Dunniwood Lodge (Doncaster) Limited

Dunniwood Lodge

Inspection report

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

Tel: 01302370457

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 5 December 2016 and was unannounced. The home was previously inspected in January 2016 when a breach of the legal requirement was identified. The provider sent us an action plan outlining how they would meet this breach. You can read the report from our last inspection, by selecting the 'all reports' link for 'Dunniwood Lodge' on our website at www.cqc.org.uk.

Dunniwood Lodge is a care home which provides care and support for up to 44 older people. It is situated in Bessacarr, near Doncaster within easy reach of bus stops, shops and other amenities. At the time of our inspection there were 36 people using the service.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Throughout our inspection we observed staff interacting with people who used the service and found there were enough staff on duty to meet people's needs. However, there were times throughout the day that staff were not deployed appropriately and could have been more organised. For example, we observed breakfast taking place and saw that some people who required assistance were not supported. We also observed people ringing the call system and it taking staff quite a while to respond to them.

We looked at records in relation to medicine management and found each person had a Medication Administration Record sheet in place. However, we found some gaps in recording medicines. Therefore this did not always evidence when people had been given their medicines. We spoke with the registered manager who had already commenced action to address this.

We saw risks associated with people's care had been identified and risk assessments had been put in place to help reduce the risk from occurring.

We looked at three recruitment files and found the provider had a safe and effective system in place for employing new staff. The three files we looked at contained pre-employment checks and they were obtained prior to new staff commencing employment.

Staff were knowledgeable about protecting people from the risk of harm and knew what action to take if someone was at risk of abuse.

We looked at records in relation to training and saw that some training required updating to bring it in line with the providers policy. We spoke with the registered manager and were told that training was completed face to face by an outside training company. Staff felt supported by the registered manager.

People received a balanced diet based on their individual needs and choice. However, some people struggled to eat their food as they required more support. Drinks and snacks were provided at regular interval throughout the day.

Through our observations and from talking with staff we found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). We spoke with the registered manager who knew when to apply for DoLS for people and evidenced that some applications had been made to the supervisory body. Some had been approved and some were awaiting the outcome.

We observed staff interacting with people and we found they were mostly kind and caring in their approach. However, some interactions were task focused and were not personalised to individual people. Staff ensured that people's privacy and dignity were maintained.

We looked at care plans belonging to people and found they did not always give a clear picture of the support people required and did not always give enough detail. We spoke with the registered manager about this and were told that all care plans were in the process of being updated as audits of care planning had revealed similar issues.

We spoke with people and were told that activities took place. However, the activity co-ordinator was not available on the day of the inspection and there was not much activity for people to get involved in.

The service had a complaints procedure and people felt able to raise concerns with the registered manager.

We spoke with people who used the service, their relatives and staff and they felt the registered manager was approachable, friendly and would address any concerns without delay.

We saw that audits had been completed to ensure the service was providing appropriate care and support. We also saw that actions were addressed and resolved.

We saw evidence that people were involved in the service and were asked for their feedback. People were able to contribute to new projects and offer ideas and suggestions to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

We observed that there were enough staff available to meet people's needs. However, staff were not always deployed effectively.

We saw that medicines were mainly managed in a safe way. However, we saw some records were not always well maintained.

We saw that risks associated with people's care had been identified and there were plans in place to help minimise the risks occurring.

Staff were knowledgeable about safeguarding issues and knew how to recognise and respond to abuse.

We looked at recruitment files and found the provider had a safe and effective system in place for employing new staff.

Is the service effective?

Good

The service was effective.

We looked at records in relation to training and saw that some training required updating to bring it in line with the providers policy. The registered manager had recognised this and had a system in place to address this.

People received a balanced diet based on their individual needs and choice.

The provider was meeting the requirements of the Mental Capacity Act.

People had access to healthcare professionals as required.

Is the service caring?

Good

The service was caring.

We observed staff interacting with people and we found they

were mostly kind and caring in their approach. However, some interactions were task focused and were not personalised to individual people.

Staff ensured that people's privacy and dignity were maintained.

Is the service responsive?

Requires Improvement

The service was not always responsive.

We looked at care plans belonging to people and found they did not always give a clear picture of the support people required and did not always give enough detail.

We spoke with people and were told that activities took place.

The service had a complaints procedure and people felt able to raise concerns with the registered manager.

