Care Quality Commission

Mrs Brigid O'Connor

Dunraven House and Lodge

Inspection report

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Ratings

Overall rating for this service	**Good**
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?	**Good**

Overall summary

Dunraven House and Lodge is a care home which provides accommodation and personal care for up to 43 people with mental health needs. At the time of our inspection 40 people were living at the service.

This inspection took place on 4 November 2015 and was unannounced. We returned on 5 November 2015 to complete the inspection.

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run.

The systems to manage property the service was holding for people did not always ensure people were protected. Where the service was holding cigarettes for one person, there were not clear procedures to account for the number of cigarettes held. This meant it would not be

Summary of findings

possible to tell whether cigarettes had gone missing and the systems in place did not protect the person from material abuse. We have made a recommendation about the management of property the service holds for people.

People who use the service were positive about the care they received and praised the quality of the staff and management. People told us they felt safe when receiving care and were involved in developing and reviewing their support plans. Comments from people included, “Very safe, no problems here” and “Yes, I feel safe”. We observed people interacting with staff in a relaxed and confident manner.

Staff understood the needs of the people they were supporting. People told us staff provided support with kindness and compassion. Comments included, “I love it here, I’ve made lots of friends. They are nice people the carers” and “They are very nice, it’s a friendly atmosphere. The staff are all ok”. The health and social care professionals we received feedback from also told us people were treated well by staff. Comments made referred to how well staff knew people and how staff had developed good relationships with people.

Staff were appropriately trained and skilled. They received a thorough induction when they started working for the service. They demonstrated a good understanding of their roles and responsibilities, as well as the values and philosophy of the service. The staff had completed training to ensure the care and support provided to people met their needs.

The service was responsive to people’s needs and wishes. People had regular group and individual meetings to provide feedback and there were effective complaints procedures. One person said they would approach staff if they had any problems; but had not needed to do so. Other comments from people included, “I would speak to staff if I had any concerns” and a description of staff as “Very approachable”.

The provider assessed and monitored the quality of care. The service encouraged feedback from people and their relatives, which they used to make improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The systems for managing people's property held by the service did not always ensure people were protected.

People who use the service said they felt safe when receiving support. There were systems in place to assess and manage the risks people faced safely.

There were sufficient staff to meet people's needs safely. People felt safe because staff treated them well and responded promptly when they requested support.

Is the service effective?

Good

The service was effective.

Staff had suitable skills and received training to ensure they could meet the needs of the people they supported.

People's health needs were assessed and staff supported people to stay healthy.

Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to their care package.

Is the service caring?

Good

The service was caring.

People spoke positively about staff and the support they received. Support was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

Staff provided care in a way that maintained people's dignity and upheld their rights. People's privacy was protected and they were treated with respect.

Is the service responsive?

Good

The service was responsive.

People were supported to make their views known about the care they received. People were involved in planning and reviewing their support package.

Staff had a good understanding of how to meet people's individual needs and provided examples of how they enabled people to maintain their skills.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Is the service well-led?

Good

The service was well led.

Summary of findings

There was strong leadership and direction, which was based on staff providing care in the way they would expect to receive it themselves.

There were clear reporting lines through to senior management level and the provider was present in the home on a daily basis.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned. Quality assurance systems involved people who use the service, their representatives and staff, and were used to improve the quality of the service.

Dunraven House and 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 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.

This inspection took place on 4 November 2015 and was unannounced. We returned on 5 November 2015 to complete the inspection.

The inspection was completed by two inspectors. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We also received feedback from seven health or social care professionals who had contact with the home.

During the visit we spoke with seven people who use the service, five members of staff and the registered manager. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for nine people. We also looked at records about the management of the service.

Requires improvement

Is the service safe?

Our findings

The systems to protect property the service was holding for people did not always minimise the risk of abuse. During the inspection we observed that staff were holding on to one person's cigarettes and the person needed to ask staff when they wanted to smoke. We discussed this restriction with staff, who told us the home held the person's packet of cigarettes in the medicines room and supported the person to spread them out during the day. The person's care plans had a capacity assessment stating they had capacity to make minor decisions on everyday things. The person had said they wanted staff to help them manage their cigarettes so they didn't smoke them all at once. The care plans for this person did not contain any details of how their cigarettes were restricted, where they were stored or how they were accounted for. It was not possible to tell whether the home were holding the correct number of cigarettes for the person. We discussed this issue with the registered manager, who confirmed that they did not keep a record of how many cigarettes they were holding for the person. This meant it would not be possible to tell whether cigarettes had gone missing and the systems in place did not protect the person from material abuse.

One person's money was being paid into the provider's bank account as they did not have their own bank account. The provider then gave the person an allowance. The registered manager recognised the need to change this and said they had submitted an application to the Court of Protection to manage this person's finances, but were still awaiting a decision. The provider had involved the person and their social worker in discussions to find a solution to this issue. We saw that detailed records had been completed for all transactions, which accounted for the person's money.

