Dr Shams Tabraiz & Mr Mahmood Hussain Raja Mr Manillal Rambojun

Dunedin

Inspection report

10 Connaught Gardens East
Clacton-on-Sea
Essex
CO15 6HY
Tel: 01255476484
Website: www.dunedincarehome.co.uk

Date of inspection visit: 11 July 2014
Date of publication: 30/01/2015

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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This report was written during the testing phase of our new approach to regulating adult social care services.

After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to

Summary of findings

consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

The inspection was unannounced, which meant the provider did not know that we were coming.

At our last inspection of the service on 28 January 2014 we looked at a range of standards which included people's consent to care and treatment, care and welfare of people, safeguarding people from abuse, requirements relating to staff recruitment and record keeping. There were no areas of concern identified at the last inspection.

Dunedin Residential Care Home provides accommodation and personal care for up to 23 people. At the time of our inspection there were 21 people living in the home and one person was moving in on the afternoon of our visit. There is a manager at the service whose application to register with the Care Quality Commission was being processed at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

There were systems in place to provide safe care for people who used the service. Relatives told us they were confident that their family members were safe.

The provider made available opportunities for staff to develop the skills and knowledge needed to provide safe, effective care and support for people who used the service. Relatives praised the care and support provided for their family members.

People were supported by staff who displayed a caring attitude towards them. Relatives made positive comments about how caring staff were.

The manager and staff took into account the diverse needs of people using the service by offering a range of social opportunities and by responding to any changes in their health or social care needs.

The service was led by a competent manager who had a hands-on management style that was complimented on by people who used the service, relatives and staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were safe because staff understood what they should do to keep people safe and there were sufficient staff to provide care for people who lived there.

People received care and support in an environment that was safe and where improvements were needed to the environment they were carried out.

People's best interests were managed appropriately under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Good

Is the service effective?
The service was effective.

Staff knew people well and understood their individual health and nutritional needs. Staff received training to give them the skills and knowledge to provide effective care and support for people who lived in Dunedin.

Communication between staff and families was effective. Families were consulted and kept informed about their relative's care.

Good

Is the service caring?
The service was caring.

Staff treated people well, listened to them and were attentive to their needs. Relatives were complimentary about the care and support given and said that staff were 'polite' and treated people with dignity and respect.

There was an open culture and good communication between people who lived in the home, relatives, staff and management.

People were involved in making decisions about their care and their individual needs were met.

Good

Is the service responsive?
The service was responsive.

The diverse needs of individuals were met by using the information from the assessment process to plan care and support in ways that people preferred.

The service responded to people's social needs by offering opportunities to take part in social activities that they enjoyed.

Relatives were confident that the service would respond appropriately to any changed in their family member's needs and they would be kept informed of any issues.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

The manager who promoted an open culture and provided staff with the support to carry out their roles.

There were systems in place to seek the views of people who used the service and use their feedback to make improvements.

There were audit systems in place to monitor the quality and safety of the service.

Dunedin

Detailed findings

Background to this inspection

Before the inspection on 11 July 2014 we looked at all the information we had available about the service. This included information from notifications received by the Care Quality Commission and the findings from our last inspection. A notification is information about important events which the service is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection we reviewed the information included in the PIR along with information we held about the service.

We spent time observing support in the dining room and used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who were unable to talk with us, due to their complex health needs. During our inspection we also spent time observing people's experiences in the lounge.

We observed how people who lived in the home interacted with one another and with members of staff who were on duty during our inspection. On the day of our inspection there was only one person at home who was able to speak with us. We spoke with two relatives and interviewed two members of care staff. We also spoke with a health professional and a social care assessor who had visited the service.

We examined records which included four people's care plans and risk assessments as well as records that related to the management of the service such as staff training records, quality audits and maintenance records.

Is the service safe?

Our findings

A relative who was visiting Dunedin on the day of our inspection told us, "I feel [my family member] is safe here."