Is the service well-led?

Good

The service was well led.

We spoke with people who used the service, their relatives and staff and they felt the registered manager was approachable, friendly and would address any concerns without delay.

We saw that audits had been completed to ensure the service was providing appropriate care and support.

We saw evidence that people were involved in the service and were asked for their feedback.

Dunniwood Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 5 December 2016 and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the home. We spoke with the local authority to gain further information about the service.

We spoke with seven people who used the service and three relatives, and spent time observing staff supporting with people.

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

Requires Improvement

Is the service safe?

Our findings

We spoke with people who used the service and they told us they felt safe living at the home. One person said, "People [the staff] are kind to me and I feel safe, because the carers are always watching me, they're never off their feet." We spoke with people's relatives and one relative said, "Staff are always good with my relative. There is a good number of staff on duty." However another relative told us, "There isn't enough staff particularly at weekends and we have seen a lot of new faces this weekend, possibly agency staff." Another relative said, "There doesn't always seem to be enough staff around. There is nobody [staff] in the lounge at times and this is unacceptable."

Throughout our inspection we observed staff interacting with people who used the service and found there were enough staff on duty to meet people's needs. However, there were times throughout the day that staff were not deployed appropriately and could have been more organised. For example, we observed breakfast taking place and saw that some people who required assistance were not supported. This was due to the five care workers on duty assisting people to get up and dressed, which left the dining area with no care workers. The senior care worker was in the dining room, but was administering medicines. The cook was ensuring people received a meal.

We also observed call bells sounding and it taking staff quite a while to respond to them. For example, on one occasion a call bell was ringing for approximately 15 minutes and we saw one staff member walked by the call response unit and we asked if anyone was going to respond. At the same time we saw three other staff in the corridor chatting. This showed that the issue was the deployment of staff rather than the numbers of staff available.

We were also informed by the registered manager that the provider was in the process of recruiting to the senior team. This had not been fully staffed for a while and agency staff were being used to cover shifts where required. However, this had led to a lack of consistency in some areas, for example, the accuracy in recording on the Medication Administration Records (MAR).

Staff we spoke with told us that there were times when they felt they were short staffed, and they have four care workers working instead of five. We asked staff if they felt they worked as a team. One care worker said, "Not always it depends who I am working with." Another care worker said, "Sometimes I feel that people's needs are not met as there is not enough staff, but this doesn't happen often."

The provider had a policy and procedure in place to ensure that people received their medicines in a safe way. We observed a senior care worker administering medicines to people and saw this was done in a safe way. The senior care worker sat with people while they took their medicine and returned to the MAR to record this.

We looked at records in relation to medicine management and found each person had a MAR sheet in place. However, we found some gaps in recording medicines. Therefore this did not always evidence when people had been given their medicines. We spoke with the registered manager who was already aware of this

situation and had set up a sheet to record any missed signatures. This was being completed at the end of each shift and was starting to identify the problem.

We saw that some people were taking medicines on an 'as and when' required basis known as PRN (as required) medicine for example, for pain relief. We found people did not always have PRN protocols in place. These protocols would detail when to give PRN medication and explain how people presented when they were in pain. We spoke with the registered manager about this and were told they were in the process of addressing this and that it had been highlighted within their audit system.

We looked at the procedures in place for storage of medicines and found they were stored safely. The medicine trolley and other medicines were kept in a locked room. The service had appropriate storage for controlled medicines and for items requiring cool storage. Temperatures were taken on a daily basis of the medicine room and fridge.

We checked to see if items in the fridge were correctly stored. We saw that three boxes containing medicines which required discarding 28 days after opening were not dated when opened. This showed that medicines could have been open for longer than recommended. We checked the controlled medication stored on site and found this was recorded correctly and the stock was correct.

Staff we spoke with were knowledgeable about safeguarding people from abuse. They told us they had received training in this subject and knew how to recognise and report abuse if they needed to. We saw the provider had a safeguarding policy in place. This informed staff of what action should be taken when a safeguarding concern arises.

We spoke with the registered manager who showed us a record of all safeguarding alerts and gave a brief description of the incident and the outcome.

Care plans we looked at identified risk associated with people's care and treatment. We saw people had risk assessments in place to manage these risks. For example, risks such as falls, malnutrition and skin integrity had been identified and plans were in place to assist staff in minimising the risk. We also saw that people had fire risk assessments in place including personal evacuation plans.

