

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

Requires Improvement 

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

Summary of findings

Overall summary

About the service

Dumpton Lodge is a residential care home providing personal to 27 older people at the time of the inspection. The service can support up to 28 people in one large adapted building.

People's experience of using this service and what we found

People told us they were happy living at the service and they felt safe. However, the provider and registered manager had not acted to improve the involvement of people, relatives, staff and professionals in the service. At this inspection, people, relatives and staff had not been asked for their feedback about the service. Resident meetings were held monthly but were only attended by a small number of people, other people were not asked their views.

Potential risks to people's health, welfare and safety had been assessed and there was guidance for staff to reduce the risk. Accidents had been recorded and analysed to identify patterns and trends. However, action taken to reduce risks and incidents had not been recorded and this was an area for improvement.

Staff had been recruited safely and there were enough staff to meet people's needs. Staff had received training appropriate training for their role. Staff received supervisions and appraisals to discuss their practice.

Staff monitored people's health and referred people to appropriate healthcare professionals. Staff followed their guidance to keep people as healthy as possible. Medicines were managed safely, and people received them as prescribed.

People had access to activities they enjoyed and were supported to stay as healthy as possible. People were supported to eat a healthy diet.

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

People met with the registered manager before they moved into the service to make sure staff were able to meet their needs. Each person had a care plan containing details of their choices and preferences. Where possible people or their relatives were involved in developing their care. People were given information in the way they preferred.

Checks and audits had been completed on the all elements of the service and action taken when shortfalls were found. The registered manager attended local forums and was developing plans to make improvements to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 18 February 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations. The service remains Requires Improvement. This is the second time the service has been rated Requires Improvement.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements in safe and well led domains. We found no evidence during this inspection that people were at risk of harm from this concern.

Enforcement

We have identified breaches in relation to obtaining feedback from people, relatives and staff to improve the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Dumpton Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

Dumpton Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed the information we had received about the service since the last inspection. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the provider, registered manager, senior care

workers and care workers. We observed interactions between staff and people in the communal areas of the service.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at one staff file in relation to recruitment, and staff supervision records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Previously, medicines had not been managed safely. Some people had not received their medicines as prescribed. At this inspection, medicines were managed safely. The registered manager had completed regular audits to make sure medicines had been given as prescribed.
- Some medicine instructions had been handwritten. Previously these instructions had not consistently been signed by two staff. All handwritten directives were now signed by two staff. All records of medicines given were accurate.
- Medicines were stored safely within recommended temperatures, so they remained effective. Staff received training to administer medicines and their competency was checked regularly.

Assessing risk, safety monitoring and management

- Potential risks to people's health and welfare had been assessed and there was guidance in place for staff to mitigate risk. However, the action taken to mitigate risk had not always been recorded. Some people were at risk of developing sore skin and pressure relief mattresses were in place. There were no records to confirm the mattresses were working and set to the correct weight setting. We checked three mattresses, and these were set correctly. There was a risk that faults in the mattress would not be identified putting people at risk of developing sore skin. This is an area for improvement.
- Some people were living with health conditions such as diabetes. There was guidance in place for staff to be able to support them safely. There were details about the signs and symptoms of how the person would present if they were unwell. Staff had guidance about what action to take and when to call for medical assistance when people became unwell. When people required assistance to move around the service, there was guidance in place for staff. We observed people being moved using hoists safely.
- Checks had been completed on the environment and equipment to make sure it was safe. At the last inspection certificates had not been available to confirm the checks had been completed. At this inspection, confirmation the checks had been completed was available.

Learning lessons when things go wrong

- Accidents had been recorded and analysed to identify any patterns or trends. All factors were assessed including where and when the accident happened. There was a record of the action taken and records showed it had been effective.
- Incidents had not been recorded. There had been an incident where staff had not changed a pain patch when an increased dose had been received. The registered manager had discussed this with staff and issued guidelines about what action staff should take. However, this had not been recorded. This is an area for improvement.

