

Dunniwood Lodge (Doncaster) Limited

Dunniwood Lodge

Inspection report

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Tel: 01302370457

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an unannounced inspection of Dunningwood Lodge on 22 February 2018. Dunningwood Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home can accommodate a maximum of 44 people. On the day of our inspection 37 people were living at the service.

There was a registered manager in post. 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.

At our last inspection on 5 December 2016, we asked the provider to make improvements to ensure that care staff were deployed effectively. In addition, we asked the provider to make improvements to the level of detail contained in people's care plans.

The findings from our inspection on 22 February 2018 confirmed that appropriate action had been taken and improvements had been made.

There were arrangements in place to keep people safe and to help safeguard people from the risk of abuse. Staff understood their responsibilities for safeguarding people from harm and followed the provider's policy and procedure. Potential risks associated with people, the environment and equipment had been identified and managed. People continued to receive their medicines safely. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed regularly. People were protected by the prevention and control of infection where possible. Accidents and incidents were monitored and recorded.

People's needs and choices continued to be assessed when they started using the service. People received care that was personalised to their needs. People were supported to take part in meaningful activities which they enjoyed. People were encouraged to raise concerns or complaints and were asked for feedback about the service they received.

People continued to have access to food that they enjoyed and were able to access drinks and snacks throughout the day. People's nutrition and hydration needs had been assessed and recorded. Staff and the kitchen team met people's specific dietary needs and support. Staff ensured people remained as healthy as possible with support from health care professionals, if required.

Staff were seen to be kind and caring towards people. People and their relatives were involved with making decisions about care and support. People were treated with privacy and dignity.

There continued to be enough staff on duty with the right skills to meet people's needs. Staff received the training and support that they needed to carry out their responsibilities in delivering care and support that was effective and responsive. Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support.

People and others were encouraged to express their views and had completed surveys. Systems were in place to monitor the quality of the service being provided to people. They were a range of checks and audits carried out to ensure the safety and quality of the service that was provided to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe. There were robust safeguarding and whistleblowing procedures in place.

Staff understood what abuse was and knew how to report it.

Staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

Risk assessments were in place to ensure risks were minimised and managed.

Appropriate arrangements were in place for the safe administration of medicines.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service was responsive.

People's care and support needs were assessed and guided staff on how to meet people's needs in a personalised way.

People's support plans were person centred, detailed and regularly reviewed.

People were encouraged to provide feedback about the service. There was a complaints process and people using the service and their relatives knew how to make complaints.

Is the service well-led?

Good ●

The service remains Good.

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 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 22 February 2018 and was unannounced. The inspection was undertaken by one adult social care inspector.

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 received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time in the communal areas and also met with individual people. We observed interactions and the support offered to people throughout the inspection.

During the inspection we spoke with four people who used the service, one visitor, five staff members, the registered manager and the regional manager. We looked at care plans relating to six people who used the service and three staff files. We also reviewed a range of relevant documents relating to how the service operated, including monitoring data, training records, complaints and compliments.

Is the service safe?

Our findings

At the last inspection this key question was rated as 'requires improvement'. At this inspection we have judged that the rating is 'good.'

At the last inspection in December 2016 we observed that there were enough staff available to meet people's needs. However, staff were not always deployed effectively. At this inspection we found staff appropriately deployed to meet people's needs.

Staffing arrangements met people's needs in a safe way. The registered manager reviewed people's needs regularly. This helped ensure there were sufficient skilled and experienced staff planned to be on duty to meet people's needs. The registered manager had modified the way staff were deployed within the home to ensure that staff were available to all people and not just those in a specific area. Any gaps in staffing were mainly met by existing staff which meant the home has not relied on agency staff to ensure continuity of care for people by staff who know them. One visitor told us, "There appeared to be a lot of agency staff before but there aren't so much now which gives me confidence." Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

All the people we spoke with felt they lived in a safe environment and had no concerns about their wellbeing. One person told us, "I'm well looked after, yes I feel very safe." People's relatives were also confident that people were safe.

