

Ms Margaret Joan Hayes

# Dunster Lodge Residential Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This inspection was unannounced and took place on 14 May 2015.

Dunster Lodge Residential Home is registered to provide accommodation and personal care to up to 19 people. The home specialises in the care of older people. At the time of this inspection there were 15 people living at the home.

The last inspection of the home was carried out 22 July 2014. No concerns were identified with the care being provided to people at that inspection.

The registered provider took an active role in the running of the home. 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.

# Summary of findings

A new manager had started work in the home the week before this inspection took place. They had been able to shadow the previous manager for a week to get to know the home and provide continuity for people and staff.

We found that improvements were needed to make sure accurate records were kept. Records did not always give up to date information about the care people required or how decisions had been made when people were unable to make a decision for themselves. We have made a recommendation about supporting people who lack the mental capacity to make decisions.

Improvements were also needed to make sure there was an effective system in place to monitor the quality of the service provided and plan on-going improvements.

The registered provider and new manager told us their vision was to create a homely environment where people felt safe and well cared for. Staff were aware of this ethos and were committed to providing a service in line with it.

There were enough staff to meet people's needs safely. People told us staff took time to support them with their care and they never felt rushed. One person told us "They are very busy but you never feel they are rushing you along."

There was a robust recruitment procedure which made sure new staff were thoroughly checked and minimised the risks of abuse to people. Staff had opportunities to attend training which made sure they had up to date skills and knowledge to effectively support people.

There was a stable staff team at the home who knew people well. People said staff were kind and caring and they felt safe with the staff who supported them. People were able to make choices about all aspects of their day to day lives and could continue with their own personal routines. One person told us "You can do what you like here. I have my own little routines, they work around me."

Each person had a single room which they had been able to personalise to their needs and tastes. People's privacy was respected by staff. Visitors were made welcome and people were able to spend time with personal and professional visitors in communal areas or their personal rooms.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. People were able to choose where they ate their meals. There was no choice of main meal but people were complimentary about the food. Comments included; "I like the food" and "You don't get a choice of food but it's usually pretty good so it doesn't matter."

People had access to health care professionals according to their individual needs. Staff arranged for people to see appropriate healthcare professionals and assisted people to attend appointments outside the home. One person commented "They got the doctor when I was poorly. They didn't hesitate so I got seen quickly."

We found one 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 this report.

# 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?

The service was safe.

People felt safe at the home and with the staff who supported them.

People received medicines safely from staff who had received specific training to carry out the task.

There was sufficient staff to enable people to receive care safely and in an unhurried and relaxed manner.

Good



### Is the service effective?

The service was not fully effective.

Improvements were needed to make sure there were accurate records to show how decisions had been made when a person lacked the mental capacity to make a decision for themselves.

People received care and support from staff who had regular training to keep their skills and knowledge up to date.

People had their nutritional needs assessed and received a diet in line with their needs and preferences.

Requires improvement



### Is the service caring?

The service was caring.

People received care and support from staff who were kind and respectful.

Staff respected people's privacy and their right to spend time alone.

People were involved in decisions about their care and treatment.

Good



### Is the service responsive?

The service was not consistently responsive.

People's individual preferences were respected but improvements were needed to make sure care plans were up to date and reflective of people's current needs.

People were able to make choices about all aspects of their day to day lives.

People told us they would be comfortable to raise any concerns or complaints with the registered provider or a member of staff.

Requires improvement



### Is the service well-led?

Some aspects of the service were not well led.

Improvements were needed to make sure records about people were comprehensive and up to date.

Requires improvement



# Summary of findings

There was no effective quality assurance system which monitored the quality of care people received and ensured on going improvements.

The registered provider's aim was to create a homely environment for people and this aim was put into practice by staff.

# Dunster Lodge Residential Home

## 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 planned 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 14 May 2015 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally

required to notify us about) other enquiries from and about the provider and other key information we hold about the service. At the last inspection on 22 July 2014 the service was meeting the essential standards of quality and safety and no concerns were identified.

During this inspection we spoke with 12 people who lived at the home, one visitor, five members of staff and the registered provider. Throughout the day we observed care practices in communal areas and saw lunch being served in the dining room.

We looked at a number of records relating to individual care and the running of the home. These included three care plans, medication records, two staff personal files and health and safety records.

