Dunniwood Lodge (Doncaster) Limited

Dunniwood Lodge

Inspection report

229-231 Bawtry Road
Bessacarr
Doncaster
South Yorkshire
DN4 7AL

Tel: 01302370457

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20 January 2016
21 January 2016

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 20 and 21 January 2016 and was unannounced. This was the first inspection under the new registration.

Dunniwood Lodge is a care home situated in Bessacarr, Doncaster. It provides personal care for up to 44 older people. At the time of our inspection the service was providing care and support to 37 people.

The service did not have a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A home manager had been appointed and had been in post since 26 October 2015 and was in the process of applying to be registered with the CQC. The manager was currently identifying areas for development and devising management systems to assist her. However, these required embedding in to practice. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Medicine management was not always in line with the provider's policy. Medicines prescribed on an 'as and when' basis (PRN) did not have an appropriate record of why the medicine had been given and what effect this had. We saw gaps in the recording of the temperature of the fridge and room used to store medicines.

The manager kept a log of safeguarding concerns and the outcomes. We saw evidence that safeguarding was taken seriously and reported appropriately.

We looked as care files and found plans were in place to manage any risks associated with people's care.

We saw enough staff were available to meet people's needs and they responded quickly when they were required to. However, we saw someone had to wait quite a while to be transferred from their wheelchair into a comfortable chair.

We saw training records and spoke with staff and found that training had not taken place for quite a while prior to the new manager starting work at the service. However, we saw that some training had been completed since this and their was a plan in place to address this issue.

People were supported to make decisions about their care and their choice was respected. Care plans included information about people's likes and dislikes.

People received a nutritious and balanced diet. Snacks and drinks were offered throughout the day. However, we saw some lack of choice around the main meal.

People were supported to maintain good health, have access to healthcare services and received ongoing healthcare support. We saw care plans included guidance from other professionals.

Through our observations we found staff were supporting people in a friendly and caring manner.

Care plans we looked at included a lifestyle profile which indicated how the person would like to spend their day, what time they like to rise and retire. Care plans also included a map of life which gave information about the person's life history.

We saw staff interacting with people, but found this was not always in line with their care plan. Care plans were reviewed on a monthly basis and we saw that where appropriate changes had been made to reflect the person's current needs.

The provider had a complaints procedure displayed in the entrance are of the home. We spoke with people who used the service and their relatives and most told us they did not need to complain. They felt able to speak with the manager if they had a concern.

During our inspection we saw the registered manager interacted well with staff and people who used the service. People knew her well and she made time for people who used the service, relatives and staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicine management was not always in line with the provider's policy.

The manager kept a log of safeguarding concerns and the outcomes in a log. We saw evidence that safeguarding was taken seriously and reported appropriately.

We looked as care files and found plans were in place to manage any risks associated with people's care.

We saw enough staff were available to meet people's needs and they responded quickly when they were required to. However, we saw someone had to wait quite a while to be transferred from their wheelchair into a comfortable chair.

Is the service effective?

Requires Improvement

The service was not always effective.

We saw training records and spoke with staff and found that training had not taken place for quite a while prior to the new manager starting work at the service.

People were supported to make decisions about their care and their choice was respected.

People received a nutritious and balanced diet. Snacks and drinks were offered throughout the day.

People were supported to maintain good health, have access to healthcare services and received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

Through our observations we saw staff were friendly and caring.

Care plans included information about people's interests, likes

and dislikes.

We saw people's privacy and dignity was maintained.

Is the service responsive?

Requires Improvement

The service was not always responsive.

We saw staff interacting with people, but found this was not always in line with their care plan.

The provider had a complaints procedure and people felt able to raise concerns.

Is the service well-led?

Requires Improvement

The service was well led, but systems needed embedding in to practice..

We saw audits took place to ensure policies and procedures were being followed. However, these needed to be embedded into practice.

People who used the service were involved in the development of the home and were able to contribute ideas.

Dunniwood 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 20 and 21January 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed all the information we held about the home. We spoke with the local authority and Healthwatch Doncaster to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with six people who used the service and two relatives and spent time observing staff supporting people.