We looked at three recruitment files and found the provider had a safe and effective system in place for employing new staff. The three files we looked at contained pre-employment checks which were obtained prior to new staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people.

We completed a tour of the home and found that most areas were kept clean and tidy. However, we noticed that the hair salon upstairs was in a poor state of repair and required attention to make it safe to use. We spoke with the registered manager about this and were told this would be sorted straight away.

Good

Is the service effective?

Our findings

We spoke with people who used the service and their relatives and they felt the staff were skilled to do their job, but there was always space for more training. Staff we spoke with told us that they attended training sessions and some staff felt that this could have been more informative. Staff were knowledgeable about their role and could talk with us about different subjects related to their job role.

We looked at records in relation to training and saw that some training required updating to bring it in line with the providers policy. We spoke with the registered manager and were told that training was completed face to face by an outside training company. The registered manager had arranged staff training to take place where required and this would bring the training statistics up to the required level expected by the provider.

Staff we spoke with felt supported by the registered manager and told us that they received supervision sessions. Supervision sessions were individual support meetings with their line manager. The registered manager had identified that staff supervision and appraisals were out of date and not completed in line with the company policy. However, the registered manager showed us a plan was in place which had started to address this issue. Staff told us that they could speak with the registered manager as they needed to.

We spoke with people who used the service and they told us that the food provided was good. One person said, "It's very good and there is always a choice." Another person said, "They're [the staff] very good, if you don't like anything you can ask for something else."

We observed breakfast and lunch being served and found that people were offered their choice of food. Although at breakfast we saw that people who required assistance were not supported. This is explained within the 'safe' domain.

We saw people were offered snacks and drinks throughout the day. This included hot and cold drinks and snacks such as biscuits and fruit. People were given a choice and we saw that their choice was respected.

The Care Quality Commission is required by law to monitoring the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in their best interests and protect their rights. The Deprivation of Liberty Safeguards (DoLS) are aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom.

Through our observations and from talking with staff we found the service to be meeting the requirements of the DoLS. We spoke with the registered manager who knew when to apply for DoLS for people and evidenced that some applications had been made to the supervisory body. Some had been approved and some were awaiting the outcome. The registered manager kept a record of this. Care plans had a section regarding mental capacity and explained how best to support people. We saw that where appropriate best interest decisions had been made on behalf of people who lacked capacity.

We saw consent forms within care plans for such things as taking photographs for in-house media, dealing with finances and consulting with other professionals.

We looked at care records belonging to people who used the service and found they evidenced that people had access to health care professionals as required. For example, we saw professional visitor's records which documented involvement from professionals such as GP's, chiropody, dietician, and support with pressure area care from district nurses. We spoke with people who used the service and their relatives and one person said, "I recently had to go to the dentist and the manager arranged for a member of staff to go with me."

Good

Is the service caring?

Our findings

We spoke with people who used the service and their relatives and found that they felt the staff were caring. One person said, "I would have a job to find anywhere better to live as the staff are so caring." Another person said, "I always feel that my dignity is respected because staff talk to me when they help me." This person felt this reduce any embarrassment because the staff chatted about everyday things. Another person said, "We're all friends together here."

We observed staff interacting with people who used the service and found they were mainly kind and caring in nature. For example, we saw staff talking to people who were using moving and handling equipment and ensuring they felt secure and that their legs were covered to preserve dignity when using the hoist. However, some staff appeared a little task orientated and focused on the task rather than the individual. For example, we observed one care worker standing over a person while they assisted them to eat, rather than sitting on the same level.

We looked at care records for people and found they included information about people's likes and dislikes. A document called 'all about me,' was in place which gave a life history of the person and how to help in different situations. For example, one stated that when the person was upset they would like chocolate and staff to comfort them. Staff we spoke with knew people well and what their likes and dislikes were.

The home had a key worker system in place to ensure people had all their personal shopping and that their likes and dislikes were respected. People who used the service and their relatives knew who their keyworker was.

A relative's communication sheet was in place where relative involvement was recorded. This included their involvement with hospital visits, care plan review meetings and social visits. We observed staff to be friendly and polite with family members visiting the home and they communicated well with them. One person we spoke with said that they enjoyed spending time in their room but they don't get lonely as, "Staff are always passing. I receive phone calls from my relatives and staff always make sure I get these calls."