Care staff we spoke with told us they would report any concerns about people's well-being if they suspected or saw something of concern. They also understood their responsibilities to safeguard people and told us they were confident in the management of the home to ensure people remained safe. The registered manager demonstrated they had acted upon concerns raised by notifying the local authority and CQC as needed.

There was an equality and diversity policy in place and staff received training on equality and diversity. This helped ensure staff were aware of their responsibilities in how to protect people from any type of discrimination.

Risk assessments were effective in keeping people safe. Potential risks to people in their everyday lives had been assessed and recorded on an individual basis. For example, risks relating to care and support needs, moving and handling, diet and nutrition and people's skin integrity. The assessments outlined the associated hazards and detailed what measures staff were to take to reduce the risk. Risk assessments were regularly reviewed to ensure staff provided sufficient, up to date support to people to keep people safe.

Risks associated with the safety of the environment and equipment were identified and managed to keep people safe. The provider had an internal maintenance department who managed the day to day maintenance issues within the service. Records showed that portable electrical appliances, boiler checks,

fire fighting equipment and lifting were properly maintained and tested. Any issues that were identified were acted on quickly. These checks enabled people to live in a safe and adequately maintained environment.

Medicines continued to be managed safely and people received their medicines as prescribed by their GP. All medicines were stored securely and appropriate arrangements were in place for ordering, recording, administering and disposing of people's prescribed medicines. Staff were trained in the administration of medicines and completed regular competency assessments with a member of the management team. During our inspection, we observed the medicines round, staff administered medicines to people and accurately recorded when they had been taken. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines and temperature checks. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. Some people had "as and when required" medicines, known as PRN medicines. Guidance was in place for staff to follow which included the dosage, frequency, purpose of administration and any special instructions.

Is the service effective?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People received care and support from staff who had the skills and knowledge to meet their needs. New staff completed the provider's induction training to prepare them for their new job roles. As part of this, they worked alongside more experienced colleagues. As part of the provider's induction programme, staff completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. One staff member told us, "The training is really good and the induction gave me everything I needed." Staff attended regular one-to-one meetings with the registered manager to receive feedback on their work, and discuss any additional support they may need.

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 Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Authorisations were in place and applications had been made to the local authorities where the management team had identified care and support potentially restricted their liberty on the person.

Staff monitored people's food and drink intake to ensure all people received sufficient each day. Staff also monitored people's weight to ensure they maintained a healthy weight, although we found two examples of people who had been identified as requiring to be weighed weekly where this did not occur with the frequency determined by the home's assessment. The registered manager told us this would be rectified immediately and also be discussed at individual staff supervision.

People told us the food was good at the home. One person told us, "It's lovely food, very tasty." Another person said, "I really like the food. There is a good choice and as much as I want." People confirmed that if they did not want the menu choice on offer they could request an alternative and this would be provided. We observed the support people received during the breakfast and lunchtime meals and found it to be in line with that documented in people's care plan. The atmosphere was warm and friendly with staff talking with people as they ate their meals.

The chef was knowledgeable about people's individual needs and likes and dislikes. They were aware of

people's dietary requirements, preferences and food allergies. Kitchen staff regularly consulted with people on what type of food they preferred and ensured that food was available to meet needs and wants. Dunniwood Lodge had received a nomination for an award for nutrition.

The registered manager said the service had good links with external professionals. The service worked closely with a wide range of professionals such as district nurses, social workers and general practitioners to ensure people lived comfortably at the service. Relatives told us that staff were prompt to inform them if their family members health needs had changed and referred to medical professionals promptly.

We found that the premises were safe and accessible and people could choose whether they wished to spend their time in the communal areas or in a quiet area, either alone or with visitors. There was clear signage throughout the home and pictures of staff and their job role. This helped people to find their way around and helped reduce anxiety for people who could feel lost or confused.

Is the service caring?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People told us they thought that the service was caring and they were treated with dignity and respect. One person told us, "The staff are all lovely, I think I am well looked after." Another person told us, "They (staff) are very nice indeed, I like spending time with them."

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history and background. One person's relative said, "The care staff do a great job. I find everything to be positive here."