People who use the service said they felt safe living at Dunraven House and Lodge. Comments included "Very safe, no problems here" and "Yes, I feel safe". We observed people interacting with staff in a relaxed and confident manner.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident the provider would act on their concerns. Staff were also aware they could take concerns to agencies outside the service if they felt they were not being dealt with.

Risk assessments were in place to support people to be as independent as possible. These balanced protecting people with supporting people to maintain their freedom. We saw assessments about how to support people in relation to drug and alcohol addiction, accessing the community independently and support to manage periods of distress. The assessments included details about who was involved in the decision making process and how any risks were going to be managed. We saw that people had been involved in this process and their views were recorded on the risk assessments. There were two people who smoked in their rooms on occasions. We saw there were assessments in place to manage the risks and support people to follow the house rules regarding smoking. Staff we spoke with demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people. We saw records to demonstrate these checks had been completed for two people employed by the service in the last year. Staff also confirmed these checks were completed for them before they were able to start work in the home.

Sufficient staff were available to support people. People told us there were enough staff available to provide support for them when they needed it. Staff told us they were able to provide the support people needed, with comments including, "Staff levels are mostly OK, never unsafe" and "There's always enough staff available. We are able to provide one to one care when needed". Staff said they worked together to cover sickness to ensure people's needs were met.

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. At the time of the inspection no–one was

Requires improvement

Is the service safe?

managing their own tablet medicines, although some people managed their own inhalers. One senior member of staff told us they did not support people to take their own tablets, and that this would only happen when people moved on to supported living. We discussed this with the registered manager, who said this was not the case. However, the service did not start from the principle that people should manage their own medicines and then provide support if people were assessed as needing it to manage them safely. The registered manager said they would ensure that people were involved in managing their medicines where possible.

We saw a medicines administration record had been fully completed. This gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of all medicines received into the home and returned to the pharmacist. Where people were prescribed 'as required' medicines, there were protocols in place setting out the reasons for the medicine and when staff should support people to take them.

We recommend that the service consider current guidance on best practice to manage property they hold for people and take action to update their practice accordingly.

Good

Is the service effective?

Our findings

People told us staff understood their needs and provided the support they required , with comments including, “Staff are nice, they know what I need”. The feedback we received from health and social care professionals was positive about the support they had observed. The professionals commented that staff had the skills and knowledge to meet people’s needs and help them with their recovery.

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. We saw these supervision sessions were recorded and there were regular one to one meetings for all staff scheduled throughout the year. Staff said they received good support and were also able to raise concerns outside of the formal supervision process.

Staff said they received regular training to give them the skills to meet people’s needs, including a thorough induction and training on meeting people’s specific needs. Comments from staff included, “Training is very good, it’s non-stop” and “Training is constant. There is something every six to eight weeks”. The training records demonstrated there was a comprehensive training programme, with new staff completing the care certificate to give them a basic understanding of caring skills and further courses to develop those skills. All staff had completed, or were in the process of completing, the diploma in health and social care at level two or above.

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and how the Deprivation of Liberty Safeguards (DoLS) worked. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Deprivation of Liberty Safeguards are part of the Act. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

At the time of the inspection some people had authorisations from the local authority to restrict their liberty under DoLS. Staff were aware who these people were and the registered manager completed regular reviews to ensure the terms of the authorisation were being followed and the least restrictive methods were being used to support people. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity. Staff were aware that people could refuse care and they “couldn’t force them”. Staff said they would record where people were refusing care or treatment and discuss it with their care manager if it became a problem. One person told us they had visited the service on several occasions before deciding to move in. They said they had been involved in the decision at all times.

People told us they enjoyed the food provided by the home and were able to choose meals they liked. Comments included, “Lovely food. He (the chef) is a good cook” and “The food’s OK, not bad at all. There’s always plenty to eat”. People’s care records showed they had been weighed monthly and their weights remained stable. One of the cooks told us they speak to people each day to get feedback on the meals and said they provide alternatives to the planned two choices where people request it. The cook was aware of people’s specific dietary needs relating to diabetes and food intolerances.

People told us they were able to see health professionals where necessary, such as their GP, mental health nurse or psychiatrist. People’s support plans described the support they needed to manage their health needs. There was information about monitoring for signs of a mental health crisis, details of support needed and health staff to be contacted.

Good

Is the service caring?

Our findings

People told us they were treated well and staff were caring. Comments included, "I love it here, I've made lots of friends. They are nice people the carers" and "They are very nice, it's a friendly atmosphere. The staff are all ok". We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and privacy and responded to requests for support. For example, we observed staff providing assistance to one person with their mobility and personal care. We also observed a staff member providing support and reassurance to one person who was distressed. They spent time with the person, listening to their concerns and took action to help the person. As a result of the support from staff, the person's distress was reduced.