# Is the service safe?

## Our findings

People told us they felt safe at the home and with the staff who supported them. One person told us “Staff are always kind and gentle when they help you.” Another person said “Staff are all lovely I feel very safe with them.”

Risks of abuse to people were minimised because the provider made sure all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and checking with the Disclosure and Barring Service (DBS.) The DBS checks people’s criminal history and their suitability to work with vulnerable people. Staff personnel files contained evidence that new staff had not commenced work in the home until all checks had been received by the registered provider. One member of staff told us they were not able to work unsupervised in the home until all checks had been carried out.

Staff knew how to recognise and report abuse. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One member of staff said “I would talk with the manager or owner. They are very hot on that sort of thing. It certainly wouldn’t be tolerated here.” To make sure people, visitors and staff knew how to report concerns there was a poster in the hallway giving information and contact details of agencies where concerns could be reported.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried way. Throughout the visit we observed people received care and support when needed. All staff thought there was enough staff to meet the needs of people. People said they never felt rushed and had time to chat with staff. One person told us “They are very busy but you never feel they are rushing you along.” Another person said “If you ring the bell for help

they are very quick. If the emergency bell goes off they drop everything and respond.” During the visit call bells were answered quickly meaning people received prompt assistance.

Care plans contained risks assessments which outlined measures in place to ensure people received care safely. These assessments included the support people required with mobility such as the use of mechanical hoists. One person told us “They have to hoist me in and out of bed. It’s not pleasant and I wish I could do more for myself but I know it’s for everyone’s safety. The staff are good and I do feel safe with them.” Other risk assessments outlined the equipment people required to minimise the risks of pressure damage to their skin. Where a need for a pressure relieving mattress or cushion had been identified, these were in place.

People received medicines safely from staff who had completed specific training and had their competency assessed. Staff told us there were frequent up-dates for training in the safe administration of medicines and we saw a refresher course had been booked for next month.

The home used a blister pack system with printed medication administration records. Medication administration records had a photo of the person who the prescription related to which minimised the risks of errors. All medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises.

Some people were prescribed medicines, such as pain relief, on an ‘as required’ basis. People were regularly offered these medicines to maintain their comfort and make sure they remained pain free. One person told us “They offer my tablets to me but it’s always my choice if I take them.”

# Is the service effective?

## Our findings

Most people who lived in the home were able to make decisions about what care or treatment they received. People said staff always asked their permission before assisting them with any tasks. For example we observed people were asked where they wanted to spend time, if they wanted to be supported to the bathroom and if they wanted to wear an apron at lunchtime. However some people lacked the mental capacity to make some decisions for themselves and improvements were needed in the recording of how decisions had been made. One care plan stated the person required bedrails to keep them safe. There was some evidence this had been discussed with the person's representative but no clear information to state the decision had been made in their best interests. We discussed this with the new manager who gave assurances that changes would be made in how information was recorded.

Staff had an understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. Staff told us they offered people choices about all aspects of their day to day lives and we observed this during our visit. One member of staff said "Because we are a small home we get to know people well. If someone can't make a choice I would always ask other people what they think would be best." One person said "I still make choices about everything I do. There are no restrictions." This showed staff were working in accordance with the principles of the act but written information did not always support this.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. 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. No one required this level of protection to keep them safe but the provider needed to up-date their policies and procedures to make sure they fully reflected changes in this legislation.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. At lunch time one person received a vegetarian meal and some people received a soft diet. People told us they were asked about their food likes and dislikes when they moved to the home.

The main meal of the day was served at lunchtime. There was a four week menu which provided a variety of meals but there was only one main meal option meaning people were not able to make a choice. However people said they were always able to ask for an alternative. One person said "The food is good but there is no choice. Once I said I didn't like it and the chef made me something else." Other people were complimentary about the food served in the home. Comments included; "I like the food" and "You don't get a choice of food but it's usually pretty good so it doesn't matter."

At lunch time people were able to choose where they ate their meal. The majority of people chose to eat in the dining room or lounge and food was served from a trolley. People were asked what vegetables and condiments they wanted and consulted on portion size. Where people required assistance this was provided in a polite and dignified manner. One person had limited vision. A member of staff told them where each item of food was on the plate, and where their cutlery was, which enabled them to eat independently.