We observed people were comfortable in the presence of staff. Staff were friendly and kind in their support and responses to people, their attitude was respectful and they showed that they understood people's individual needs.

Staff gave examples of how they protected people's privacy and dignity whilst offering them care and support. For example, closing curtains, doors and ensuring people's consent prior to carrying out any tasks. We observed staff knocking on doors and waiting for an answer before entering.

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, discreet and compassionate way.

Care plans contained 'life stories' to understand people's past lives and interests. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them. People and their families were involved in decisions about the running of the service as well as their care. People's care plans recorded their choices and preferred routines. People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time.

Is the service responsive?

Our findings

At the last inspection this key question was rated as 'requires improvement'. At this inspection we have judged that the rating is 'good.'

At the last inspection in December 2016 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.

At this inspection we found each person had a care plan that was tailored to meet their individual needs. Where possible people, and their representatives, were consulted about people's care plans and their review. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The care plans were regularly reviewed to help ensure they were accurate and up to date. People, and where appropriate family members with appropriate powers of attorney, were given the opportunity to sign in agreement with the content of care plans.

People had their needs assessed before they came to live at Dunningwood Lodge. The registered manager explained that as well as assessing if the service could meet the person's needs, they also ensured the person's choices were considered and assessed the impact of their admission on the rest of the service before proceeding. We found evidence that these assessments had been carried out in people's care files.

Care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted. Staff were aware of each individual's care plan, and told us care plans were informative and gave them the guidance they needed to care for people.

There was a staff handover meeting at each shift change this was built into the staff rota to ensure there was sufficient time to exchange any information. This allowed staff the opportunity to discuss each person they supported and gain an overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in a person's health which might necessitate a change in how their care was delivered. This helped ensure there was a consistent approach between different staff and this meant that people's needs were met in an agreed way each time.

People were supported to take part in a range of activities to meet their needs and preferences. The provider employed an activities coordinator whose role included sourcing activities which took account of people's preferences. There were a range of activities on offer throughout the day, these included games, films and one to one sessions. An external entertainer came in on a regular basis to sing, which people spoke highly of. There were photographs displayed around the service of people taking part in activities that they enjoyed.

We found relatives and friends were welcomed into the service and people were supported to maintain contact with loved ones. People's comments included, "My visitors always have a nice welcome" and "My family come quite often." A relative also told us how they were welcomed to the home, they told us, "I can

visit any time, any day, there's no need to call first."

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. The people and their relatives, who we spoke with, said if they had any concerns or complaints, they felt they could discuss these with members of staff and management team. They felt any concerns and complaints would be responded to appropriately. The people we spoke with did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint.

The home had developed a newsletter for people and their relatives. We saw the February 2018 edition included birthdays, events, dates of resident meetings, introductions to new staff, a quiz and ideas for the forthcoming refurbishment of one of the corridors.

Is the service well-led?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People and their relatives told us they found the registered manager approachable. One person said, "I like her. She always has a chat" A relative said, "She [registered manager] is very approachable and communication is good." The same relative went on to explain they were satisfied with the service and the way it was run.

Staff were positive about the leadership of the service. They told us they found the registered manager approachable and supportive. One staff member told us, "The manager is so supportive and will help you with anything she can." Another staff member said, "I have confidence in the manager. She always has the best interests of residents and staff at heart."

Staff had a positive attitude and the management team provided strong leadership and led by example. They were visible around the service and supported staff well. The registered manager and regional manager spent time within the service so were aware of day to day issues.

There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with the managers, at daily handover meetings and staff meetings.

The registered manager understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns management would listen and take suitable action. The registered manager said if they had concerns about people's welfare they liaised with external professionals as necessary, and had submitted safeguarding referrals when they felt it was appropriate.

People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.

The service had systems in place to review, monitor and improve the quality of the service delivery. This included daily walk around observations by the registered manager and a programme of audits for reviewing medicines compliance, catering, infection control and falls. We found that where areas of improvement were had been identified they had been actioned promptly

The provider had a whistle blowing policy in place that was available to staff across the home. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Staff were confident of support if they used the whistleblowing

policy.