We spoke with three care workers, the activity co-ordinator, a cook, the registered manager and the clinical lead. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Requires Improvement

Is the service safe?

Our findings

We spoke with people who used the service and found people felt safe living at the home. One person said, "I'm safer here than anywhere else, the manager is very nice and does whatever she can." A relative said, "It's very safe here, if I didn't think it was I would tell the manager, she's very approachable."

We looked at systems in place to safeguard people from abuse and found they were effective. Staff we spoke with were knowledgeable about the policy and procedure in place and what they needed to do if they suspected abuse. The staff also told us they had confidence to recognise and respond appropriately if they needed to.

One care worker said, "We used to have whistle blowing policy displayed in a poster but it's not available anymore, I would like to see that." We asked the manager about this and they said this would be made available.

The manager kept a log of safeguarding concerns and the outcomes. We saw evidence that safeguarding was taken seriously and reported appropriately.

The service had a policy in place for managing medicines in a safe way. This included a procedure to follow for medicines prescribed on an 'as and when' basis (PRN). The policy stated that details about why the medicine was given and its effectiveness should be recorded. We did not see evidence of this. We also saw someone had been prescribed antibiotics, but a short term care plan had not been implemented. We spoke with the manager about these issues and she told us she was in the process of implementing this.

We saw medicines were stored in a locked trolley which was kept in a locked room. Medicines which required cool storage were kept in a medicine fridge. A temperature chart was in place and the company policy was to take temperatures of the room and fridge on a daily basis, to ensure medicines were stored at the correctly. However, the chart was only completed on the 1 January 2016 and 14 January 2016. Therefore it was unclear if the temperature had been checked on the other days.

We asked the manager what audit was in place to ensure medicines were handled safely and were told the previous audits had not been completed. The manager told us that she had recently commenced an audit, but on finding issues she had stopped the audit to resolve them.

We looked as care files and found plans were in place to manage any risks associated with people's care. For example, someone who was at risk of falling had a sensor mat in place to alert staff that they were standing. Staff we spoke with were aware of the different risk assessments in place, how to recognise hazards and minimise the risk occurring.

The service had a safe recruitment system in place. We looked at three staff files and found the recruitment process had been followed. Pre-employment checks were obtained prior to new staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check.

The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people. The service was in the process of recruiting staff and were waiting for employment checks to be completed.

New starters completed an induction process which included an introduction to the home and people using the service. New staff were also asked to complete appropriate training and could shadow experienced staff for three days. This could be extended if appropriate.

Through our observation and by speaking with people, we found there were enough staff to meet people's needs. One person said, "I have a buzzer in my room and staff come as quickly as they can, I don't have to wait long." A relative said, "There always seems to be plenty of staff around when we visit."

We saw staff responded quickly to people when they required support and assistance. Staff were patient and did not rush people. However, we saw one person was sat in a wheelchair waiting to be transferred to a comfortable chair, following their meal for quite a while. We spoke with the manager about this who addressed the issue.

Requires Improvement

Is the service effective?

Our findings

We spoke with people who used the service and they were confident that the care workers knew their job well. One person said, ""They (the staff) are a good example of what care staff should be." Another person said, "The staff are all very nice and know just what I need." A relative said, "The staff have been really supportive despite the change of managers."

We spoke with staff and they told us they had not done any training for a while, until the new manager started. Staff told us that training had been arranged since. One care worker said, "We had no recent training until the new manager came, but now it is being organised. I have had two supervision sessions while the new manager has been in post but the one before that was over a year ago."

We spoke with the manager and looked at records in relation to staff training and found training was out of date and did not take place in line with the provider's policy. We spoke with the manager about this and was told that she had found it difficult to determine which staff had done certain training and was starting the record again. We were told a new company would be taking over the training delivery on the 1 February 2016 and the home would also be using training provided by the local council. In the interim the manager had set all staff up to complete the local council e-learning packages for subjects such as health and safety, dignity and respect, safeguarding, Deprivation of Liberty Safeguards and the Mental Capacity Act. The manager had given staff three months to complete these training packages. Alongside this training the manager had completed care plan training as she had found anomalies in them. This was taking place on the day of our inspection.