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. New staff had opportunities to shadow more experienced staff when they began work to get to know how to support each individual. One person said "They spend time getting to know you and how you like things done."

People received effective care and support from staff who had the skills and knowledge to meet their needs. In addition to induction training staff had opportunities to undertake on-going training in health and safety and subjects relevant to the people who lived at the home. This enabled them to keep their skills and knowledge up to date and make sure their practice was in line with current best practice. One member of staff said "Refresher training keeps you up to date." Another member of staff said "I've

## Is the service effective?

done training in dementia and end of life care. It makes you think and it does change how you work.” One person told us “Staff are very good. In fact they are absolutely brilliant at what they do.”

People had access to health care professionals according to their individual needs. One person told us the staff had arranged for them to be seen by a physiotherapist to assist them with mobility. Another person said staff had assisted them to attend an appointment at the local hospital.

People said staff contacted community nurses and doctors if they were unwell to ensure they got the care and treatment they required. One person commented “They got the doctor when I was poorly. They didn’t hesitate so I got seen quickly.”

**We recommend that the service seek support and appropriate training for staff to increase their knowledge of the Mental Capacity Act 2005.**



# Is the service caring?

## Our findings

People said they were supported by kind and caring staff. Without exception people described staff as always kind when they supported them with their care. One person said "They are very kind and do everything they can to help you." Another person commented "Staff are always kind and gentle."

People who had lived at the home for a long period of time had built caring relationships with the staff who supported them. One person said "I feel totally at home. It feels like family." Interactions between people and staff were friendly and cheerful. Staff commented to people about local events and family members which led to friendly conversations. One person told us "Being happy and having a laugh with you goes a long way."

One person told us they felt some staff went the extra mile to make things comfortable and homely for them. They said "There was something little I wanted from a shop in town. I must have spoken to them (staff) about it because on my birthday they bought it in. I offered to pay but they said no, it was a present. It really made me feel they cared." Another person said about one member of staff "Although most staff are patient and kind he seems to go out of his way to help."

Staff assisted people to celebrate special occasions. People said they always celebrated their birthdays with a cake and family and friends were invited to join them. One person told us "They held a party for my birthday. The chef did a buffet. Family came and it was really nice."

People told us they were able to have visitors at any time. One person said "Oh no restrictions on visitors. My family treat is as home from home, come in whenever." People were able to see visitors in communal areas or in the privacy of their rooms. Staff greeted visitors in a friendly manner and took time to offer reassurance when required.

People's privacy was respected and all personal care was provided in private. One person told us "I'm so frustrated about losing my independence but they try to be as respectful as possible." Some rooms had en-suite facilities and other people had access to communal facilities. At the time of the inspection the main assisted bathroom was in the process of being refurbished meaning people had to use the level access shower downstairs. One person said "I don't mind a shower but I prefer a bath so I'm looking forward to it being finished."

People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. One person said "There are times when it's just too noisy to be downstairs so I come to my room. Staff know I like a bit of peace and quiet they don't worry you."

People had been able to personalise their rooms which gave them an individual homely feel. Some people had bought double beds and other furniture with them from their previous home and others had bought pictures and ornaments. One person said "They encourage you to make your room your own. Everything in my room is mine. It feels like home."

People were involved in decisions about the care and support they received. People said staff consulted them on all aspects of their care and they were able to make decisions about how they wanted to be helped. Two of the three care plans we read contained information about reviews of care and showed people had been present at their review. One visitor and their relative said they had been involved in a review meeting.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

# Is the service responsive?

## Our findings

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. This included information about people's likes and dislikes as well as their needs. The home used a computerised care plan system and also kept paper copies of all plans of care. However we found some care plans did not fully reflect the care being provided to people. For example we observed one person was receiving a soft diet and this was not stated in their care plan. This could potentially place people at risk of receiving inappropriate care.

There was a stable staff team at the home who knew people well. Staff were able to tell us about each individual, their needs and likes. This enabled them to provide care which was very personalised. One person said "They know me as a person and they respect me for who I am."

The staff responded to changes in people's needs. Staff said they had a daily handover meeting to make sure they were kept up to date with any changes in people's needs or well-being. One person said "Sometimes I need more help than other times. They just seem to go with the flow."