A visitor told us, "We have seen some improvement in the condition of the home recently such as the decoration of my [spouse's] room and other areas of the home."

The manager knew how to make an application for consideration to deprive a person of their liberty (DoLS). There were no people who used the service who were deprived of their liberty. Discussions took place with the manager regarding how the recent judgement by the Supreme Court, could impact on the provider's responsibility to ensure Deprivation of Liberty Safeguards (DoLS) were in place for people using the service.

Staff had received training in recognising and understanding what constitutes abuse or poor practice. A member of staff was able to explain what different types of abuse there were such as financial, sexual, physical, and psychological and neglect.

Two members of staff spoken with understood what they should do if they saw or suspected abuse or poor practice. One member of staff told us that if they witnessed any abuse or poor practice they would report it straight away to the manager. They were also able to tell us that if a situation arose where the manager was not available they would report abuse directly to the local authority safeguarding team. The member of staff confirmed they had annual refresher training on abuse. Staff told us they would be confident that any issues they raised with management would be taken seriously.

The manager told us about a person who returned to the home after an admission to a hospital with a number of pressure areas. The manager explained that they had sought relevant medical support. They then followed safeguarding procedures and raised an alert with the local authority on behalf of the person.

Records confirmed that the provider had a process in place for assessing and managing risk. We looked at four people's care plans and they all contained risk assessments that related to their individual needs. Both members of staff spoken with were able to tell us about some of the risks identified for individuals, for example the risk of falling, and how they supported the person to reduce the risk.

The manager told us that they used a dependency tool to calculate the number of staff needed to meet the needs of the people who lived in the home. This was a way of working out how much support individuals required to meet their needs and using this information to calculate how many staff hours were required to meet people's needs safely. On the day of our inspection we saw that, when people rang their call bells for assistance, their care needs were met promptly.

A member of staff told us, "I feel that there are enough staff on duty to meet people's needs, the manager is very much hands on they spend a lot of time working alongside of us." They also said, "We have plenty of opportunities to sit down and talk with people and their relative when they visit." During our visit we saw that staff did not rush people when they were providing care.

During our inspection we looked at the environment and found it to be clean and comfortable. Some areas, although clean, appeared to need some renovation. An example of this was the flooring in an upstairs shower room where there were some stains on the floor. The downstairs shower room was clean, although there were some areas where there was minor damage to tiling which could have reduced the effectiveness of cleaning and posed an infection control risk. The manager explained that they were waiting for quotations to replace the flooring. Since our inspection the manager has confirmed that the work has now been commissioned to carry out the necessary improvements. The manager also informed us that they have ordered new furniture so that they can relocate the dining room to create an additional small lounge for people who would prefer somewhere quiet to sit.

We noted that there was a lift immobiliser fitted to the doors of the passenger lift to enable staff to prevent anyone using the lift in the event of an emergency such as a fire.

Is the service effective?

Our findings

A relative told us, "I feel that the staff are well trained and competent in meeting my [family member's] needs."

We spoke with a health professional who explained that they had seen "great improvements" with one person's health. The person had a tiny skin lesion but, following an admission to hospital, had come back to Dunedin with multiple severe pressure sores. The health professional explained that good diet and appropriate care had helped the person to recover well.

In the sample of four care plans examined during our inspection we saw that areas that were identified as a risk for the person were highlighted as 'essential' and there were details to guide staff about how people were supported in these areas.. For example, one person was at risk of recurring urinary tract infections and the care plan for fluid intake was highlighted and closely monitored. The manager and two care staff spoken with were able to tell us about how people preferred to have care provided.

The individual care records that we examined on the day of our inspection contained the Alzheimer's Society's 'This is me' booklet to record people's needs, interests, preferences, likes and dislikes. The information from this document was used to complete a communication passport for the person to help improve understanding when people were less able to communicate what they wanted or how they felt. Care staff had a good knowledge of people's communication needs and we saw that staff understood people's ways of communicating. For example they picked up on people's body language and facial expressions.

