

Mrs Brigid O'Connor

# Dunraven House and Lodge

## Inspection report

Dunraven Registered Residential Home  
12 Bourne Avenue  
Salisbury  
Wiltshire  
SP1 1LP

Tel: 01722321055

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03 April 2019

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15 May 2019

## 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:

Dunraven House and Lodge is a care home for people living with mental health needs. 40 people were living in the home at the time of the inspection.

### What life is like for people using this service:

- People felt safe living at Dunraven House and Lodge. People were confident staff would listen to them and take action if they had any concerns.
- People were complimentary about the care and support they received. They said staff understood their needs and provided the care they needed in a kind way.
- People were supported make choices and have as much control and independence as possible.
- People had been supported to develop care plans that were specific to them. These plans were regularly reviewed with people to keep them up to date.
- Staff respected people's privacy and dignity.
- People received support to take their medicines safely.
- Risks to people's well-being and safety were assessed, recorded and kept up to date. Staff supported people to manage these risks effectively.
- People's rights to make their own decisions were respected.
- People were supported to maintain a good diet and access the health services they needed.
- The registered manager provided good support for staff to be able to do their job effectively.
- The provider's quality assurance processes were effective and resulted in improvements to the service.

More information is in Detailed Findings below.

### Rating at last inspection:

Requires Improvement. Report published 1 May 2018.

### Why we inspected:

This was a planned inspection based on the rating at the last inspection.

### Follow up:

The provider has made all the improvements we said they needed to following the last inspection. We will monitor all intelligence we receive about the service to inform when the next inspection should take place.

## 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 safe.

Details are in our Safe findings below.

Good 

### 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 well-led.

Details are in our Well-led findings below.

Good 

# Dunraven House and 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of two inspectors.

#### Service and service type:

Dunraven House and Lodge is a care home. People in care homes receive accommodation and nursing or personal care. 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 we reviewed the information we held about the service and the service provider. The registered manager 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 we had received for this service. Notifications are information about important events the service is required to send us by law.

We spoke with eight people to gather their views about the care they received. We looked at six people's care records. We checked recruitment, training and supervision records for staff and looked at a range of records about how the service was managed. We also spoke with the registered manager and seven staff in

a range of roles in the service including carers and catering staff.

# Is the service safe?

## Our findings

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

Good - People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- At the last inspection in January 2018 we told the provider they needed to improve the systems for safeguarding people from the risk of abuse. We found there was a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations. At this inspection the provider had made the necessary improvements and the service was meeting their legal requirements.
- People told us they felt safe in the home. Comments included, "I feel safe living here. The staff are very good."
- The service had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm. Staff had received regular safeguarding training. Staff were confident the registered manager would take action to keep people safe if they raised any concerns. Staff were also aware how to raise concerns directly with other agencies if they needed to.
- The provider had responded well when concerns were raised and worked with the safeguarding team to ensure people were safe.

Assessing risk, safety monitoring and management:

- Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their independence. Examples included support for people to manage their mental health and to stay safe when out in the community alone.
- People had been involved in assessing risks and their views were recorded. Staff demonstrated a good understanding of these plans and the actions they needed to take to keep people safe.

Staffing and recruitment:

- There were enough staff to meet people's needs. People told us staff were available to provide the care and support they needed.
- Staff told us there were enough of them to be able to provide care in a way that was not rushed. Comments included, "There are sufficient staff on each shift to provide the care needed. We are always able to get extra staff where needed."
- 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 or whether they have been barred from working with vulnerable people.

Using medicines safely:

- Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed.

- Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take.
- Where people were prescribed 'as required' medicines, there were clear protocols in place. These stated the circumstances in which the person should be supported to take the medicine.
- Staff had received training in safe administration of medicines and their practice had been assessed. This ensured correct procedures were being followed.
- People were supported to manage their own medicines where they wanted to and this was assessed as safe for them.

Learning lessons when things go wrong:

- Systems were in place for staff to report accidents and incidents. Staff were aware of these and their responsibilities to report events. The registered manager reviewed these reports and recorded any actions that were necessary following them. This ensured lessons were learnt following incidents and reduced the risk of an incident re-occurring.

Preventing and controlling infection:

- Staff were trained in infection control and demonstrated a good understanding of the systems in place.
- The home was clean and staff were seen to follow good hygiene practices.

# 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.

Good - People's outcomes were consistently good, and people's feedback confirmed this.

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

- At the last inspection in January 2018 we told the provider they needed to improve their systems to ensure they always followed the principles of the Mental Capacity Act. We found there was a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations. At this inspection we found the provider had made the necessary improvements and the service was meeting their legal requirements.
- 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Applications to authorise restrictions for some people had been made by the registered manager. Cases were kept under review and if people's capacity to make decisions changed, decisions were amended. 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.
- We observed staff gaining people's consent before providing any care or support.

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

- At the last inspection in January 2018 we told the provider they needed to improve the systems for ensuring they worked with health professionals to meet people's needs. We found there was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations. At this inspection we found the provider had made the necessary improvements and the service was meeting their legal requirements.
- People told us they were supported to see health professionals where necessary, such as their GP, specialist nurse or attend hospital appointments. Staff kept records of these appointments.
- People's care plans described the support they needed to manage their health needs. There was clear information about monitoring for signs of deterioration in their conditions, details of support needed and health staff to be contacted. Records demonstrated staff had followed these plans.

