

Dunsland House Limited

Dunsland House

Inspection report

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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

About the service:

Dunslands House is a residential care home in Berkhamstead, providing care and accommodation for people over the age of 65 who require nursing or personal care and may be living with dementia. At the time of our inspection there were 18 people receiving a service for personal care.

People's experience of using this service:

People were happy at the service and were supported by staff who knew them well. People felt their privacy and dignity was promoted. People were able to choose how to spend their time and encouraged to make decisions about their care. People's care plans gave staff information on how people wanted to be supported and what their likes and dislikes were.

People enjoyed the activities available. There were communal areas which were well decorated and were used regularly.

The recruitment process and training provided to staff meant that people were supported by staff who were suitable to work in a care setting. Staff felt well supported. People felt in most cases there was enough staff to meet their needs.

People had individual risk assessments in place and staff were aware of these. People received their medicines when they needed, and these were managed safely. People and relatives told us they felt happy living at Dunsland. ""It's a home and we feel 100% comfortable with [Relative] being here."

The registered manager was known throughout the home and people and staff were positive about them. All staff were clear about what was expected of them and any lessons learned were communicated well through meetings and handover.

The registered manager carried had a robust quality assurance system in place to ensure they provided a good service.

The service met the characteristics for a rating of Good in all key questions.

More information about the inspection finding is in the full report.

Rating at last inspection:

At the last inspection the service was rated Good (Last report published 2nd September 2016)

Why we inspected:

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

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 ●

Dunsland House

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:

One adult social care inspector carried out the inspection.

Service and service type:

Dunsland House is a residential care home in Berkhamstead, providing care and accommodation for people over the age of 65 who require nursing or personal care and may be living with dementia. Dunsland House is registered for 19 people using the service. At the time of our inspection there were 18 people receiving a service for personal care.

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 and was carried out on 28th May 2019.

What we did:

Before our inspection we reviewed information about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We looked at the provider information return (PIR) submitted. This is information the provider is required to send us. This document details how they meet the regulations, identify any key achievements and any plans for improvement.

During the inspection we spoke with four people using the service, one relative and four staff. We looked at

two people's care files which included all aspects of care and risk. We looked at two staff files, staff training and supervision planning records and other records relating to the management of the service. These included records of accident and incidents, audits and quality assurance, meeting minutes, compliments and complaints.

After the inspection we received additional information from the registered manager.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when staff provided their care. One person said, "I do feel safe, I wouldn't like to be in a house these days. I don't think I would like to be on my own."
- A relative said, "[Person] would really like to be home with us, but we can't as it's not possible for us. They are safe here and there are people around all the time."
- Staff received safeguarding training. They knew how to identify and report concerns relating to abuse and they felt comfortable raising concerns and received support for this. One staff member told us, "I would tell [manager], I would have no problems to contact whistleblowing. I have not seen anything I have been concerned about."
- The provider had effective systems in place to safeguard people. Where concerns had been raised matters were dealt with in an open and transparent way.

Assessing risk, safety monitoring and management

- People had their individual risks assessed. Staff were aware of these risks. We observed staff supporting people safely and patiently. One staff member explained to us about individuals support needs in the event of a fire, "By the front door I would check the sheet of how to support the person. I am sure [Person] is assistance with carer. I would reassure them and help them out of the building."
- People were involved in managing risks and risk assessments were person-centred and reviewed regularly. Restrictions were minimised so that people felt safe but were empowered to have freedom.
- The provider ensured the equipment used in the home was regularly serviced and well maintained.

Staffing and recruitment

- People told us that at times in the day they had to wait for response from staff to their call bells, however, they were not put at risk. On the day of the inspection people's needs were met in a timely way. One person said, "You ring for them you can't expect them immediately, they are here as soon as they can. They do come quiet quickly. I have never had to wait long periods of time."
- The registered manager was proactive with recruitment of new staff to meet the needs of the growing business. This meant that there was a regular staff team which gave people continuity of care and support from a constant staff team who knew them well and understood their support needs and preferences.
- The registered manager made sure the staffing ratio was reviewed regularly in line with the needs of the people receiving the support.
- People were supported by staff who had been through a robust recruitment selection process. This included all pre-employment checks, such as references and a criminal record check.

Using medicines safely

- Staff received training to safely administer medicines for people. Staff's competency was checked to ensure they were skilled and confident to administer people's medicines.
- People received their medicines when they needed them. We saw staff administering medicines in a discreet and respectful manner.
- The registered manager ensured regular audits and spot checks of the staff's working practices were completed when administering medication.

Preventing and controlling infection

- People were protected from the risk of infection, staff received training and followed guidance.
- Systems were in place to ensure infection control was managed. The environment was clean and tidy.

Learning lessons when things go wrong

- The management team reviewed incidents that happened and used feedback from people to improve across the service.
- Staff said they felt comfortable in speaking up when things may have gone wrong and they discussed how they could learn from it.

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

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

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

- People's voice was clearly reflected throughout the care plans. These identified what people wanted, what they could do for themselves to maintain their independence and how this made them feel.
- The registered manager kept up to date with current care standards and guidance. This was reflected in how people were receiving their support.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training in area's which the provider had identified as relevant to their role. One staff member said, "The induction was good, I had training and then shadowed for three shifts. The staff showed me how everything works, and I got to know the people here."
- Staff felt supported by their manager and had opportunities to discuss their professional development and wellbeing through individual supervisions and appraisals.