We saw very little evidence that supervision sessions and appraisals had took place with staff until the new manager commenced in post. Supervision sessions were individual meetings with their line manager to discuss progress. We discussed this with the manager and found that a plan had been put in place to address this. Each senior had been given responsibility for a team of staff to complete their supervision sessions. All seniors were supervised by the manager.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found the service to be meeting the requirements of the MCA and DoLS. We spoke with staff who were keen to ensure people were offered choices and where they did not have the capacity to do so they would look at their care plans and speak with family members. This was to make sure people were offered choices what they would like.

Care plans we looked at recorded the person's capacity and how best to support the person. The manager was in the process of completing best interest meetings where people lacked capacity to make decisions and told us they would include relevant people.

We observed lunch being served on the first day of our inspection. We saw people were offered a nutritious meal. However, the meal served did not reflect the option on the menu. We spoke with the cook about this who informed us this had been changed due to what was available. We asked if the people who used the service had been involved in the change of menu, and were told they had not been.

We saw people were not offered much choice. One care worker said, "It's sausage pie today do you want vegetables with it?" There was no second cooked alternative, however one person did not want the pie and was given a ham sandwich instead which they enjoyed.

We spoke with the manager about these issues and they informed us that some work was taking place with the catering staff and since she had been in post the manager had introduced the new allergen information and 'safer food better business' system.

We saw that care plans included information about people's dietary requirements. For example, one person's care plan indicated that they required a pureed diet and should be offered thickened fluids to reduce coughing. There was an individual catering requirement form in place which informed staff of the person's diet and their likes and dislikes. This person also had food charts in place to record what the person had eaten, as they were prone to weight loss. However, they lacked information such as 'ate all' which did not clearly indicate the amount they had taken. We also saw no entries for supper or snacks taken throughout the day.

There was evidence that people had access to healthcare professionals as and when required. We saw people had input from people such as the speech and language therapist, dietician and falls team

Good

Is the service caring?

Our findings

We spoke with people who used the service and their relatives and were told the staff were very caring. One person said, "I get on very well with the staff, I like them. We have a bit of a laugh." Another person said, "It's very nice here, everyone is happy. The staff are lovely." A relative said, "The staff can't do enough for us. They are very caring and friendly."

We observed staff supporting people and found them to be caring and polite in nature. For example we heard one care worker talking to someone while they were making the person's bed. They were chatting about different jobs they had both had and different experiences. The care worker took time to spend quality time with the person and there was no sense of rushing.

We spoke with staff about privacy and dignity and asked how they would ensure this was maintained when supporting people with personal care tasks. Staff we spoke with explained the importance of ensuring the person knew what was happening and that they were involved in each task. They told us they would close curtains and doors to ensure privacy and they would use towels to preserve dignity. We observed staff asking people what they wanted and respecting the persons answer. They then explained what they were doing. For example, one person required the use of the hoist to move them from the comfortable chair to a wheelchair. The staff explained what they were doing as they moved the person.

We saw signs on bedroom doors which said, 'please knock and wait before entering, as personal care may be in progress.' We observed staff knocked on all doors prior to entering and waited for a response from the person. Bedroom doors also had name plates which had a picture on them which the person had chosen.

Care plans we looked at included a lifestyle profile which indicated how the person would like to spend their day, what time they like to rise and retire. Care plans also included a map of life which gave information about the person's life history. For example, where the person was born, close friends and family, any pets, hobbies and things which interested them. This gave staff an insight into the person's likes and dislikes and areas of interest people may engage with.

People had an allocated care worker who was responsible for ensuring the care plan met the person's needs, got to know family and friends well and to be a listening ear. This person was known as their keyworker. We saw that each person had a poster in their room which displayed the keyworkers name and had a photograph of them so the person would be able to recognise who they were. We spoke with people who told us they knew their keyworker. One person said, "I know my keyworker well. They helped me to settle in when I first came here. Lovely person."