The health and social care professionals we received feedback from also told us people were treated well by staff. Comments included staff knew people very well and developed good relationships with people. They told us they observed staff interacting with people in a respectful and friendly way.

Staff had recorded important information about people, for example, personal history, plans for the future and important relationships. People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided, for example people's preferences for the way staff supported them with their personal care. This information was used to ensure people received support in their preferred way.

People were involved in all decisions about their support. People had been involved in developing their support plans, including information about the coping strategies they used and how they recognised signs that they were becoming unwell. People had regular individual meetings with staff to review how their support was going and whether any changes were needed. Details of these reviews and any actions were recorded in people's support plans. The service had information about local advocacy services and had made sure advocacy was available to people. This ensured people were able to discuss issues or important decisions with people outside the service.

Staff received training to ensure they understood the values of the service and how to respect people's privacy, dignity and rights. People told us staff put this training into practice and treated them with respect. Staff described how they would ensure people had privacy, for example ensuring personal discussions took place in private.

Good

Is the service responsive?

Our findings

Each person had a support plan which was personal to them. The plans included information on maintaining people's health, their daily routines and goals to develop skills to live more independently. The support plans set out what their needs were and how they wanted them to be met. This gave staff access to information which enabled them to provide support in line with people's individual wishes and preferences. People told us they had regular meetings with staff to review their support plans and make changes where necessary. These reviews were recorded and we saw changes had been made following people's feedback.

One person's support plans made reference on the front sheet that they had a mild learning disability. The plan did not contain any other information about this learning disability, or how it affected the person. We discussed this with the registered manager, who agreed that further information needed to be added to the plan. Despite the lack of information, staff we spoke with had a good understanding about the person's specific needs. The registered manager said they would take action to work with the person so that their plan contained relevant information about their needs.

People told us they were able to keep in contact with friends and relatives and take part in activities they enjoyed. The provider had an activity centre on the same street which a number of people attended. As well as a scheduled programme of activities, there was a drop in centre where people could spend time socialising. People also told us they had enjoyed going on other trips organised by the service and also activities in the local community, such as a lantern workshop and parade and fireworks celebrations. One person told us they did voluntary work at a local charity shop.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. People told us they knew how to complain and would speak to staff if there was anything they were not happy about. One person told us, "I would speak to staff if I had any concerns". Another person said they would approach staff if they had any problems; but had not needed to do so. A third person described staff as "Very approachable", adding, "I would go and see them". The provider reported the service had a complaints procedure, which was provided to people when they moved in and also displayed in the service. Staff were aware of the complaints procedure and how they would address any issues people raised in line with them. We saw complaints were recorded, with details of the action taken in response.

The service had regular house meetings in which people could discuss any concerns or suggestions for the way the service was managed. We saw that the most recent meeting included discussions about activities that were organised; feedback about the food / menu choices; decisions about carpets to be fitted in the communal areas of the home; and a reminder about how people could raise any concerns or complaints or what they could do if they felt unsafe.

Good

Is the service well-led?

Our findings

There was a registered manager in post at Dunraven House and Lodge. In addition to the registered manager, the provider was present in the home everyday and there were senior staff in each of the two buildings. The provider had clear values about the way care and support should be provided and the service people should receive. These values were based on ensuring staff provided care that they would expect to receive themselves. The provider told us she would not allow anyone to receive a service that did not meet these expectations. Staff valued the people they supported and were motivated to provide people with a high quality service.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and most staff told us the managers gave them good support and direction. Comments from staff included, "The registered manager and provider are approachable and supportive" and "We are able to bring things up at meetings and we are listened to".

The registered manager had systems in place to review incidents in the service and submit notifications to CQC of events that were reportable. Whilst most notifiable events had been reported to CQC, we saw that one incident in which the staff called the police for assistance had not been reported to us. We discussed this with the registered manager, who told us this was due to an oversight. The registered manager said they would take action to ensure all notifiable events were reported in future.

The management team completed regular audits of the service. These reviews included assessments of incidents, accidents, complaints, training, staff supervision and the environment. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. We saw these action plans were regularly reviewed and updated, to ensure they had been implemented effectively.

Satisfaction questionnaires were sent out every six months asking people, their relatives, staff and professionals their views of the service. The results of the most recent survey had been received and had been collated by the provider. No concerns had been raised about the support people received. In response to the surveys, the provider had made improvements to the décor of the home, provided increased wireless internet access and changed the programme of activities available for people.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how they expected staff to work. Examples from recent staff meetings included a briefing on changes to the regulations under the Health and Social Care Act and how the service would be inspected. The management team attended a number of conferences and events to keep themselves up to date with changes within the care sector.