Staff we spoke with were able to explain how they ensured people's privacy and dignity was maintained. One care worker said, "I make sure that the door and curtains are closed when assisting people in their rooms. It is really important to explain to the person what you are doing."

Requires Improvement

Is the service responsive?

Our findings

We spoke with people who used the service and were told they felt involved in their care. However, one person said, "I don't know if I have a care plan. I suppose I have."

We looked at care plans belonging to people and found they did not always give a clear picture of the support people required and did not always give enough detail. For example, one person's care plan stated that they required caring for from bed due to the pressure area care they required. However, in a different section of the care plan it stated that the person was now able to sit out of bed for up to three hours. We saw that staff were supporting the person as recommended by the tissue viability nurse, but the care plan was confusing and could potentially put the person at risk of receiving the wrong support. We spoke with the registered manager about this and were told that all care plans were in the process of being updated as audits of care planning had revealed similar issues.

The home employed an activity co-ordinator who provided and organised activities within the home and trips out. A recent outing was to the Christmas light switch on, which had been enjoyed by the people who went. We spoke with people who used the service and their relatives and they told us that activities included things such as bingo, fashion shows and birthday parties. The activity co-ordinator was not working on the day of our inspection and we saw very little activity taking place. The television was on and staff ensured it was on a channel preferred by the people sitting in the lounge area. We did not observe any other activity.

We saw information sheets in people's bedrooms which informed people of event that were taking place and when. For example, clothing party, church service, films, and entertainers visiting.

The provider had a complaints procedure in place and the registered manager kept a record of complaints receive. The record gave brief details of the issues raised, what action was taken and the outcome. We saw evidence that people's concerns had been dealt with in a timely manner. The registered manager told us that any lessons learned as a result of complaints raised, would be discussed with the staff team.

We spoke with people who used the service and their relatives and they felt the registered manager would listen to them and act on any concerns they raised with them. One relative said, "I have never had anything to complain about but if I had, I know that I could approach the manager. [The manager] is approachable and listens."

Good

Is the service well-led?

Our findings

At our inspection of January 2016 we found that the lack of effective monitoring had resulted in certain issues not being identified and therefore systems required embedding into practice. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At our inspection of December 2016 we found that the audit systems have been embedded and that issues had been identified as a result of them. We spoke with the registered manager about the concerns we raised at this inspection and they were able to evidence that these had been identified and that they were working towards an action plan to resolve them.

We saw that audits were in place to monitor the quality of service delivery. Audits were completed regularly in areas such as, care planning, staff files and training, medication, health and safety and accident analysis. There was also a quality and compliance monthly audit tool which was completed by the regional manager. Audits had identified some area of improvement and action plans were in place to address them. For example, the quality and compliance monthly audit completed in October 2016 highlighted some issues with medication. For instance, the lack of PRN protocols and gaps in MAR sheets which should have been signed. It was suggested that weekly audits take place until improvements were made. We saw that this was in place and being monitored.

We spoke with people who used the service and their relatives and they told us the registered manager was friendly and approachable. One relative said, "There seems to have been a high turnover of staff, but the current manager appears to be very effective." Another relative said, "The manager is approachable and amiable. They get things done." Another said, "The manager gets things done, they resolve any issues I may have. They don't just nod they investigate."

The registered manager was supported by a deputy manager and senior care workers. The registered manager was currently in the process of recruiting senior care workers as there was only one senior available to work night shifts and one senior available to work day shifts. Agency staff were being used to cover the rota. Staff we spoke with spoke highly of the registered manager and felt they were supportive and had made some positive changes. However, some staff were struggling to accept the changes as they didn't like change, but it was evident that the changes had been made in consultation with people.

There was evidence that people were consulted about the service provision and any changes. For example, the registered manager told us that some people had risen in meetings that they would like to be able to contact their relatives via skype. The registered manager had listened to people and had changed a small seating area into an internet café. This was almost completed, they were just waiting for some sockets to be fitted and then the facility would be available. This showed that the registered manager listened to people and developed the service to suit people.

Quality assurance questionnaires were sent out to people, relatives and external professionals on a frequent basis asking for feedback on the service provided. The last one was completed in September 2016 and we

saw that mainly positive comments had been made.