We observed the lunchtime meal on the day of our inspection and saw that people were offered the choice of eating their meal in the dining room or remaining in the lounge. People were offered a choice of two meals and we saw that the food was well presented. We spoke with the kitchen staff who told us that people were always offered an alternative if they did not like what was on the menu and they gave us examples of people's individual likes and dislikes.

We saw that the majority of people were eating independently but when people needed support to eat their meal, care staff were providing that support kindly. For example, one member of staff was using the person's name and encouraging them to eat. We also noted that staff offered people a choice of cold drinks throughout the meal.

We observed that when a person required support with eating staff gently encouraged them to eat and drink. For example, the care staff was heard to ask each person if they were ready for some more food. We saw that people were not rushed and the staff member conversed with them during the process. We heard staff checking with people to see if they had finished their meal or if the wanted more to eat or drink before removing the plates and cutlery.

Two people had care plans in place relating to eating and drinking. They contained specific information about the person's ability to carry out tasks independently and what support they needed from staff. We saw that when the required support was identified there was guidance for staff how the support was to be managed and both staff we spoke with during our inspection were able to tell us about people's specific needs around eating and drinking.

One person had a recent assessment from the speech and language therapy (SALT) team around eating and drinking. We saw that their professional guidance was clearly recorded in the person's care plan. The person was also weighed monthly to identify any concerning weight loss so that a referral could be made to the SALT team for a further assessment.

There was a system in place to supervise and support staff. Members of staff had face-to-face supervisions every eight weeks. In addition the manager carried out observations of how staff performed their role such as whether they followed good practices when carrying out personal care. Where staff administered medication as part of their role, the manager carried out observations of safe handling of medicines. Staff had an annual appraisal of their performance. Staff told us they felt well supported.

The manager told us that training was important to the service so that staff had the information they needed to provide effective support. Two staff spoken with were complimentary about the training they received and said that it gave them information about how to care for people. One said, , "The training is very good we regularly have refresher training and if we have a new resident who has a condition we are not sure about the manager organises training for the staff."

Is the service caring?

Our findings

During our inspection we saw that people who lived at Dunedin smiled and were relaxed with staff. We noted that staff listened to people and gave them time to respond. The atmosphere was relaxed and staff were respectful when speaking with people.

We saw that staff watched people's body language and facial expressions to help them understand what people wanted and gave people time to communicate their needs.

Throughout our inspection we noted that staff were polite when assisting people who lived in the home. For example, care staff explained to people what they were going to do when assisting them to move, speaking calmly to the person and asking them if they were all right.

We spoke with a visitor who told us they were happy with the care their spouse received and that they had been involved in discussing and reviewing care plans. They said, "The staff are accommodating and polite. The keyworker keeps the family well informed about my [spouse's] condition. We have a good relationship with the home." A relative told us, "I looked at several homes before choosing this one because the staff were polite and caring."

Staff understood that people should be treated with dignity and respect. The home had five members of staff who were dignity champions whose role was to promote and model good practices. The Department of Health's dignity in care document was displayed in a prominent position at the front of people's care plans as a daily reminder to staff about treating people with respect.

Staff were given guidance about good practices, for example they should knock on people's doors before entering and should greet people by their name. Staff were also given advice on good communication techniques such as showing understanding through paraphrasing and active listening techniques. During our inspection we saw staff followed good practice advice.

Where people did not have the capacity to consent to care and treatment, an assessment had been carried out. People's relatives, health and social care professionals and staff had been involved in making decisions in the best interests of the person and this was recorded on a Mental Capacity Act form.

Staff were given guidance that they should seek people's consent before providing care and support. Throughout our inspection we observed three members of staff and noted that they clearly understood the need for people to give their consent to the care they received. We saw that staff used prompts such as, "Would you like..." or "Can I help you with..." as a way of checking if people wanted support. During lunch we saw that a member of staff asked a person if they needed a cushion behind them to help them sit up straighter, the person agreed and the staff member checked if they were comfortable after placing the cushion. We saw that staff on duty communicated well with people and staff were able to demonstrate a good understanding of how people communicated if they were not able to discuss their needs.

