

Townsend Life Care Ltd

# Dumpton Lodge

## Inspection report

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Date of inspection visit:  
18 January 2019

Date of publication:  
18 February 2019

## 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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service:

Dumpton Lodge is a residential care home that accommodates up to 29 older people who may be living with dementia. At the time of the inspection 25 people were living at the service.

### What life was like for people using the service:

People continued to feel safe and that staff met their needs and preferences. Potential risks to people's health and welfare had been assessed and there was guidance in place for staff to follow to reduce the risks. However, checks on the environment to keep people safe had not been recorded and there was no record of how shortfalls were rectified.

People told us they were happy with the way they received their medicines. However, medicines were not always managed safely and people had not always received their medicines as prescribed. People felt that they were listened to and any concerns they had were dealt with, but there was no system to formally gain people's opinions and suggestions to improve the service.

Staff understood people's needs, choices and preferences. People told us that staff provided their care as they wanted and respected the decisions they made about their care. People were encouraged to be as independent as possible and be involved in decisions about their care.

People were supported to take part in activities that they enjoyed. People were encouraged to maintain relationships that were important to them, visitors were welcome at any time.

More information is in the detailed findings below.

### Rating at the last inspection:

Good (report published 22 July 2016).

### Why we inspected:

This was a planned inspection based on the rating at the last inspection. We found that the service no longer met the characteristics of Good in all areas. The domains of safe and well led are now rated as Requires Improvement. The overall rating is now Requires Improvement.

### Follow up:

We will work with the provider following this report being published to understand and monitor how they will make changes to ensure the service improves their rating to at least Good.

## 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 not always safe  
Details are in our Safe findings below

**Requires Improvement** ●

### 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 not always well-led  
Details are in our Well-Led findings below.

**Requires Improvement** ●

# Dumpton Lodge

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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.

#### Inspection team:

The inspection was carried out by one 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.

#### Service and service type:

Dumpton Lodge is a care home. People in a care home receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the funding authorities. We assessed the information we require providers to send us at least once annually to give key information about the service, what the service does well and the improvements they plan to make. We used this information to plan our inspection.

People living at Dumpton Lodge could tell us about their experiences living at the service, we spoke to 14 people and eight relatives and visitors. We spent time observing staff with people in communal areas during

the inspection. We spoke with the registered manager, the provider, three care staff and a visiting GP.

We reviewed a range of records. This included four people's care records, reviewed medicine records. We looked at recruitment records, supervision and training records of all staff. We reviewed records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

## Is the service safe?

### Our findings

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. One person told us, "I think what makes me feel safe is that I know everyone here and I know I am never alone and never afraid to ask for help."

Using medicines safely:

- People did not always receive their medicines as prescribed. Some people were prescribed Warfarin, a medicine to thin the blood to stop clots forming. People had regular blood tests and their Warfarin was prescribed according to their test result and the dose could change. The prescription was recorded in a yellow book, which staff should use when administering the medicine for the correct dosage. Staff had written the correct daily dosage on the medicine administration record (MAR), for the four weeks, the dose had changed from the previous month. However, staff had altered some dosages on the MAR chart to the previous prescription and administered this dosage. Staff signatures were not accurate and some dosage administration had not been signed. The number of tablets available at the time of the inspection were not correct. There was one extra Warfarin 3mg tablet and Warfarin 1mg, there were two less than recorded being given. The person had not received their Warfarin as prescribed. The registered manager organised for the person to have an urgent blood test to check if the dosage needed to be altered.
- When people were prescribed medicines such as antibiotics, the prescription was handwritten by staff on the MAR chart. Best practice guidance is for these instructions to be signed by two people to confirm the instruction is correct. Staff had not consistently followed this guidance and there were instructions that had not been signed by two staff.
- Some medicines were prescribed in liquid form and stored in bottles. These medicines are effective for a limited time once opened, it is best practice to record the opening date so that staff know when to stop using the medicine. Staff had not recorded the opening date of liquid medicines consistently and there was a risk that people would receive medicine that was no longer effective.

The provider had failed to ensure the proper and safe management of medicines. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management:

- The registered manager told us that checks had been completed on the environment such as water temperature checks, however, these checks had not been recorded. Hot water temperatures should be below 44c, to reduce the risk of scalding. The provider told us that there were valves to regulate the water temperature in people's rooms and the bathrooms. Staff had not been recording the temperature of people's bath water and showers to check that the water continued to be within a safe limited. The provider told us they would start recording water temperatures including when people had baths and showers. We will check this at our next inspection.
- Checks on equipment such as the lift and hoists had previously been completed. However, on the day of the inspection, the current certificates could not be found. The provider has sent copies of the certificates to

us following the inspection.

