

Lotus Care (Dunollie) Limited

Dunollie Residential and Nursing Home

Inspection report

31 Filey Road
Scarborough
North Yorkshire
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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 ●

Summary of findings

Overall summary

About the service

Dunollie Residential and Nursing Home is a residential care home providing personal and nursing care to 50 older and younger adults at the time of this inspection; some of whom were living with dementia or mental health conditions, physical or sensory impairments.

The service can accommodate up to 58 people. The service is split into three separate adapted facilities, the main house, the garden wing and the lodge. One of the facilities specialises in providing care to people with mental health conditions.

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

People felt safe and well looked after. All areas were clean, tidy and there was sufficient cleaning taking place to keep people safe from the risk of infection. Relatives said they were confident that staff provided good care in a safe way.

Recruitment practice was safe, and people said staff were skilled and competent. Staff had received appropriate induction, training and support to enable them to carry out their role.

Systems were in place for the assessment, monitoring and reduction of risk towards people who used the service. The registered manager analysed falls and incidents to ensure learning from events was undertaken. This meant risks to people's health and safety were reduced.

People received their medicines on time and when they needed them. They had access to professional health care workers, which helped to maintain their wellbeing.

Care plans and risk assessments were in place for people's support needs. People and their families confirmed that they were able to contribute their views on care and support.

Communication within the service was good. Relatives were kept informed of their family member's health and welfare.

Staff were patient, kind and respectful towards people. Care was person-centred and staff had time to chat with people during the day.

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

An effective auditing process was in place to monitor the quality and safety of service provision. There was organisational learning from significant incidents, and concerns/complaints were well managed.

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

Rating at last inspection

The last rating for the service under the previous provider was good, published on 14 September 2018.

Why we inspected

This was a planned inspection based on the date the service was registered with CQC.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Dunollie Residential and Nursing Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector and an Expert by Experience completed the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Dunollie Residential and Nursing Home 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 CQC. 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with members of staff including the registered manager, one nurse, one senior care staff, the administrator and the chef.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies and procedures.

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 improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns internally and to relevant professionals.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- People felt safe in the service. One person said, "Staff are lovely, kind and caring."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's care plans included risk assessments. These provided staff with a clear description of any risks and guidance on the support people needed.
- The registered manager monitored and analysed accidents, incidents and safeguarding concerns to aid learning and reduce the risk of them happening again.
- The environment and equipment were safe and maintained. Emergency plans were in place to ensure people were protected in the event of a fire.
- Staff training on health and safety had been completed. Fire drills were taking place, but evacuation training needed to be updated. The registered manager assured us this would be organised and completed as a priority.

Staffing and recruitment

- Staff were recruited safely.
- There were enough staff to keep people safe and a contingency plan was in place to cover shifts in times of illness or leave. One member of staff told us, "Occasionally we can be one person short, but we pull together as a team."
- We observed that the service was calm, quiet and well organised. People's requests for attention were dealt with quickly and staff were working in an efficient way.

Using medicines safely

- Medicines were safely managed.
- Staff received medicine management training and competency checks were carried out.
- We spoke with the registered manager about developing care plans for high risk medicines. They assured us this would be done immediately.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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

- The provider had a robust assessment policy and procedure for people. People were satisfied they had input to this process. One person said, "I was able to discuss my care and support needs with the staff."
- The management team completed Covid-19 risk assessments for people in line with current government guidance.

Staff support: induction, training, skills and experience

- Staff were supported to carry out their roles. Staff induction and supervision processes were in place.
- The registered manager ensured staff had access to appropriate training and monitored their uptake of this. One staff member said, "We have on-line training which is easy to access and understand."
- People felt care workers had appropriate skills to meet their needs. One relative told us, "The older staff set a good example to the younger staff. and show them how to care."

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

- People had access to a varied and balanced diet. People had drinks available in their bedrooms and in the communal areas.
- The food served at the lunch time meal was homemade, looked appealing and smelt appetising. One person said, "We get a variety of meals and have a good choice."

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

- People's healthcare needs were met in a timely way. Staff supported people to access a range of healthcare services and followed professional advice. A relative said, "Staff are prompt in contacting me if [Name's] needs change or they have any appointments to attend."
- Information was recorded and ready to be shared with other agencies if people needed to access other services such as hospitals.