Staffing and recruitment

- The provider had a recruitment policy in place. Staff had been recruited following the policy. There had only been one new staff member since the last inspection. The relevant checks including full employment history and two references had been completed.
- There were enough staff on duty to meet people's needs. People told us, there was always staff around to help them. During the inspection, staff spent time sitting with people. The registered manager had calculated the number of staff needed according to people's needs and dependency.
- Agency staff were used when permanent staff were unable to cover the shift. The registered manager told us they used regular agency staff. Agency staff we spoke to had worked at the service before.

Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff understood their responsibilities to keep people safe from discrimination and abuse. Staff were aware of how to recognise and report any concerns they may have. They were confident the registered manager would take appropriate action.
- The registered manager had reported concerns to the local safeguarding authority when required. Safeguarding concerns had been recorded and appropriate action taken.

Preventing and controlling infection

- The service was clean and free from odour. There was enough domestic staff to maintain the cleanliness of the service.
- Staff had received training in infection control. They had access to gloves and aprons and used these appropriately.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People met with staff before they moved into the service. This made sure staff would be able to meet their needs, choices and preferences. People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessment, this included people's religious and cultural needs.
- People's needs were assessed using recognised tools such as Waterlow to assess people's skin integrity. This followed the best practice from organisations such as the National Institute of Clinical Excellence. These were used to develop the care plan.

Staff support: induction, training, skills and experience

- Staff received training appropriate to their role. Training was a mixture of face to face and from booklets. The registered manager provided moving and handling training for staff and outside trainers had provided fire training. Senior staff had received training to administer insulin to support people's needs. Staff received yearly refresher training on topics such as safeguarding, dementia and mental capacity. People told us they thought staff were well trained and knew what they were doing.
- New staff completed an induction booklet covering all aspects of their role. They worked with more experienced staff to learn people's choices and preferences.
- Staff received regular supervision and a yearly appraisal to discuss their development. Staff told us they felt supported and were able to speak to the registered manager when they needed.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a balanced diet. People were offered a choice of meals, if they did not like what was offered, people told us they could ask for something else. People were offered snacks and drinks throughout the day.
- The lunchtime meal was a social meal. People were chatting amongst themselves, discussing their meals. People said, "You know what that was lovely" and "Just the right amount, not too much, it was beautiful."
- People were supported to eat and drink when required. People were given time to eat, staff checked they were ready for more of their meal.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health and were referred to healthcare professionals when their needs changed. People had been referred to the dietician when they had lost weight. Staff followed the guidance of professionals and people were given nutritional supplements as prescribed.
- Staff contacted the GP and district nurses when people's health changed. Records confirmed people had

seen opticians and dentists when needed. Staff supported people to maintain their oral health and there were oral health care plans in place.

- People were encouraged and supported to be as active as possible. People were supported to walk around the service and completed chair exercises.

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

- The service had been adapted to meet people's needs. Lighting along the corridors came on as people entered the area. The corridors were wide to enable people to move around easily in their wheelchairs.
- People's rooms had been personalised with photos and pictures. People told us their rooms felt like home.
- Since the last inspection some pictorial signs had been put on the toilet and bathroom doors. However, no other adaptations had been made to assist people to move independently around the service. During the inspection this had not impacted on people as they appeared to know their way around the service. We discussed this with the registered manager and the need for additional signage if people's needs changed.

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

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity had been assessed for specific decisions. When people were unable to make decisions, best interest decisions were made by staff and people who knew the person well. When people had appointed someone to make decisions on their behalf, there was a copy of the documentation available.
- Staff understood how to support people to make their own decisions. Staff understood how people liked to communicate and how they needed information given to them. We observed people being supported to make decisions throughout the inspection.
- When appropriate DoLS authorisations had been applied for. Some people had DoLS authorisations in place. There had been no conditions placed on the DoLS.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with dignity and respect. Staff made sure people's choices and preferences were respected. Staff supported people to sit in the chair they preferred with the blanket and items they wanted around them.
- Staff approached people in a calm caring way. They spoke to people discreetly when asking them what they wanted to do. Staff promoted respect between people. For example, the activities co-ordinator explained to people why they were not always available in the lounge. This helped people to understand the needs of others and they asked how they could support the other people.
- People's religious and cultural needs were met. People were supported to attend services of their choice.