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

- People's needs were assessed before receiving care to ensure they could be met. People told us staff understood their needs and provided the care they needed. Staff demonstrated a good understanding of people's needs and how to meet them.
- People were involved in the assessment and support planning process. People were supported to set goals to help them develop their skills and become more independent.

Staff skills, knowledge and experience:

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. Staff told us they received good training, which gave them the skills they needed to do their job. The registered manager had a record of all training staff had completed and when refresher courses were due.
- New staff spent time shadowing experienced staff members and learning how the home's systems operated as part of their induction.
- Staff completed assessments to demonstrate their understanding of training courses.
- Staff were supported to complete national qualifications in social care.
- Staff had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. Staff told us they received good support.

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

- People told us they enjoyed the food. Comments included, "The food is very good. I like the way they cook it" and "The food is nice. We have a choice of two meals, and a roast dinner on Sundays."
- Mealtimes were relaxed and people were able to choose where they wanted to eat. People spent time chatting with each other and staff.

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

- People were involved in decisions about the environment. Individual preferences and cultural and support needs were reflected in how adaptations were made and the premises were decorated.
- The home was well maintained and repairs were completed promptly when needed.

# 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.

Good - People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence:

- At the last inspection in January 2018 we told the provider they needed to improve to ensure people were always treated with dignity and respect. At this inspection we found the provider had made the necessary improvements.
- People's support plans included details of how they wanted their privacy and dignity to be maintained and what was important to them. We observed staff working in ways that maintained people's privacy and dignity.
- People were supported to maintain and develop relationships with those close to them. Staff supported people to do this in ways that maximised their independence and maintained their safety.
- People's diverse needs, such as cultural or religious needs were reflected in their care plans. People said staff supported them to meet these needs. This had included supporting people to attend local religious services and to maintain contacts with social groups.

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

- People were treated with kindness and were positive about the staff's caring attitude. People said the staff were kind and respected them. Comments from people included, "I need a bit more help these days with washing and dressing. I'm a bit embarrassed about it, but the staff are very nice about the way they provide care."
- We observed staff interacting with people in a friendly and respectful way. Staff responded promptly to requests for support.

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

- Staff supported people to express their views through completion of a 'Recovery Star'. This helped people to identify their needs in relation to their mental health, what support they needed and to set goals to aid their recovery.
- Staff had recorded important information about people; for example, personal history, plans for the future and important relationships. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. This information was used to ensure people received support in their preferred way.

# Is the service responsive?

## Our findings

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

Good - People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Staff knew people's likes, dislikes and preferences. They used this information to provide support for people in the way they wanted. Examples included information about people's preferred daily routines and the activities they liked to take part in.
- People were supported to make choices and have as much control and independence as possible, including developing their care and support plans.
- People had clear support plans, which set out how their individual needs should be met. The plans were specific to people and contained detailed information for staff.
- People were supported to take part in a range of activities they enjoyed. People said they enjoyed the activities, including attending a day service run by the provider and going out independently.

Improving care quality in response to complaints or concerns:

- People told us they knew how to make a complaint and were confident any concerns would be dealt with. The registered manager reported no formal complaints had been received in the previous year. The registered manager kept a record of concerns people had raised and the action that had been taken to resolve them.
- Records of meetings for people using the service demonstrated complaints were regularly discussed and people were reminded how they could raise any concerns. The complaints procedure was also available in the home and given to people when they moved in.

End of life care and support:

- People were supported to make decisions about their preferences for end of life care, and in developing care plans. The service worked with health professionals where necessary, including the palliative care team.
- Staff understood people's needs, were aware of good practice and guidance in end of life care. People's religious beliefs and preferences were respected and included in care plans.

# 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.

Good -The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection in January 2018 we told the provider they needed to improve the systems for assessing the quality of the service and ensuring notifications were submitted to us when necessary. We found there were breaches of Regulations 17 and 18 of the Health and Social Care Act (Regulated Activities) Regulations. At this inspection we found the provider had made the necessary improvements and the service was meeting their legal requirements.
- The provider had effective quality assurance systems in place. These included, reviews of care records, medicine records, care plans, staff files and quality satisfaction surveys. In addition to checking records, the management team completed observations of staff practice. This was to assess whether staff were putting the training and guidance they had received into practice. The results of the quality assurance checks were used to plan improvements to the service.
- The registered manager had notified us of significant events in the service when necessary.
- The service had effective systems to manage risks to people using the service, staff and members of the public.
- There was a clear staffing structure and staff were aware of their roles and responsibilities.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager successfully maintained an open and transparent culture and supported staff to deliver good care for people.
- People and staff we spoke with praised the management and told us the service was well run. Comments included, "[The registered manager] has good oversight of the service" and "The managers are brilliant, very helpful. They're on hand to help us when needed."
- The management team had a good understanding of their responsibilities under the duty of candour.

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

- The service involved people, their families, friends and others effectively in a meaningful way through surveys, groups and individual meetings. The registered manager responded to feedback and let people know what action they had taken. Changes had been made to the menus and planned activities as a result of people's feedback.
- Staff told us they felt listened to, valued and able to contribute to the running of the service.

Working in partnership with others:

- The provider worked well with the local health and social care professionals. They had established good links and working relationships.
- The provider was a member of relevant industry associations to ensure they were updated in relation to any changes in legislation or good practice guidance.