People who were unable to go to their chosen places of worship were given the opportunity to take part in worship at the home. The manager explained that only a few people had chosen to take part but the opportunity was there and they would make arrangements for representatives from any place of worship of a person's choice to visit the home.

Is the service responsive?

Our findings

We spoke with a relative who told us that their family member had recently moved in in an emergency due to deteriorating health. The relative said, "The manager was very helpful and knowledgeable about [my family member's] medical condition." The manager had ensured that the family has been involved in planning the person's care and support. The relative said, "They listened to us and used the information we provided them with to train the staff on how to support [my relative]."

We saw information obtained either from the person, their relatives or professionals was used to formulate the care plans and risk assessments. People's needs were assessed and care plans based on the assessment were written in plain English and contained significant information for staff to be able to provide the appropriate care and support to meet their individual needs. The manager and two care staff spoken with were able to tell us about people's assessed needs.

A member of staff came in for two hours a day and to arrange things for people to do that they were interested in. Some people's interests included gardening and knitting and the member of staff ran small clubs where people could join in if they wished. Where people were unable to express their wishes or communicate about the kind of things they wanted to do, the member of staff made activities such as arts and crafts available to see if they could stimulate some people's interest in joining in. Staff also told us that they made links with the community and someone brought pets in for people to enjoy. The local library came in every other week to make books available should anyone wish to borrow a book.

We saw from records that there was good liaison with families and we spoke with three visiting family members during our inspection. The manager explained that there were usually more visitors at weekends. A member of staff spoken with told us, "We help two people to keep in contact with their families who live abroad we do this by using the homes computer tablet to make video contact with their relatives." The manager also explained that they had arranged for a dementia trainer to visit the home and facilitate a training workshop for families to help give them a greater understanding of living with dementia. Relatives spoken with said they were kept informed of any changes or if there was any cause for concern.

Dunedin Residential Home had a policy and procedure in place for concerns, complaints and compliments. We saw from records four examples of compliments that relatives of people using the service had made. There were no written complaints and relatives we spoke with did not have any concerns or complaints.

Is the service well-led?

Our findings

The manager told us that staff retention was good and they had a very low turnover of staff. Staff spoken with felt well supported and told us they enjoyed their jobs. One member of staff who had been in post for more than two years told us if they were dissatisfied then they would not stay. They also told us, "It is brilliant here, I feel valued by my colleagues and the manager."

The service had processes in place to monitor the quality of the service. Part of this process was to seek the views of people who used the service by carrying out a satisfaction survey twice a year for people who lived in the home. In addition a yearly questionnaire was sent out to relatives and to health and social care professionals with links to the service. Feedback from the service's quality monitoring system was used to make improvements. For example, redecoration throughout the home was carried out in October 2013 in response to comments made in completed questionnaires.

The manager told us that the provider visited the home every month to talk with staff, people who lived in the home and any visiting relatives. From these discussions actions could be taken to address any concerns that were raised or respond to feedback received.

The manager had processes in place to audit and assess the quality of the service. For example health and safety checks on fire and electrical systems were carried out to identify any issues so that action could be taken to put right any problems. The manager explained that monitoring of health and safety was carried out on a daily basis, such as checking the water temperature every time anyone used the shower or bath to make sure people were not at risk of harm from the water being too hot or too cold.

During our inspection we saw that staffing levels were well managed and met the needs of people who lived in Dunedin. We saw that people's care and support needs were met promptly by care staff and the manager who worked alongside staff. This team working showed staff that leadership was visible and the manager was aware of staff practices and the day-to-day culture in the home.

Staff told us that morale was good and they felt well supported. They said they would be able to raise any concerns with the manager and were confident if they raised an issue that it would be dealt with.