

Dudley Court Care Limited

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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

Dudley Court Care home is a residential care home providing personal care for up to 22 people in one building. The service provided support to people over 65, some living with early on-set dementia, people under 65 and people living with a mental health condition. At the time of our inspection there were 19 people using the service.

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

People felt safe and were protected from risk of abuse because staff knew what action to take to safeguard people. Information for specific medical conditions was available for staff to read, providing them with guidance on how best to support people safely. There were enough staff on duty to meet people's needs. Medication was stored and administered safely. People told us they received their medication when they needed it. The home environment was clean. Processes were in place to record and learn from any incidents and accidents.

People and their family members told us they had been involved in the planning and review of their care needs. People's needs were assessed before joining the service. Staff had received appropriate training to support people safely. People told us they enjoyed the food. People's hydration and nutritional needs were being met. Health and social care professionals provided support to people to make sure their health and well-being was maintained.

Staff sought people's consent before providing care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff were kind, caring and considerate. People were consulted and involved in daily decisions made about their care and support. The provider ensured people had the support of an advocate if required. An advocate is an independent professional that will help people understand their legal rights, be their voice to express their views and wishes to make sure they are heard.

People received responsive, person centred care. People, and where appropriate, their family members, were actively involved in planning their care needs. People and their family members told us there was a range of different hobbies, activities and interests to reduce risk of social isolation and encourage people to access community facilities. People and family members told us they had not raised any complaints but knew who they would need to speak with should they be unhappy with the service. Processes were in place to investigate any issues or concerns and use the opportunity for learning.

People and their families were regularly involved with the provider's service in a meaningful way through their feedback. Staff had confidence in the provider and registered manager and told us they were happy and enjoyed working at the home. Processes were in place to monitor the quality of the service being

provided and any identified actions were promptly actioned, and measures put in place to mitigate reoccurrence.

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

Rating at last inspection

The last rating for this service was requires improvement (published 19 June 2021) and there were 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 we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about medication, staffing numbers, staff training and poor pre-assessment processes of people's needs. A decision was made for us to inspect and examine those risks.

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 COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe key question section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dudley Court Care Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

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 carried out by one inspector.

Service and service type

Dudley Court Care Limited is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Dudley Court Care Limited is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced on the first day with an announced visit on the second day.

What we did before the inspection

We reviewed information we have received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well and improvements they plan to make. We used all this information to plan our inspection.

We also reviewed the Healthwatch website. This is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection

We spoke with 5 people, 2 relatives, 5 staff members including catering, domestic and care staff. We spoke with the registered manager, the deputy manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 4 people's care plans, quality assurance records and multiple medication records. We looked at 3 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.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

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(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Information was available to staff, so they understood how and when to give medicines which had specific administration instructions. For example, when people were prescribed medication which needed to be administered at specific times, we found the instructions had been followed correctly.
- People told us they had their medications as prescribed. One person told us, "I have my medicines given to me when need them."
- Staff had been trained in the safe administration of medicines and had their competency assessed to ensure they continued to follow best practice. Medicines records were maintained, and medicines were stored and administered safely.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

At our last inspection systems to protect people from potential abuse and 1 person from risk of choking had 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.

- Risk assessments were in place and reviewed regularly. They provided staff with clear instructions on how to support people, for example, if choking. Risks to people were also regularly assessed and plans in place to help mitigate those risks. These included risks associated with people's mobility, nutrition, skin integrity and diabetes management.
- People and relatives told us the care and support they received from staff meant they were confident Dudley Court was a safe place to live. One person told us, "The staff keep me safe. They [staff] can't do enough for me."
- Staff had completed safeguarding training and understood their role in recognising and reporting concerns of abuse. One staff member said, "I would report any concerns to the senior or manager and if

nothing was done, I'd go to you (Care Quality Commission)."

- The registered manager had processes in place to manage safeguarding incidents and followed the provider's policies for reporting incidents to the local authority safeguarding team. There were detailed records of any actions taken to mitigate the risk of reoccurrence.
- There were daily meetings where staff shared information about changes in people's care needs so any emerging risks could be managed.
- Regular checks were made on the premises and equipment to ensure people's safety. This included checks by external contractors on gas, electrical and fire safety.

Staffing and recruitment

- There were enough staff on duty, at the time of our inspection, to meet people's needs. People told us they were not left waiting for support for long periods of time. We found call bells were answered promptly.
- Safe recruitment processes were in place to ensure suitable staff were employed to support people. This included Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

There were no restrictions at the service and visiting was actively encouraged by the provider. We saw people spending quality time with their visitors in communal areas and in their own private rooms.

