines were managed and stored appropriately.

The provider had robust policies and procedures in place for the safe recruitment of staff.

Staff were trained in safeguarding people and knew how to keep people safe from avoidable harm.

People had individualised risk assessments in place that gave guidance to staff on keeping them safe.

Is the service effective?

Requires Improvement

The service was not always effective.

Appraisals of staffs' performance were not completed.

Staff were knowledgeable about people's care needs and were trained to meet these needs.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were met.

People were supported to access other health and social care services when required.

Is the service caring?

Good

The service was caring.

Staff were friendly, kind and caring towards the people who lived at the home.

They interacted with people in a respectful, supportive and friendly manner.

They created an atmosphere that was positive and upbeat.

People were supported to maintain relationships with their loved

ones and had their privacy and dignity respected.

Is the service responsive?

Good

The service was responsive.

People's care needs were identified before they moved to the home and the appropriate care plans were put into place.

People were supported in a personalised way.

There was an effective system in place for handling complaints.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post.

Both the registered manager and the provider were visible and approachable.

The provider had systems in place for monitoring the quality of the service provided.

Dunsland House

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 04 and 06 July 2016 and was unannounced. It was carried out by one inspector from the Care Quality Commission (CQC) and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of caring for older people who use regulated services such as this one.

Before the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We also reviewed the report issued following a recent local authority monitoring visit. We spoke with the local authority's contracts monitoring team who carried out regular audits of services, to gather feedback about this service.

During the inspection, we spoke with five people who used the service and two of their relatives to gain their feedback about the quality of the care provided to them. We also spoke with three members of the care staff, one senior care worker, the cook, two directors and the registered manager.

We observed how care was delivered and reviewed the care records and risk assessments for three people who lived at the home. We looked at five people's medicines and medicines administration records, and three staff recruitment, training and supervision records. We also reviewed information on how the quality of the service was monitored and managed.

Following the inspection, we reviewed the audits that were carried out by the provider for the months on April, May and June 2016 and the reviewed health and safety risk assessments, which were all emailed to us.

Good

Is the service safe?

Our findings

The ground floor area of the home which included the main lounge, dining area, office and hallway was being refurbished at the time of our inspection. The registered manager had previously notified us of this work which was supposed to be concluded before the first day of our inspection however, there were delays which were beyond the provider's control. This refurbishment work had impacted on people's care and support because they did not have access to the areas of the home that were being redecorated but this work was necessary and it was nearing completion on the last day of our inspection. The work also when completed would possibly have a positive impact on people as the home environment would be rejuvenated and made more pleasant for people to enjoy. The provider had carried out a risk assessment of this refurbishment work and ensured that the area that was being refurbished was cornered off, and not accessible to people to ensure their safety. The service that was provided to people continued as much as possible and people, their relatives and staff were excited about the prospect of starting to use the newly refurbished ground floor area once the work was completed with one person saying, "Did you see all the work they are doing downstairs? It's going to be lovely."

People were safe living at the home because the provider had systems in place to safeguard them from risk of harm. People and their relatives told us that the home was safe. One person we spoke with said, "I feel very safe here. I don't have to lock my doors, but they are planning to install a new one so it could be opened from outside" Another person told us, "It is very safe and peaceful here, there are no noises and the garden is very secluded." A relative we spoke with said, "My [Relative] has lived here for over [number] years and we feel it's like [their] own home. I feel it is especially safe because I can visit anytime."

The staff we spoke with echoed the comments of people and their relatives. One member of staff told us, "Yes they are safe, outsiders cannot just come in because the front door is always locked and there is always staff here. Also in [People's] care records there is a list of people they don't want to be in contact with and we respect that and make sure those people don't contact them." The registered manager followed this up with, "Yes people are safe, we are more vigilant with the refurbishment work being done and the staff are very good. They are all very passionate about the people we support."

The provider had up to date safeguarding policy that gave guidance to the staff on how to identify and report concerns they might have about people's safety. Staff were trained and they demonstrated a good understanding of different types of abuse and the signs that could indicate that someone could be at risk of possible harm. They were able to tell us which external organisations they could report concerns to. A member of staff told us, "We have policies and procedures for safeguarding and we have all had training. Any safeguarding concerns will be reported to the safeguarding team and the CQC." In addition the provider had a whistleblowing policy that provided staff a way in which they could report misconduct or concerns within their workplace without fear of doing so. Staff were aware of this and understood their responsibilities within this. A member of staff we spoke with told us, "Yes, I have read the whistle blowing policy. Yes I will whistle blow if I had any concerns."