Supporting people to live healthier lives, access healthcare services and support. Supporting people to eat and drink enough to maintain a balanced diet

- People told us the food was good. One person said, "Food here is excellent I know the chef and he asked me about the food and he asked me what he could cook. There is enough drinks, snacks and fruit, we have alcohol here and if I fancy a drink I will have that."
- Food choices were taken a couple of hours before lunch. Whilst people gave their choices before, at the time of the meal one person changed their mind and the other option was offered.
- Tables were set ahead of the meal with menus on display, as well as condiments and a range of drink choices.
- The dining experience was calm and relaxing. People asked to have music on in the background whilst eating and the staff sat with people to help with their meals as well as having conversation throughout the meal.
- The chef was aware of people's allergies and dietary requirements. Training had been arranged for the chef and staff in relation to modified diets. For example, when people had to have their food mashed or pureed.
- The chef took time to get feedback from people. They told us, "I enjoy sitting down with people and having a chat. I love it."

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by staff who knew them well and this helped to ensure care delivered met people's needs consistently and encouraged independence. One person told us that staff had helped them become independent enough to go back home. They said, "In two weeks I'm going back home. I'm going to miss this

place."

- The staff team have worked together with other health professionals to provide person centred care. On the day of the inspection a nurse was present to speak to people as well as a health professional checking people`s hearing.

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

- Bedrooms were personalised, and the communal areas were very well decorated, this made the home feel very welcoming and homely.
- People had easy access to the lift and stair lift to enable them to freely move around the home.
- People has access to the garden outside which was well maintained and had wheelchair access.

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

- 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, 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.
- At the time of the inspection staff were making sure they gave people choice and control. One person said, "They will always ask me what I need help with."
- People had their capacity assessed in relation to their care and best interest decisions were recorded in case people lacked capacity.
- DoLS applications were made appropriately to ensure that any restrictions applied to peoples` freedom was done lawfully.

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

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

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

- Everyone we spoke to was positive about the care they received. One person said, "The staff are nice. They are very lucky with the staff they have, they are very good."
- The service offered respite care to people when they needed to have a break away. One person said, "I have come here four or five times for respite and then I go home. It tells you something... its good because I keep coming back." Another person said, "The staff respect me. They are always polite and helpful as they can be."
- Staff were attentive, and we could see staff were passionate about caring for people. One staff member told us, "I am happy to come to work."

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

- People were able to make choices about the care they received. Staff were heard asking people for their choices throughout the inspection.
- People and relatives were involved in reviews of their care. One relative said, "We have had surveys and afternoon coffee to say your piece. We are involved in annual care plan reviews. [Relative] is in the right place here because its small."

Respecting and promoting people's privacy, dignity and independence

- Staff knocked on doors and were discreet when supporting people.
- People were being treated with kindness and respect. A relative said, "It's a home and we feel 100% comfortable with [Relative] being here."
- People's relationships were respected, and relationships were maintained. One person said, "I wouldn't come here if it wasn't for [Relative]. It is nice my [Relative] is here as well."
- People who needed support from staff were dressed appropriately.

Is the service responsive?

Our findings

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

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

- The service had an activity coordinator that visited throughout the week. On the day of the inspection, they spoke about the activities they did and that once a month people were given the opportunity to suggest future activities. They said, "A couple of people wanted to go to the Buddhist temple, we have booked to go this week."

- People's care plans were personalised and set out how people liked to be supported to meet their individual needs and preferences.

- People told us they felt like an individual. One person said, "If you got to come into a home this is a home that you should come to. You are not just another thing sitting in the chair, you are an individual."

Improving care quality in response to complaints or concerns

- Complaints were responded to appropriately and actions were clearly documented and highlighted once improvements have been made.

- People and their relatives told us they knew how to make a complaint and that they felt they would be listened to. One person said, "[Registered manager] is about when I need them. [Registered manager] listens and we can tell them anything. You get feedback."

End of life care and support

- The service was not currently supporting anyone with end of life care. However, the registered manager confirmed that arrangement could be made to support someone nearing the end of their life.

- The registered manager told us staff were aware of advanced directives for example, for resuscitation. These decisions were recorded in people's 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

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

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

- People told us the registered manager was approachable and often seen around the home.
- Staff told us, and we also saw, that the registered manager was visible in the home and was available if anyone needed to speak with them. One staff member said, "I have had chats with [Registered manager], There are always here to ask how I'm doing. [Registered manager] is approachable."
- The provider and the registered manager had clear passion for ensuring the care people received was of high quality. This came across in the discussions we had throughout the inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was organised, open and knowledgeable about the service and the needs of the people living there.
- Staff told us they worked together as one team. One staff member said, "We help each other out when we need to. It is a good staff team. It's so family orientated."
- The registered manager used their governance systems to help them identify and resolve any issues in the home. These included audits, observations and spot checks.
- The provider carried out regular quality checks. Both the registered manager and provider had an open and honest relationship which meant that the service received the dedication from all management involved.

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

- People and their relatives were asked for feedback about the service. Surveys were sent out yearly.
- People had the opportunity to give feedback in monthly residents meetings and quarterly relatives meetings.
- Staff told us they took part in team meetings and could give feedback about the service.

Continuous learning and improving care

- The registered manager ensured that the service was continuously improving and they were involved in a quality audit looking at care homes managing malnutrition pathway which was completed by an external NHS provider. that the health professional carrying out the audit wrote, 'Managers and staff at the care home showed real passion for nutrition and there is a range of resources available. You have a fantastic nutrition folder that we were very pleased to see being used. Care plans are very well organised and a real

pleasure to view. The reporting of MUST scores and oral intake was fantastic and clear.' Malnutrition universal screening tool (MUST) is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese.

- The service had external quality audits completed to ensure an independent party assessed the quality of the care people received.

Working in partnership with others

- The registered manager had links with various agencies which included local authority and the local care providers association.
- The registered manager and staff team had strong links with other health professionals to make sure people received seamless care from everyone involved and had positive health and well-being outcomes.