Learning lessons when things go wrong

- Accidents and incidents were recorded and used to review the person's care and support.
- The registered manager had oversight of accidents and incidents to identify any emerging patterns or trends, which required further investigation.
- Staff told us about any learning from accidents, safeguarding incidents and complaints was shared via handovers, supervision and team meetings.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection, we found the provider did not ensure people were supported in line with the requirements of the Mental Capacity Act. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 need for consent.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 MCA 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. In care homes, and some hospitals, 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was meeting the principles of the MCA and records we looked at demonstrated this. For example, where people's capacity was in doubt, this had been thoroughly assessed through a decision specific, mental capacity assessment. This process involved the person and where appropriate, family members. This included people who held legal authority to make decisions on people's behalf.
- Appropriate DoLS applications had been made and a robust process was in place to monitor when DoLS expired and needed new applications to be submitted.
- Staff had received mental capacity training and knew the importance of gaining consent from people. One staff member told us, "People have choices and we must respect those choices. For people who cannot always give verbal consent, we watch their body language and facial expressions."

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

- The provider had processes in place to make sure people's needs had been assessed prior their joining the service. The assessments considered the protected characteristics under the Equalities Act 2010 for

example, people's needs in relation to their gender, age, culture, religion, ethnicity and disability. Care plans had been reviewed and updated to reflect people's changing needs.

- People and their relatives told us they were actively involved in reviewing their care and support needs.
- Staff we spoke with were knowledgeable about people's day-to-day support needs. One relative told us, "I cannot fault them [staff] they have always been really good. We have regular meetings, and our opinions are valued."

Staff support: induction, training, skills and experience

- People we spoke with, and their relatives, all told us they had confidence in the staff's abilities to provide effective, safe, and compassionate care. One person told us, "The staff here are excellent, nothing is too much trouble for them and if you want something changed, they'll do it."
- Staff told us the induction and training they received prepared them for their role.
- The staff we spoke with told us they felt fully supported, valued, and appreciated by the management team. They told us they had received regular supervisions. One staff member said, "I have done all my training and if we wanted any additional training in anything [registered manager] would arrange that for us."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to enjoy a variety of meals, snacks and drinks throughout the day. Care staff, kitchen staff and support staff were aware of people's dietary requirements and preferences. One person told us, "The food is lovely."
- We saw people enjoyed their meals and staff were attentive and supportive where required. A relative told us, "Since being here [person] has put on weight (which they needed to)."
- People with specialist dietary needs had their meals prepared in accordance with their needs by the chef. For example, mashed or pureed to reduce their risk of choking. Where people required Speech and Language Assessments [SALT] these were carried out and the appropriate guidance provided to both kitchen and care staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We saw people accessed a variety of healthcare services to meet their needs including district nurses, chiropodists, and opticians. A visiting professional told us, "The staff know people well and are quick to contact us if there are any changes in people's health. They [staff] follow instructions and will always contact us if they are unsure about anything."
- Staff were aware of people's individual healthcare needs and supported them to access services and worked alongside healthcare professionals.

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

- People's rooms were personalised with their own belongings. People were able to access a number of communal areas including an accessible garden and conservatory. One relative told us, "It's an old house and looks a little tired from the outside but it has a lovely, homely feel to it and [person] is very happy here. They'd tell me if they weren't. I wouldn't want them to live anywhere else."
- The registered manager had additional plans for the living environment including creating a more dementia friendly environment.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant 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

- People told us staff were kind, caring and respectful and our observations confirmed this. One person told us, "All the staff are lovely." A relative told us, "This was all new to us (finding a care home) and very upsetting, but I cannot fault the care. It has always been very good and the staff are very good to me too."
- Staff spoke with people in a respectful way and engaged with people when walking past them checking if they were okay or wanted anything. A relative told us, "The staff are kind, friendly and helpful. I know the home isn't posh, but everyone is so caring and if it wasn't [person] would not be here."