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. In addition to full time residential care the home also offered day care and respite care. This gave people an opportunity to spend time at the home and get to know other people who lived there. It also enabled them to decide if Dunster Lodge was the right place for them. One person said the previous registered manager had visited them in hospital and explained everything about the home to help them make a decision. Another person said they had relied on their family to view the home before they moved in. They said "They knew what I would want and it has turned out very well. I don't think I would be happy in a big place." Two people said they would have liked more written information about the home and staff when they moved in.

People received care that was responsive to their needs and personalised to their wishes and preferences. One person told us "They treat me as an individual." Another person said "I couldn't ask for anything better. I wouldn't want to go anywhere else."

People were able to make choices about all aspects of their day to day lives. Staff prided themselves on working to fit in with people's chosen routines. One member of staff told us "People can keep their routines. We fit around them." Another member of staff said "People can make choices about everything."

People said they were able to choose what time they got up, when they went to bed and how they spent their day. One person said "It's all very free and easy, I choose everything." Another person told us "You can do what you like here. I have my own little routines, they work around me."

People were able to take part in a range of activities. Two people commented that they found some of the activities inappropriate and childish whilst others said they enjoyed joining in with all the activity groups. Everyone we spoke with said how much they enjoyed a visiting story teller who came to the home on a monthly basis. Some people went out to local clubs. One person told us they went regularly to a local stroke club and a member of staff said they assisted people to attend a memory café which was held nearby. Memory cafes are social gatherings where people with memory loss and their companions can meet together in a safe supportive environment. Many people said they continued to enjoy going out with friends and family.

There were regular meetings for people to share their views and gain information about any changes in the home. Minutes of resident's meetings showed people were asked for their suggestions for activities and entertainment. People were also reminded at meetings about the importance of raising any concerns or complaints with the manager.

Everyone said they would feel comfortable to make a complaint to the registered provider or a member of staff. One person told us "I'm never afraid to speak up. They always listen and sort things out." Another person said "I tell them when I don't agree with something. When I did complain they sorted it out and we all moved on." Records showed complaints were investigated and complainants were responded to appropriately.

# Is the service well-led?

## Our findings

Some records relating to people's care were not comprehensive. For example records relating to how decisions had been made on behalf of another person did not show the Mental Capacity Act 2005 had been followed. One care plan did not contain up to date information about the person's nutritional needs. This could potentially place people at risk of receiving inappropriate care and support. Improvements were needed to make sure the home had an effective quality assurance system which monitored care and record keeping and enabled on-going improvements to be planned.

The new manager had already identified quality monitoring as an area which required improvement and was planning to put systems in place to address this. They had also identified that although all accidents at the home were recorded, these records were not analysed. This meant there was no system in place to identify patterns or trends in accidents and therefore no action being taken to minimise risks or improve people's well-being.

The lack of effective quality monitoring systems and accurate records was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of the inspection the registered manager had just left their employment and a new manager had begun work. The new manager had been able to shadow the previous registered manager for a week to learn about the home and provide continuity for people. On the day of the inspection the new manager held a full staff meeting to meet all staff, seek their views and share their initial ideas.

People said they had met the new manager and had an opportunity to talk with them. One person said "She made a point of talking to everyone. Seems very nice. I feel I could talk with her."

The registered provider sent out annual satisfaction surveys to people and their families to gauge people's views on the care and service provided. Returned questionnaires from the most recent survey showed a high level of satisfaction with all areas of the service.

The registered provider was very involved in the running of the home. The registered provider and new manager told us their vision was to create a homely environment where people felt safe and well cared for. Staff were aware of this ethos and were committed to providing a service in line with it. One member of staff told us "The aim is to create a home from home." Many people commented on how much at home they felt. One person said "I feel totally at home here. It is my home now."

At the time of the inspection the home was undergoing a programme of refurbishment. On the day of the inspection new windows were being fitted in one of the lounges and the outside of the house was in the process of being re-rendered. There were also plans to refurbish the passenger lift and the main bathroom. This showed the registered provider planned and carried out on going improvements to make sure the building was safe and well maintained for people.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There was no effective system in place to monitor and improve the quality of the service or to identify and mitigate risks to people.</p> <p>Records relating to the care of people were not always complete and accurate.</p> <p>Regulation 17 (2) (a) (b) (c)</p>