- Checks were completed on the fire equipment and staff described how they would evacuate people in the event of a fire, however, staff had not attended a fire drill recently to practice this. The registered manager told us that they planned hold fire drills and new training had been sourced to support this.
- Potential risks to people's health and welfare had been assessed and there was clear guidance for staff to follow to mitigate the risk.
- Some people were living with health conditions such as diabetes, there was guidance for staff about how to recognise when people were unwell and what action to take.
- When people required assistance from staff using hoists to move around the service. There was detailed guidance for staff about how to move people safely including how to position the sling to make sure people were safe. During the inspection, we observed staff moving people safely, following the guidance in the person's care plan.

Supporting people to stay safe from harm and abuse, systems and processes:

- The registered manager and staff understood their responsibilities to safeguard people from abuse. Staff were aware of the signs and symptoms of abuse and to observe for changes in people's behaviour.
- Staff were confident that the registered manager would take appropriate action if they reported concerns.
- The registered manager had referred incidents to the local safeguarding team as appropriate.

Learning lessons when things go wrong:

- Incidents had been recorded and action had been taken to reduce the risk of them happening again. We observed that the action taken had been effective and the incidents of a person's behaviour towards staff had reduced. However, this process and analysis had not been formally recorded. Following the inspection the registered manager sent us a completed analysis.
- Accidents had been recorded and analysed to identify patterns and trends. Action had been taken, people had been referred to health professionals, to reduce the risk of them happening again.

Staffing levels:

- The registered manager calculated the number of staff required to meet people's needs. This was reviewed when new people moved into the service or people's needs changed.
- There were sufficient staff on duty, agency staff were used when permanent staff were unable to cover the shift. Staffing was increased at weekends when the registered manager was not at the service to provide additional support if needed.
- The registered manager followed the provider's recruitment policy. New staff had been recruited safely.
- People told us there was enough staff. One person told us, "We have a bell in our room, so we never feel deserted and help is always quick to come." A relative told us, "There appears to always be sufficient staff on duty, and they are brilliant at adapting to his needs to keep him happy but safe."

Preventing and controlling infection:

- The service was clean and odour free.
- Staff had received training in infection control and used personal protective equipment such as gloves and aprons, when required.

# Is the service effective?

## Our findings

People's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best 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 and guidance and the law:

- The registered manager met with people before they moved into the service to make sure that staff would be able to meet their needs.
- People's needs were assessed using recognised tools and following best practice guidance, these included the Waterlow score to assess skin integrity and MUST to assess people's nutritional status.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessment, this included people's needs in relation to their culture, religion and diet.

Staff skills, knowledge and experience:

- Staff received training appropriate to their role including topics specific to the people they support such as dementia and insulin administration.
- The registered manager was a qualified moving and handling trainer and kept staff up to date with their practice.
- During the inspection we observed staff putting their training into practice and supporting people effectively.
- New staff completed an induction including shadowing more experienced staff to get to know people's choices and preferences.
- Staff received formal supervision to discuss their practice, the registered manager completed clinical supervision of staff skills such as handwashing. The registered manager worked with staff to check they were providing to the standard required.

Supporting people to eat and drink enough with choice in a balanced diet:

- People's dietary needs and preferences were met and people were given a choice of meals. Meals were presented in a hot trolley, this enabled people to have a choice and staff to tailor portions to people's individual preferences.
- Staff were aware when people had specific dietary needs such as a diabetic diet and thickened fluids.
- People were assisted with their meals when required, staff were patient and gave people time to enjoy their meal.
- We observed the lunchtime meal and there was a relaxed atmosphere with people chatting and laughing. One person told us, "I really enjoy the meals and mealtimes too, it is a time to talk, laugh and enjoy our delicious grub."

Staff providing consistent, effective and timely care:

- Staff monitored people's health and referred them to relevant health professionals when their health needs changed. When people lost weight, they were referred to the dietician, staff followed the guidance that was given.
- One person told us, "We can see the GP or nurse when we need one and have a regular person who does our feet and nails."
- People had access to health professionals such as dentists, opticians and chiropodists.
- People were supported to live as healthy life as possible and were encouraged to be active.

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 should 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 MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.
- When it had been assessed as appropriate, the registered manager had applied for authorisations to legally deprive people of their liberty.
- Decision specific mental capacity assessments had been completed. Staff respected people's decisions and supported them to make decisions.

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

- The building had been adapted to meet people's needs, the corridors were wide and the lighting was activated as people walked along the corridor.
- People's rooms were personalised to reflect people's choices and preferences.
- There were no signs on the doors to show where the bathrooms and toilets were. This did not impact on the people living at the service, we observed people walking independently to the toilet. We discussed with the registered manager, the need for signage if the needs of people changed within the service.

# Is the service caring?

## Our findings

People were supported and treated with dignity and respect; staff knew people well and understood how they wanted to be supported and this was observed during the inspection.