People had personalised risk assessments that formed part of their care plans. These risk assessments gave

guidance to staff on how the identified risks to people's health and wellbeing could be managed or minimised. We looked at the risk assessments for three people and found that they were reviewed regularly to ensure that the level of risk to people was still appropriate for them. The staff we spoke with were aware of people's risk assessments. They told us that they kept up to date with people's risk assessments by talking to people, reading through risk assessments and discussing with the team about any changes in people's support needs. A member of staff told us, "The risks to people's care were identified and we know how to manage calculated risk and minimize any harm."

The provider also had health and safety risk assessments in place to manage the identified risks posed to the people by the home environment. These covered areas such as refurbishment to downstairs Kitchen, clinical waste management, electrical appliances and equipment, moving and handling, smoking, medicines and the use of hoist. These risk assessments identified potential hazards to people, those who could be at risk of harm, the actions that were put into place to keep people safe and who was responsible. We found that these risk assessments needed to be updated as the recommended review dates had passed. We spoke with the manager about this and they took immediate action to update all the risk assessments which they sent to us two days after our inspection. Records of incidents and accidents were kept and the management team reviewed these on a regular basis to identify any trends so that action could be taken to reduce them.

We saw that people's medicines were managed safely. They were administered as prescribed and stored safely within a locked trolley that was attached to a wall. A person we spoke with confirmed that they received their medicines in a timely way and when required. A member of staff told us, "I have done the medicine administration training. There is always a trained member of staff on each shift who is there to administered medicines and do all recording." We looked at the medicine administration records (MAR) for five people and found that these had been completed correctly, with no unexplained gaps. We also carried out a reconciliation of the stock of medicines held for the five people against the records and found this to be correct. There were protocols in place for people to receive medicines that had been prescribed on an 'as and when needed' basis (PRN).

The provider had an effective recruitment policy in place to support the recruitment of new staff. We reviewed the recruitment records for three members of staff and found that the provider had carried out the required pre-employment checks. These checks included employee's identity checks, employment history checks and verification, and health check to ensure potential staff were fit for the role they were considered for. The provider also obtained references from previous employers and completed Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People told us there were enough staff to safely support them. One person said, "Yes," when we asked them if they felt there were enough staff. The registered manager told us, "The staffing levels are determined by the needs of the people. We have just adjusted the rota on a trial basis because people want to get up earlier. They are ringing their bells earlier and asking to get up. We will review this arrangement to see if it is better for them." A review of the duty rotas showed that the home was adequately staffed to meet people's routine needs but in instances where people needed to take part in activities outside the home for example, this would not be possible because the staffing levels did not allow for this. The manager told us that in such instances additional staff were deployed to safely meet people's needs. The provider added that part of their plans for the home was to employ additional domestic and an activities co-ordinator to ease the pressure on the care staff who would then focus solely on caring for people who lived at the home. We saw that a recruitment campaign to this effect had already begun.

Requires Improvement

Is the service effective?

Our findings

Staff told us they had regular supervision that included one to one meetings with the manager and direct practice observations to support them in their role. A member of staff said, "I have my supervision every two months. We talk about training and any issues affecting the home." A review of the staff records confirmed that supervision took place regularly. However, there was no evidence to show that appraisals of staffs' performance were carried out. We spoke with the registered manager about this and they told us that part of the home's development action plan with the new provider included completing appraisals of staffs' performance as a way of supporting them in their roles. We were told this would be completed before the end of this year. Following the inspection, the provider sent us an appraisal schedule that demonstrated that they had commenced the process for appraisals.

People and their relatives told us that people's care was effective because the staff were knowledgeable about their needs. One person said, "This is a great home. I am much happier here then I was in my old one. Staff are much more educated here." Another person said, "Each one of them knows all of my needs." A relative told us, "Staff here are very good. They are observant and are always ready to help. They really understand their job. With new [Provider] in place, it's like they all have a renewed amount of energy and there's been a great improvement since the end of last year when the new [Provider] took over. They [staff] are doing a very good job." The registered manager added, "Oh yes the care is effective, because of the staff training and we have consistent staff some of whom have worked here for twenty five years so they have built good relationships.

Staff told us they had received a range of training in areas that were necessary for them to carry out their roles effectively, and that they were supported by the provider and the management team. One member of staff said, "The training is very good. We have all got at least a National Vocational Qualification (NVQ) level two and some have level threes in care." The registered manager told us, "Training is very important so we stay on top of it. I deliver a lot of the training in house because I have been trained to do so. We also have outside trainers come in to train the staff." We reviewed the home's training records which confirmed training was kept up to date and covered topics such as safeguarding, medicines administration, food safety and moving and handling. New members of staff received thorough induction which involved assessment to ensure they had the skills and knowledge required to effectively carry out their roles before they passed their probationary period and were confirmed in post.