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

- People were encouraged to discuss their care and support whenever possible. People were included in discussions with social care professionals when deciding what their future support should be.
- When people were unable to express their views, staff spoke with their relatives about their past life. These conversations were used to find out about people's previous choices and preferences. This information was used to inform decisions made in the person's best interest.
- People told us they were asked what support they wanted. This was discussed with them before a final decision was made.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. People could walk around the service safely using their walking aids. Staff supported people to complete tasks such as having a drink. People were encouraged to hold the mug while staff supported their hand, so they could drink as independently as possible.
- People's privacy was respected. Staff knocked on people's doors and waited to be asked in before entering. Staff asked people their permission before they did anything and respected their decisions.
- People's records were kept securely, and staff understood their role to maintain people's confidentiality.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a care plan. These plans contained details of people's choices and preferences. There was information about what people liked to wear and how they liked to sleep. For example, one person liked to sleep with sweets and handbag by their side.
- People told us, and we observed people being supported in the way they preferred. People were dressed following the information in the care plans. One person told us, "I choose my clothes, we decide if we think it goes together." Staff knew what people liked to have around them and brought the items to the lounge. People had their handbags and books with them when they were sitting in the lounge.
- Care plans were reviewed monthly and changes were made when required. The care plans reflected people's care needs and the support given.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information available to people was mainly in written format. There was limited use of pictorial information around the service. This had no impact on people living at the service as they were able to understand what was written and spoken to them. When required information was given in large print.
- We discussed this with the registered manager. They agreed people's changing needs would mean the way information is given need to be reviewed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they enjoyed the activities offered at the service. There was an activities organiser four days a week and outside entertainment came into the service on the other day. During the inspection, people were encouraged to discuss what was going on in the world and their memories. People also completed arts and crafts, quizzes and singing.
- People were supported to maintain relationships with their family and friends. Visitors were welcome at any time. People told us they saw their relatives frequently and they enjoyed the visits.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. Complaints had been recorded, investigated and resolved following the policy. The registered manager had recorded all concerns as complaints including those raised verbally.

- People told us they knew how to complain. They told us they would speak to the registered manager if they had any problems. People were confident any issues would be dealt with quickly.

End of life care and support

- The service supported people at the end of their lives. People's end of life wishes were discussed and recorded in people's care plans including when people wanted to be cared for at the service.
- When people became frail they were reviewed by the GP. Staff worked with the GP and district nurses to provide support at the end of people's lives. Medicines were made available to keep people comfortable.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- People had the opportunity to attend monthly meetings to express their views. A meeting was held during the inspection, the people attending were encouraged to express their views. However, this was only a small number of people within the service. Action had been taken when people had made suggestions around activities and the menus.
- At the last inspection, the service had not sent out quality assurance surveys to people, relatives, staff or professionals. Staff meetings had not been held. There had been no change at this inspection. Apart from the small resident meetings, there was no system to obtain views about the quality of the service.
- The provider had not acted to improve engagement with people, staff and relatives since the shortfall was identified at the last inspection.

The provider had failed to seek and act on feedback from relevant persons on the services provided. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the services provided. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this element of regulation 17.

- Previously, the audits had not been effective at identifying the shortfalls found at the inspection. Audits were now effective at identifying shortfalls. When shortfalls were identified action had been taken to rectify the shortfall.
- Records for each person were now accurate. Checks completed had recorded and safety certificates were now available during the inspection.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service. This is so that people, visitors and those seeking information about a service can be informed of our

judgements. We found the provider conspicuously displayed this rating on a notice board in the entrance hall and on their website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff promoted a person-centred approach to people's care and support. People were involved as much as possible in developing their care. People told us they had been asked by staff for their input into their care.
- People told us they knew who the registered manager was and saw them often. There was an open culture within the service. The registered manager had an 'open door' policy, relatives spent time with them during the inspection.
- Relatives told us they had been kept informed of any changes and any incidents. Records showed the registered manager had kept relatives and other agencies informed during investigations.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with guidance.

Continuous learning and improving care; Working in partnership with others

- The registered manager had attended local forums and a leadership course since the last inspection. The registered manager was devising a plan to incorporate the concepts of good leadership they had learnt. This included the implementation of a 'values' based service.
- The service worked with other agencies such as the local commissioning group to provide the support people needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to seek and act on feedback from relevant persons on the services provided. Regulation 17 (2) (e) |