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

- People's views were sought through the pre-assessment process, care reviews, feedback surveys and relative meetings. Regular meetings were held with people living at the service and the registered manager. One person told us, "[Registered manager] is top notch, any issues at all and they are on them to get them resolved."
- Relatives confirmed they were involved, where appropriate, in decisions about their family member's care. One relative told us, "I get regular updates from staff, anything at all they will not hesitate to contact me. I have plenty of opportunity to be involved in [person's] care."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence where possible. One person told us, "I'm quite independent but sometimes I need help and they [staff] are always there when I need them."
- We saw people were supported by staff who treated them with dignity. Staff gave us example of how they would support people's independence and respect their privacy. One staff member said, "We do try to encourage people to do as much for themselves as they can, like brush their hair or wash their face."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their family members told us they were involved in the development of their care plans, and we found evidence to support this. Care plans were personalised to reflect people's preferences. For example, additional information was available to staff regarding people's preferences when it came to drinks and snacks, their personal care routine and whether they preferred male or female carers.
- Staff knew people well and told us care plans provided them with information required to meet people's needs. Care plans had been reviewed and when necessary, amended to reflect any changes in people's support needs.
- People received a service responsive to their needs. For example, a relative explained their concerns for their family member and the number of falls they were having. They told us the registered manager had put in place a plan to address the issues which had been successful.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain their family relationships to protect them from the risk of social isolation. Visitors were welcomed into the home, and we saw staff took time to speak with visitors when they arrived. Relatives told us they always felt welcomed when visiting the home.
- People were encouraged and invited to participate in a wide variety of activities that may be of interest to them. People enjoyed outside entertainers and were encouraged to participate in gentle exercise sessions. One person told us "There's always something going on. Today, we're going for a pub lunch."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans recorded people's communication needs to support staff to communicate with people effectively.
- The registered manager was aware of accessible information standards and had previously provided information in a language other than English for a person. Other formats, such as large print and picture cards would be made available as and when required to meet a person's assessed communication needs.

Improving care quality in response to complaints or concerns

- Everyone we spoke with told us they had no concerns or complaints about the home. People and relatives told us they felt if they were to make any complaints or raise concerns, the registered manager would listen to them, and they were confident any concerns would be taken seriously and acted upon. One relative said, "I haven't had to raise any complaints but if I do have an issue or problem I go straight to [registered manager] and they'll deal with it there and then."
- We saw there had been no complaints. However, there was a system in place to record concerns, how they were addressed and to monitor for any trends.

End of life care and support

- People were supported to make decisions about their preferences for end of life care.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There had been an improvement with the provider's governance processes. A variety of audits were in place to monitor and identify areas for improvements. For example, environmental audits had led to improvements made around the home such as new furniture, decoration and steps taken to make the home more 'dementia' friendly with appropriate signage.
- The registered manager had effective oversight of the home.
- Staff were clear about their roles and responsibilities and told us the registered manager and deputy worked well together and both were supportive and approachable. One staff member told us, "My role is lovely, I love engaging myself and the staff are supportive of each other. The management are very good, with listening ears. They are ready to help with anything."

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

- People, relatives and staff all told us there had been significant improvements in the home since the last inspection. Everyone we spoke with was complementary about the registered manager and the changes and improvements they had made to the home. One staff member said, "[Registered manager] has made a lot of changes, they have proved to be a good manager, they gets things done, they have done a great job."
- Staff spoke positively of the changes the registered manager had introduced, for example, ensuring dedicated staff worked on the dementia floor and introducing weekly audits for certain types of equipment. A member of staff told us, "[Registered manager's name] is a very positive person, it is very nice for someone to say thank you and before they go home, they will see as many people as they can and ask if they are ok or if there is anything they need. They are very responsive and very service user minded."

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 registered manager and deputy were receptive to all feedback given during the inspection and open and transparent during the process. Action was taken immediately when feedback was provided on some areas identified for improvement.
- The registered manager had kept us informed of incidents that had taken place in the home as required and understood their duty of candour responsibilities. We saw action was taken when mistakes had been made and apologies had been given.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There were processes in place to obtain the views of people that used the service and their family members, through regular resident and relative meetings. One relative said, "I've come to some of the relative meetings when I can. [Registered manager] name is very good; their door is always open and they will always sort things out."
- The registered manager was keen to ensure staff felt appreciated and valued. Staff satisfaction surveys were completed by staff. Comments included, 'Huge improvements have been made to the environment which has a knock on effect to staff morale in a positive way', and "Excellent, all staff are fully trained to the highest standard."
- Meetings were also held to ensure staff were kept up to date with what was happening at the home and provided opportunities for them to feedback any concerns. Staff told us these meetings were helpful and they felt able to contribute to them. One staff member told us, "[Registered manager and deputy manager] are understanding and support us well. They work well together, and we are all coming together as a team. We have regular meetings and supervision and [registered manager] is happy for us to take them our concerns and they'll sort it out."
- People's views of the service were sought through reviews. People felt their views were listened to and the registered manager was approachable and acted on concerns brought to their attention. People were also provided with the opportunity of providing feedback through annual surveys.

Working in partnership with others

- Health professionals we spoke with were positive about working in partnership with the home.
- People's health needs were reviewed, and staff worked well with external professionals. Staff maintained good relationships with the local GP, mental health and nursing teams.