Staff had received training on the requirements of the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The staff were knowledgeable about the MCA and understood their responsibilities within the Act. One member of staff said, "I have done the training. My understanding is that everybody has the right to make their own decisions even if we think they are not wise decisions. Our role is to support them. If they don't have capacity, then decisions are to be made in their best interest." We saw evidence that people's capacity to

make and understand the implication of decisions about their care were assessed and documented within their care records as appropriate. The registered manager told us there were no authorisations of deprivation of liberty in place for people who lived at the home.

People told us that they had a good variety of nutritionally balanced diet and to had enough to eat and drink. One person said, "The food is great here especially the puddings, I love the pudding here." Relatives of people we spoke with echoed what people told us. One relative said, "Meals are definitely healthy and balanced." Another relative told us, "Quality of the food is very good. They have a lot of organic food. They have also introduced choice of snacks throughout the day." We saw that people had care plans around eating and drinking. These sections of people's care plans contained information about the preferences around food and drinks, the support they required from staff if any, the type of diet that met their health needs, for example low sugar diets for diabetics, and where they liked to eat their meals.

We observed people at lunch time on the first day of our inspection. We found that meals were served to people in their bedrooms because the communal dining room was being refurbished. The staff that were involved in serving meals to people wore protective clothing to reduce the risk of cross contaminating people's foods. Most people chose to eat in their bedrooms on their own. Some people chose to eat in the company of another person who lived at the home and this was encouraged. One person wanted to eat their lunch in the company of a particular member of staff and again this was facilitated.

People were supported to access a range of health and care services in order for them to maintain their health and well-being. A review of people's records showed that people had obtained support from professionals such as, GPs, district nurses, and dentists as appropriate to their needs. We saw that people's health conditions were recorded their care plans together with the support they required from staff or healthcare professionals and outcome of treatments.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were friendly, kind and caring. One person said, "All the staff are kind and considerate, they are willing to help. It is a small well organized team, and I like it that way." A relative we spoke with told us, "Staff are very kind, nothing is too much trouble for them, I really cannot fault them." The registered manager added, "The staff are passionate about the [people]. Most of them have been here for a long time. Dunsland House is a unique place, it has that family feel to it."

We observed the interactions between the people who lived at the home and the staff and found these to be friendly and supportive in nature. People and staff were very familiar with each other and the staff were very lively, which created an atmosphere that was positive and upbeat. Although the ground floor's communal areas were being refurbished, we found that the staff had adapted a business as usual approach to make people feel at ease. People were well presented and appeared well looked after. We saw that staff spent their time interacting with people in their bedrooms to ensure they were happy. They communicated with people in a friendly, endearing and respectful manner. A member of staff we spoke with told us, "I love my job, I love working with the [people]."

Staff were knowledgeable about people's care needs. We found that people's care records contained information about their life history, preferences and the things that were important to them. There was a specific section in people's care plans called 'personal history'. This detailed information about people's early life, their family structure and important memories, their hobbies and interest, the schools they attended, the places they worked and their childhood memories. Staff told us they found this useful as it helped them understand people and their backgrounds.

Staff understood the importance's of promoting peoples independence and this was documented throughout the care records. We saw staff patiently encouraging people to do as much for themselves as they could and stepped in to support where necessary. For example during lunch time, we saw staff encourage a person to help themselves with small amounts of food and drink, but were prepared to offer assistance where this person struggled. One member of staff told us, "[People's] independence is promoted, where they are able to they usually help with small jobs willingly like tidying their rooms."

Staff told us that they protected people's privacy and dignity by ensuring that personal care was provided in private, seeking people's consent and explaining what they were doing. People confirmed that staff were respectful when assisting them with any care. Staff also understood how to maintain confidentiality by not discussing people's care needs outside of the work place or with agencies that were not directly involved in people's care. We also saw that people's care records were kept securely in the provider's office.

People had been given the 'Dunsland House Care Home guide' which gave them information about the service, including the complaints procedure. Some of the people's relatives or social workers acted as their advocates to ensure that they understood the information given to them and that they received the care they needed. The provider also worked closely with the local authority that commissioned the service to make sure people's needs were met. A healthcare professional we spoke with told us, "The staff here are

excellent, they really look after these people well."

