

Townsend Life Care Ltd

Dumpton Lodge

Inspection report

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Broadstairs
Kent
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Tel: 01843865877

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Summary of findings

Overall summary

Care service description

Dumpton Lodge is a detached home overlooking the sea in Broadstairs. The service is registered to provide accommodation and personal care for up to 29 people, some of whom may be living with dementia.

Accommodation is set over two floors. There are bedrooms on the ground and first floor and a shaft lift that connects the upper and lower floors. There are large communal areas. The home was clean, tidy and well decorated with good light. Corridors were uncluttered and wide with plenty of room for wheelchairs and hoists to be manoeuvred.

Rating at last inspection

At the last inspection, the service was rated Good and Requires Improvement in the 'Safe' domain.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 24 May 2016. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach of Regulation 12 of the Health and Social Care Act Regulated Activities Regulations 2014, Safe care and treatment. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dumpton Lodge on our website at www.cqc.org.uk

At this inspection we found the service remained Good and is now rated Good in the Safe domain.

Why the service is rated Good

The service had improved since the last inspection. Medicines were now stored safely and at the correct temperature. There were no out of date medicines. People received their medicines when they needed them.

Staff knew how to recognise and respond to abuse. There had been no safeguarding incidents since our last inspection.

Risks relating to people's health and mobility had been assessed and minimised where possible. Regular health and safety checks were undertaken to ensure the environment was safe and equipment worked as required. Regular fire drills were completed.

There was enough staff to keep people safe. Staff were checked before they started working with people to ensure they were of good character and had the necessary skills and experience to support people effectively.

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 ●

We found that action had been taken to improve safety.

Medicines were managed safely.

Potential risks to people had been identified and recorded and there was clear guidance in place to help manage the risks. Regular checks were carried out on the environment and equipment to ensure it was safe and fit for use.

There was enough staff to keep people safe. Staff were checked before they started working at the service.

Staff had received training and knew how to recognise and respond to different types of abuse.

Dumpton Lodge

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.

We undertook an unannounced focused inspection of Dumpton Lodge on 14 December 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our 24 May 2016 inspection had been made. The team inspected the service against one of the five questions we ask about services: is the service Safe? This was because the service was previously not meeting some legal requirements. This inspection was carried out by one inspector.

The provider had not completed a Provider Information Return (PIR), because we had not requested one before this focused inspection. 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 the inspection we reviewed all the information we held about the service, we looked at previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the deputy manager and the owner. We spoke with three members of staff. We looked at four people's care plans and the associated risk assessments and guidance. We looked at a range of other records including medicines records and audits, maintenance records, four staff recruitment files and staff rotas. We observed the medicine round at lunch time.

Some people were unable to tell us about their experience of care at the service so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with two relatives.

We last inspected this service on 24 May 2016. Breaches in the regulations were identified at this inspection.

Is the service safe?

Our findings

People told us they felt safe living at the service. They were relaxed in the company of staff and staff reacted quickly if people became distressed or anxious. Staff knew people well and said they had built up good relationships with the people they supported. One relative told us, "The carers have to be on top of things. [My relative] is safe; staff know what they are like. They are always clean and they seem to be eating well." Another relative said, "They are definitely safe. If they were at home, particularly at night time, I'd be worrying, but I don't as they are here."

At the last inspection in May 2016 medicines were not always stored at safe temperatures. Non-prescription medicines for the short term management of minor, self-limiting conditions such as occasional pain or cold symptoms (homely remedies) were found to be out of date. Medicines administration records (MARs) had gaps in them and had not always been completed accurately. At this inspection improvements had been made.

There were no out of date medicines stored at the service. Fridge and room temperatures were now taken each day to ensure medicines were stored at a safe temperature. The registered manager reviewed these temperatures each week to check they had remained within a safe range. Medicine administration records (MARs) were fully completed, and there were no gaps found.

Most people had printed medicine administration records that came from a local pharmacy. However, some people had handwritten medicine administration records. Staff had written the medicines on these records and had signed to say the information was correct, but this had not been double checked by a second member of staff to ensure it was accurate. This was an area for improvement.

Some people were prescribed medicine on an as and when basis (PRN) for pain relief or anxiety. The owner told us that they were in process of updating these to ensure each person had specific guidance for when staff should administer this medicine. We will follow this up at the next inspection.

There were appropriate arrangements in place for obtaining, recording, administering and disposing of prescribed medicines. There was evidence of stock rotation to ensure that medicines did not go out of date. Bottles of medicines were routinely dated when they were first opened. Staff were aware that these items had a shorter shelf life than other medicines, and this enabled them to check when they were going out of date.

Staff had identified the risks associated with people's care, such as mobility, skin integrity and unstable health care conditions such as diabetes. Each care plan explained how to manage these risks and ensure that people received the care they needed to minimise the risks from occurring. Some people had a catheter in place to assist them passing urine. There was clear guidance and risk assessments in place so staff knew how to support people with their catheter care.

Staff recognised the risk that dehydration could cause to people. The deputy manager had recently taken

part in a hydration project, to ensure people had enough to drink throughout the day. There was a trolley of cold drinks available in the lounge at all times and they told us that they offered people additional fruit, jelly and ice lollies as these contained a high water content. People had experienced less falls, and the number of urine infections had decreased as a result of the project.

When people were at risk of developing pressure sores they had beds with air flow mattresses and special cushions were available for people to sit on. Staff regularly checked this equipment and ensured that they were on the correct settings. Everybody had healthy skin at the time of the inspection.

Staff recorded accidents and incidents when they occurred. Accident and incident forms were collated and the registered manager looked for any trends or themes so they knew what action to take to reduce the risk of incidents happening again. When people fell staff sought appropriate medical advice and some people had been referred to their doctor to see if there was a reason they were falling regularly.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of scalding. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency.

The provider had a business continuity plan in place to make sure they could respond to emergency situations such as adverse weather conditions, staff unavailability and a fire or flood. There was an on-call system in place so there was always a member of the management team available in an emergency. Staff told us they were aware of the continuity plan and were confident they could reach a manager out of hours.

There were enough staff on duty to meet people's needs and keep them safe. One person told us, "There is staff here when I need them. I asked them to sort my chair as I was uncomfortable, and they did it straight away." There was always staff in the main lounge, and throughout the inspection staff spent time with people, sitting and talking. Staff told us that they were busy at times but they never felt rushed when spending time with people. One staff member said, "We definitely have time for a laugh and a joke" and another staff member said, "It's a nice atmosphere with the residents, we can always stop and have a chat, which is the best part of my job."

No new staff had been recruited since the last inspection. Recruitment procedures were thorough to make sure that staff were suitable to work with people. Written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with the people. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff knew how to recognise and report different types of abuse. They had received safeguarding training and information about abuse. The Kent and Medway safeguarding protocols were available for all staff to refer to if needed. Staff told us they would report any concerns to the registered manager. One member of staff said, "It could be something subtle, like someone might not be themselves, they could be quiet or something. I'd report it to whoever was in charge, the deputy or the manager. And if I needed to then social services." Staff were confident that the registered manager would act on any concerns that were raised. There had been no safeguarding issues since our last inspection.