Requires Improvement

Is the service responsive?

Our findings

We spoke with people who used the service and their relatives and were told they were involved in their care plan and invited to meetings to discuss it. One person said, "I feel part of my care and I have my say."

Care records we looked at included assessments of people's needs and in-depth care plans instructing staff how to meet the person's needs. Care plans were in place regarding issues such as capacity, eating and drinking, mobility and falls, health and medication and communication. We saw care plans were reviewed regularly to ensure they were up to date and still meeting people's needs.

However, we saw staff supporting people and this was not always in line with their individual care plans. For example, one person's care plan said the person was living with dementia and can forget that they had eaten. Staff were to offer reassurance if this occurred by offering a mug of tea and a light snack. We observed an incident where this person asked staff for something to eat and they said, "You have just had your lunch." The person said they had not and were hungry. This went on until someone finally made the person a drink and offered some biscuits. The record of this incident in the daily notes stated the person was, 'very argumentative with staff members.' This showed a lack of understanding of the person's needs. We spoke with the manager and were told that staff were to complete training in dementia care.

The home employed an activity co-ordinator who provided social stimulation to people who used the service. Each month a timetable of events was agreed and displayed throughout the home. This included things such as current affairs, sing a long, painting and jigsaws. Alongside this was a monthly plan of people coming into the home to provide a church service, entertainment or hairdressing. On the day of our inspection we saw people engaged in a quiz, read newspapers and did some craft work. One person we spoke with said, "I know things go on because I have a list on my room wall telling me what activity is on which day. Sometimes I join in but I like to spend time in my room as well." A relative told us, "They sometimes have trips out and entertainers come to the home."

The service had a complaint procedure which was displayed in the reception are of the home. This was alongside a notice saying, "Our door is always open. Constructive feedback, suggestions and congratulations are welcome." People we spoke with told us they felt able to raise concerns if they had any. One person said, "I can't grumble about anything. If I had a problem I would talk to the manager." We looked at records of complaints and found the service had received one complaint since the new provider took over. This had been resolved effectively.

Requires Improvement

Is the service well-led?

Our findings

We spoke with people who used the service and their relatives and they all felt the new manager was very approachable. One relative said, "Since the new manager came it has been better, it gives a sense that someone is in charge. She has a positive attitude which gives the staff confidence." Someone who used the service said, "The manager is very nice, she keeps in touch with us. She is always around and that's nice."

Staff felt supported by the manager and felt they could discuss any concerns they had or share any suggestions. They felt listened to and appreciated.

We saw the manager had started the process of devising an audit system. Areas such as medication, care plans, weight monitoring, and the environment were audited but the manager was in the early stages of these and some were only partially completed. The lack of effective monitoring had resulted in certain issues not being identified and therefore systems required embedding into practice.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In addition to the audits completed by the manager, the provider worked with an independent company who completed an audit around every aspect of the service. An action plan was devised following this audit which took place in August 2015. We could see from the action plan that the registered manager had addressed many of the issues.

The manager had been in post since 26 October 2015 and was still quite new to the service. However she had made changes in the short time she had been at the home, but acknowledged there was still work to be done. She had concentrated on the most important areas and as problems arose she had resolved them. For example, daily records did not cross reference to care plans and just stated where the person spent their day. The manager had delivered care plan training which included writing daily notes. Another example was that training records were out of date and for some staff it was difficult to find appropriate records. The manager had given staff timeframes for completing training online and had arranged further training courses.

We saw evidence that people's views were considered and acted upon. We saw residents meetings took place every month and relatives meetings every three months. Minutes of these meetings were displayed and available in people's bedrooms. Comments and suggestions from these meetings were displayed as 'you said, we did.' This showed the service acted upon suggestion from people who used the service and their relatives.

We spoke with staff who told us they were happy that the new manager was in post and had seen lots of changes for the better since she commenced employment. Staff told us that they now felt like they had a voice and felt listened to. They were now having regular staff meetings and they felt able to contribute to them.

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 did not take formal enforcement action at this stage. 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 Systems in place to monitor the quality of the service required embedding in to practice.