Good

Is the service responsive?

Our findings

The service was responsive to people's health and care needs because the provider had assessed people's needs prior to them living at the home, and people's care was person-centred. People's pre – admission assessment records covered areas such as people's history, their dietary needs, religious beliefs, any advance decisions or care plans, their capacity to make decisions, the management of their finances and medicines, their communication methods, their physical health needs and the health professionals involved in their care. These assessments identified the level of care people needed, and formed the basis from which their care plans were developed. We reviewed three people's pre-admission records and found that they were involved in the assessment process.

People's personalised care plans detailed their care needs and the interventions required from staff. The three care plans we looked at detailed information about how people wanted their care provided, in regards to their personal care and hygiene needs, their nutritional and mobility needs, use of their medicines and around their hobbies and interest.

People's care plans also held information about their links with the community and any advance decisions they may have made. Staff were aware of people's care needs and used the care plans as guides to meeting people's needs. A member of staff we spoke with told us, "We know about every single person's needs, their level of functioning cognitively and their communication skills. We understand and offer them the support they need to maintain their wellbeing." We saw that people's care plans were signed by those who were involved in developing them and that included the person whose care plan it was. They and their relatives were also involved in the regular reviews of their care in response to their changing needs. A relative told us, "My [Relative's] needs changed a lot so care plans are regularly updated with information on maintaining health, routines and preferences."

People's hobbies and interests were identified and there was a range of activities offered to them. A relative we spoke with told us, "There is a very personal approach to the things my [Relative] likes to do. There are programmes on TV she likes to watch but sometimes she forgets that they are on and the staff will remind her to turn on the TV and sit and watch with her with a cup of tea they made her." The registered manager told us, "People don't always like to join in with activities because they are private. One person here was a captain and likes his own company, he doesn't come out much but invites me for meals when his daughter visits. Another person used to be a Colonel in the army and he and his wife are very close and they don't like too much interference by other people. We try and offer the activities but most people are happy in their own company, they join in when they want to and if they don't we respect that." The provider told us that they were looking into employing a specific member of staff whose responsibilities were to coordinate meaningful activities for people. We saw that this recruitment campaign had already started.

The provider had a complaints procedure in place and the people were spoke with and their relatives told us they knew who they could raise concerns to. One person said, "I don't have any complaints at the moment no. I will talk to [registered manager] if I have any complaints." We reviewed the records of complaints that had been made and found that they were resolved to complainants' satisfaction.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. They were supported by the provider and the staff team. The provider took over the service towards the end of last year, they had a service development plan that included refurbishing the home which was being done at the time of our inspection. A relative we spoke with told us, "There's been much improvement since the new [provider] took over. Health and Safety has improved and there's a new dress code [staff wore uniforms]."

People who lived at the home, their relatives and staff all commented positively about the registered manager. They told us that the registered manager was approachable and they were confident that she would listen to any concerns they raised and take appropriate action. One relative said, "If I say something to [registered manager] I know it will be executed immediately. My [relative] needed a new hospital bed and the referral was done in less than a day. A new bed was installed in less than a week." We found the manager to be very enthusiastic, clear about their role and responsibilities, and were in tune with what was going on in the home. They were positive about the support they received from the provider and told us, "I love my job, I don't know what I would do if I didn't work here. I love the people and working with the staff to solve problems." We found that the provider visited the home at least twice weekly and together with the registered manager they provided a visible leadership for the home.

People, their relatives and care professionals involved in the care of people who lived at the home were encouraged to provide feedback and to be involved in the development of the service. This was done by way of satisfaction surveys which were carried out yearly. The results of these surveys were used to identify areas of improvement to be made within the home. The latest satisfaction surveys for people were carried out in September 2015 and the ones for professionals were done in March 2016. We reviewed the outcome of these surveys and found that majority of people who responded rated the service as a good service. Comments such as, "People and professionals are always treated with kindness and respect. We cannot fault this home," made. Staff were also involved in the development of the service by way of monthly staff meetings. We saw that the June 2016's meeting was cancelled because of the refurbishment work that was being done but the previous meeting took place.

The provider had a quality assurance system in place. Quality audits were carried out by the registered manager on a monthly basis. These quality audits focussed on areas such as infection control, people's medicines, their care records and falls management. Action plans were developed when required to address any improvements that were needed as a result of these audits. The provider also had a system for handling and managing compliments that were made about the home, the staff and the care that was provided to people. We reviewed records of compliment and found one that read, "Thank you so much for the amazing care given to [Relative] for which we are very grateful."