Ensuring people are well treated and supported:

- We observed people being treated with kindness and respect. Staff knew people's choices and preferences and supported them in these.
- Staff responded quickly to people needs, they anticipated what they needed. Staff made sure ladies had their handbags and another had a newspaper by their chair when they sat down.
- People were encouraged to maintain relationships that were important to them, visitors were welcome to visit when they wanted.
- One relative told us, "Their attention to detail is fantastic, they are really attentive for example when Dad becomes anxious, they are with him immediately with a solution and a listening ear." Another told us, "There is a good solid relationship with the staff."

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

- People had been encouraged to express their views. When people were not compliant with the guidance from health professionals, staff respected their views and agreed with them a plan of care that they were happy with.
- People were encouraged to make decisions about how they spent their time and ate their meals.
- People were encouraged and supported to express their views when the GP visited and they went to appointments with health professionals.

Respecting and promoting people's, dignity and independence:

- People were supported to be as independent as possible. People were supported to walk independently with walking aids and use special cutlery to be able to eat independently.
- People's privacy and dignity was respected, staff knocked on people's doors and waited to be asked in. When people were being assisted to move using the hoist, staff made sure their privacy was maintained.
- When people wanted to spend time in their room, staff respected this and checked on people regularly.
- People's personal information was stored securely and staff understood how to keep people's confidentiality.

# Is the service responsive?

## Our findings

People received personalised care that responded to their needs.

Personalised care:

- Staff knew people well including their likes, dislikes and preferences, these were recorded in people's care plans.
- People's care plans were reviewed each month and when their needs changed, the care plans were changed accordingly.
- Staff described how they supported people. All staff including the chef and activity co-ordinator, understood people's communication and mobility needs to offer support when required.
- We observed staff responding to people appropriately, answering their questions and enabling to people to make choices.
- People had the opportunity to take part in activities they enjoyed. One person told us, "The activities are organised with amazing regard to detail and the individual."

Improving care quality in response to complaints or concerns:

- The provider had a complaints policy. The registered manager had recorded any concerns that had been raised and investigated these in line with the policy.
- People and relatives told us they knew how to complain and were confident that they would be dealt with appropriately.
- The registered manager met with people when they had raised a concern and recorded in their care plans the changes agreed.

End of life care and support:

- Staff were not supporting anyone at the end of their life at the time of the inspection.
- People had been asked about their end of life wishes and these had been recorded.
- The registered manager told us that when people started to become frail and their needs changed, they would discuss this with the GP, to plan for the person's future care. The staff ordered medicines to keep people comfortable and worked alongside the district nurse to administer the medicines when needed.
- One relative told us, "They are receptive to broaching difficult subjects such as end of life plans."

## Is the service well-led?

### Our findings

Service management and leadership was inconsistent. Managers and staff were clear about their roles, and understand quality performance, risks and regulatory requirements:

- There was a quality system in place to identify any shortfalls in the quality of the service. This had not always been effective as the audits had not highlighted the shortfalls found at this inspection such as the medicines shortfalls.
- Records of checks had not been recorded, to confirm the environment was safe such as the water temperatures. There were no records to show if shortfalls had been found and what action had been taken to rectify the shortfalls.
- Records were not always accurate and some certificates to confirm that equipment was safe had not been available during the inspection.
- The provider had not completed quality audits of the service to identify any shortfalls.

The provider had failed to assess, monitor and improve the quality and safety of the services provided. The provider had failed to maintain an accurate, complete and contemporaneous record in respect of each person. This is a breach Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff:

- There was no system in place to send out quality assurance surveys to people, relative or staff. The registered manager told us they gave out surveys to relatives when they saw them, but there was no system to record when surveys were returned or the results analysed. People and staff had not received surveys. This is an area for improvement.
- There were monthly resident meetings where people could raise concerns or make suggestions. The registered manager completed a report on the meeting describing the action taken to resolve any concerns or act on suggestions. One person told us, "Yes, we have resident meetings at least once a month and we can discuss anything we want to have an answer to or change around here."
- Staff meetings had not been held for the past year. Staff told us that they discussed any issues at the beginning of the shift in handover and could speak to the registered manager or provider at any time. Some staff felt that meetings would be beneficial and the registered manager told us they were considering quarterly staff meetings.

The service promoted person centred, high quality care and good outcomes for people:

- There was an open culture within the service. The registered manager had an 'open door' policy and worked with staff to support people. People and relatives told us they found the registered manager approachable. One relative told us, "The manager is approachable and visible."
- During the inspection, the registered manager and provider were approached by people and relatives, they were happy to chat and appeared comfortable.

- The registered manager and staff had a good understanding of people's needs and worked with them to design their care so that is specific to them. For example, how one person manages their diabetes.

Continuous learning and improving care and working in partnership with others:

- The registered manager attended local forums to keep up to date. They received updates on best practice guidance from national organisations such as National Institute for Clinical Excellence, to continuously improve the service.
- The registered manager worked with funding authorities, the GP and local safeguarding team to ensure people received joined up care.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure the proper and safe management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to assess, monitor and improve the quality and safety of the services provided. The provider had failed to maintain an accurate, complete and contemporaneous record in respect of each person.