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

- The service design and layout met the needs of people who lived there. For example, the fixtures and furnishings made the communal areas warm and welcoming.
- People said they could walk around independently and that the lift was accessible so they could come and go to their rooms as they wished. Clear signage was used for lounges, dining rooms and bathrooms to orientate people around the service.

- There was good access to outdoor space. Flat walkways ensured people with mobility problems were able to move around with ease.
- There was a refurbishment programme in place. We asked the registered manager to ensure one corridor carpet in The Lodge was highlighted as a priority for replacement, due to heavy staining and damage.

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 were routinely involved in decisions about their care; staff sought people's consent and supported them to have choice and control over all aspects of their support.
- People's rights were protected; staff assessed people's mental capacity and made best interest decisions when needed.
- Staff recognised restrictions on people's liberty and appropriate action was taken.

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

- There were enough staff on duty to deliver person-centred care to people.
- Staff received equality and diversity training and were aware of the importance of supporting people in a non-discriminatory way which reflected their cultural preferences.
- People received care and support from staff who were compassionate and caring. People and relatives described them as, "Fantastic", "Respectful and caring" and "Kind and gentle."

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

- People said they were able to make choices and decisions about their care and support.
- Communication between families and staff was good. The management team and staff kept relatives up to date with their loved one's care and health. A relative said, "During lockdown we spoke on the phone daily with [Name] and staff let us know how they were doing health-wise."
- Staff supported people to make decisions about their care and knew when people wanted help and support from their relatives. Where needed, external advocacy services were contacted for support.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. Staff were knowledgeable about how to do this and care plans supported this.
- Staff promoted people's independence through providing encouragement and appropriate support where it was needed. A person told us, "I walk around the service independently. Staff will give me any support I need, but know I like to do things myself."
- Personal information was stored securely which helped to maintain people's privacy.

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

- Care records were detailed, up to date and reflected the care being delivered. When people's needs changed, their care and support was assessed and amended in their care file.
- People received person-centred care; staff had a detailed understanding of their needs and what was important to them. A person told us, "Staff listen to me and respect my wishes about my care."
- People and their representatives were involved in reviews of their care.

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.

- The provider made information for people available in formats they could understand.
- People were supported to tell staff about their wishes and views; their care plans included information about how they communicated.

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

- There was an activities programme in place and people said they enjoyed taking part. One person told us, "There are lots of things to do. They put a film on, or we might have a quiz or a game of bingo. I enjoy reading and have a weekly magazine delivered."
- The provider recognised people's need for comfort from their pets. People were able to have pet birds; one person had a cat living with them, and another received visits from their dog.
- Visiting arrangements for friends and family followed the government guidance during COVID-19. One relative told us, "I have to wear PPE and do a test before I visit. The staff have to see the results before I can go in."

Improving care quality in response to complaints or concerns

- The provider managed complaints well. A relative told us they hardly ever made a complaint but knew how to.
- The provider's complaint procedure and systems were effective at addressing issues. People and relatives could be confident their issues would be positively addressed.

End of life care and support

- Staff liaised with healthcare professionals to ensure people had the right medicines and equipment in place to help maintain their comfort and dignity.
- Staff understood the importance of providing good end of life care. They ensured people were comforted and had company when they needed it.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive, calm and friendly atmosphere within the service. Staff told us they felt supported by the registered manager and were confident in carrying out their roles and responsibilities.
- People told us that they were able to make their own decisions about their care and support. This was confirmed by our observations during the inspection.
- Families gave positive feedback about the management of the service. One relative said, "The registered manager is aware of the impact Covid-19 is having on people. They have done their best to boost morale, especially with visiting. I think the registered manager has got the best interests of the people foremost in their mind which is as it should be."

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

- The registered manager understood their responsibility to be open, honest and apologise if things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Daily visual checks were completed by the staff and management team to make sure people were safe and happy with the service they received. All feedback had been used to improve the service.
- The management team communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC.
- Systems and processes were in place to ensure the service was assessed or monitored for risk, quality and safety.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Although COVID-19 restrictions affected the way the service would usually have liaised and interacted with staff, residents, relatives and outside agencies, the service strived to keep everyone informed and up to date.
- During the COVID-19 pandemic the service used phone calls, emails and IT (virtual meetings) to ensure people and relatives remain in contact with each other. When restrictions to visiting lifted the service was proactive at ensuring relatives were welcomed back into the service, following government guidance.

- The registered manager worked in partnership with key organisations to support care provision; for example, using the local authority and community IPC team for advice.