

Dudley Court Care Limited

# Dudley Court Care Limited

## Inspection report

16 Dudley Park Road  
Birmingham  
West Midlands  
B27 6QR

Tel: 01217063087

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Dudley Court Care Limited is a residential care home providing personal and nursing care to 18 people aged 65 and over at the time of the inspection. The service can support up to 22 people in one adapted building over three floors.

### People's experience of using this service and what we found

We found improvement was required in the effectiveness of the provider's audit systems to ensure consistent detailed records were kept. The provider had made improvements since our last inspection to develop more robust oversight of the service and improve information available to staff and people.

The provider's systems did not always clearly show people were administered 'As and When' medicines only when they were needed. Systems and processes for safeguarding and whistleblowing to keep people safe were effective. We found people's needs and preferences were met by a sufficient number of staff who were recruited safely. Infection control measures were in line with current government guidance

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published 10 April 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

### Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The inspection was prompted in part due to concerns received about the safety of people receiving the service. These concerns referred to the use of medicines, staff shortages and continence care. A decision was made for us to inspect and examine those risks. We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report. You can see what action we have asked the provider to take at the end of this report.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection. The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection. Please see the Safe

and Well Led key questions.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dudley Court Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified continued breaches in relation to safe care and treatment and governance of the service being provided. However, the provider was no longer in breach of Safeguarding service users from abuse and improper treatment.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

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

## 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Dudley Court Care Limited

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

Dudley Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority in relation to the concerns received. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with two care staff, two senior staff, the cook, and the registered manager. We also spoke with two professionals involved in people's care.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at people's daily care notes and senior care staff records as well as policies.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question remained the same. This meant 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.

### Using medicines safely

At our last inspection risk management was not always robust and medicines were not always given as prescribed at the prescribed intervals. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- The provider and registered manager failed to ensure all medicines were safely administered as prescribed.
- While staff we spoke with told us they understood people's 'As and When' (PRN) protocols and knew when people could be administered PRN medicines. We found PRN medicines for agitation were being administered daily.
- We found PRN medicines prescribed to some people were administered without a recorded rationale and at times when records had shown people were not agitated. The provider and registered manager could not ensure PRN medicine prescribed for agitation was administered only when it was needed for the reasons detailed in people's PRN protocols.

The provider had failed to ensure sufficient improvement to ensure all risks were mitigated. This was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

- People told us they have their medications as prescribed. One person told us, "[Staff] give me my medicines when I need them."
- Our last inspection found medications were not always stored correctly. At this inspection we found all medications were stored safely.

### Systems and processes to safeguard people from the risk of abuse

At our last inspection systems to protect people from potential abuse and safeguard a person from risk of choking failed. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Our last inspection found systems and processes did not always ensure all potential safeguarding matters were escalated and shared with the local safeguarding authority or the commission. At this inspection, we found all safeguarding risks had been considered and concerns had been escalated and shared with other professional bodies as required.
- The provider had clear safeguarding and whistleblowing systems which staff knew how to use effectively. One staff member told us, "It's about protecting individuals and if I saw anything, I would report it to the manager who would alert safeguarding and CQC." Another staff member told us, "I do not believe there is any form of abuse taking place here, if I had any concerns, I would report it."
- People told us they felt safe in the home, one person said, "I am happy here, the staff are excellent." Another person said, "I do feel safe."

#### Assessing risk, safety monitoring and management

- Risks to people were assessed and managed safely. For example, we saw assessments for the risk of falling, choking and oral health, which included pro-active measures to manage the risk.
- Our last inspection found some areas of risk management required further improvement. At this inspection we found the new registered manager had reviewed and updated all risk assessments which now considered the risks to people and ensure enough information was provided to staff.
- Staff knew people's risks and told us how risks were mitigated. For example, one staff member told us how choking risks were mitigated through specific diets people had been prescribed.

#### Staffing and recruitment

- People told us there was a sufficient number of staff to meet their needs and keep them safe. One person told us, "There are enough staff, I never have to wait for them." Another told us, "If I want anything, I pull my buzzer and [staff] come straight away."
- The provider continued to recruit staff safely through the requirement of references and applications to the Disclosure and Barring Service (DBS). A DBS check enables a potential employer to assess a staff member's criminal history to ensure they were suitable for employment.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- The provider had an improvement plan in place. Since our last inspection further improvements had been made to assessing and acting on identified risks.
- Accidents and incidents were recorded by staff when they occurred, and these were effectively reviewed regularly by the management team in the home.

# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection systems and processes were not robust enough to demonstrate the service was operating effectively. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Audit systems had been implemented however these were not sufficiently robust to identify areas of concern and develop action plans. For example, we found inconsistencies in records relating to people's care which had not been identified by the audit system in place. For example, people's daily care records and handover records did not always correlate.
- PRN protocols used to inform staff the reason why PRN medicines may be administered, how much medicine and how frequently medicines can be administered were not always reviewed to ensure they were up to date and accurate. For example, one person's PRN protocol had not been reviewed since its implementation in December 2019.
- Medicine audit systems failed to identify the absence of recorded rationale for the administration of PRN medicines. Therefore, the registered manager did not have sufficient oversight to ensure PRN medicines were administered in accordance with people's protocols.
- The registered manager informed us of complaints that had been made by people receiving the service and the actions taken to resolve these. However, neither the complaints nor their outcomes had been recorded in complaints log.
- Safeguarding concerns had been raised by the registered manager when required. We found safeguarding concerns that had been raised had not always been recorded in the home safeguarding logs which limited the provider's oversight of safeguarding concerns in the home.

At our last inspection we also found the registered provider had failed to establish and effectively operate systems to ensure compliance with the regulations and to assess, monitor and improve the quality and safety of the service. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

- Our last inspection found concerns relating to maintenance of the premises, oversight of risks to people and medication storage. During this inspection we found improvements had been made in each of these areas.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- The registered manager worked with people, relatives and health professionals to ensure the service people received was person centred. A relative told us, "[Registered manager] and staff are very caring, and they know so much about [person] and [person's] feelings." A professional we spoke with said, "I would place my own mother here if she needed support."
- The provider supported people and their families throughout the COVID-19 pandemic when they could not visit one another. This helped relatives to keep in touch and to stay involved in people's care. A relative told us, "They [staff] instil confidence in me."
- Staff told us they were involved in decisions made in the home and the staff worked together with the management team to achieve these. One staff member told us, "[Registered manager] is very approachable and does listen."

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

- The provider actively sought feedback from people using the service through surveys and conversations. People's responses in the most recent survey were all positive and included comments such as, "I like living here" and "I never have any concerns".
- Resident meetings were held monthly and discussed topics such as privacy, menus and cleanliness of the home.
- The registered manager and staff maintained regular communication with families. A relative told us, "I have always been impressed with [registered manager] and they always communicate with me."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their legal responsibility in relation to the Duty of Candour to submit statutory notifications relating to key events when they occurred at the service and to act in an open and transparent way with people in relation to the care and treatment they received.

Working in partnership with others

- We saw the registered manager worked closely with healthcare professionals to meet people's needs. Professionals involved spoke positively about the service and the staff. One professional told us, "[Registered manager] is really approachable and very professional. Every week we meet virtually, and they follow the actions we ask them to."

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  Failure to ensure PRN medicines were administered only when required for the reasons prescribed in the protocol

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Failure to have robust audits and ensure oversight of the service including gaps and inconsistencies in record keeping.

### **The enforcement action we took:**

Warning notice