

Dunley Hall Limited

# Dunley Hall and Ryans Court

## 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

Dunley Hall and Ryans Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Dunley Hall and Ryans Court provides short and long-term accommodation and care for up to 35 people. There were 29 people living at the home at the time of our visit.

At the last inspection in January 2016 the service was rated Good. At this inspection we found the service remained Good. The evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

A registered manager was not in place at the time of our inspection, however, the provider was taking reasonable steps to address this. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People continued to be cared for in ways which took their individual safety and risks and lifestyle choices into account. Staff understood risks to people's safety and tailored the support they provided so people's safety and well-being was enhanced.

There was enough staff to care for people and checks were made on the suitability of staff before they were recruited. People were supported to have the medicines they needed and checks were made to ensure these were administered as prescribed. Processes were in place to reduce the chance of people having infections. Staff reflected on people's safety needs. This included learning from any untoward incidents.

People's care needs were considered before they moved into the home and their care planned accordingly. Staff worked with people's relatives and other health and social care professionals so informed decisions would be made about meeting people's care needs.

People told us staff knew how to care for them. We found staff were provided with opportunities to develop their skills and knowledge, so they could provide the support people living at the home needed.

Staff acted to ensure people had enough to eat and drink so they would remain well. People and their relatives were complimentary about the choices of meals provided. Staff worked across organisations to ensure people were supported to see health specialists when required. This helped to ensure people had good well-being and health.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Caring relationships had been developed between people and the staff supporting them. We found staff knew what was important to people, and spent time chatting with them about what mattered to them. People were encouraged to make their own decisions about the care they wanted. People's right to dignity and privacy was understood and promoted by staff.

People's care was planned to reflect their unique preferences, lifestyle choices and needs. Staff supported people to make their own decisions about their lives and care. The views of friends and family and other health and social care professionals were considered when people's care was planned. This helped to ensure people's care was planned in the best way for them.

Systems were in place to encourage people to raise any concerns or complaints they may have. Where complaints were made, these were resolved quickly, so people would continue to enjoy living at the home.

People were encouraged to provide their views on the care they received and staff were confident if they made any suggestions for developing people's care further these would be listened to. The manager checked the care provided to people, so they could be sure people continued to enjoy living at the home and they received the support they wanted.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

|  |               |
|--|---------------|
| <b>Is the service safe?</b><br>The service remains Good.       | <b>Good</b> ● |
| <b>Is the service effective?</b><br>The service remains Good.  | <b>Good</b> ● |
| <b>Is the service caring?</b><br>The service remains Good.     | <b>Good</b> ● |
| <b>Is the service responsive?</b><br>The service remains Good. | <b>Good</b> ● |
| <b>Is the service well-led?</b><br>The service remains Good.   | <b>Good</b> ● |

# Dunley Hall and Ryans Court

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This comprehensive inspection took place on 10 October 2018 and was unannounced. The inspection team consisted of one inspector and an assistant inspector.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We requested information about the home from Healthwatch and the local authority. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care. The local authority has responsibility for funding people who use the service and monitoring its safety and quality.

During the inspection we spent time with people in the communal areas of the home and we saw how staff supported the people they cared for. We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven people who lived at the home and seven relatives. We also spoke with the provider's representative, the manager, the deputy manager, five care workers, two catering staff and a domestic staff member. In addition, we sought the views on the care provided to people from two district nurses who

supported people living at the home.

We reviewed three people's care records, three staff recruitment files and checked how people's medicines were managed. We looked at information which showed us how the manager and provider monitored the quality of the care provided, and the actions they took to develop the service further. This included questionnaires completed by people, their relatives and other health professionals, minutes of meetings with people and staff. We also saw how accidents and incidents were monitored, and how any complaints about the care provided were managed.

# Is the service safe?

## Our findings

When we inspected the service in January 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

There were systems in place to support people to stay as safe as possible. One person told us, "They [staff] talk to me about my safety. I still get to go out, but it makes me feel good that speak to me about it." Relatives were positive about the way their family member's safety was promoted and how their safety was managed. One relative told us, "Staff always check [person's name] has their sensor mat in place." By doing this, staff were helping to reduce the risks of falls, and ensuring if one occurred people would be helped quickly.

Staff had a clear understanding of individual people's risk to people's safety. One staff member explained how risks to people when they moved around the home were reduced. The staff member told us how they cared for people by providing the support they wanted, and worked with the people at a comfortable pace for them, so the risks of them experiencing falls were reduced. Another staff member highlighted how some people were supported to stay as safe as possible, but still enjoy activities which reflected their lifestyle choices.

Records we saw showed staff knew the risks to people's safety and planned their support so the risks were reduced. This included risks in relation to their physical health, well-being and preferred lifestyles.

Staff had understood the different types of abuse and knew what actions they would need to take in the event of any concerns. Staff were confident the manager would address any concerns for people's safety, if they arose.

There were enough staff to care for people. People told us they did not have to wait long if they wanted any assistance. One person told us, "There's loads of staff, and they look out for you." All the staff we spoke with said staffing levels were good. Staff said this meant they had time to chat to people and provide reassurance to them. We saw this happened during our inspection. Another staff member highlighted extra staffing was put in place to meet people's needs, for example, if they were ill.

People were supported to have their medicines as safely as possible. People said they could rely on staff providing their medicines to them regularly. Staff told us they were not allowed to administer medicines until they had received the training they needed to do this safely. We saw there were checks undertaken on the way people's medicines were administered and stored, so the provider would be assured people were receiving their medicines as prescribed.

There were processes in place to support staff to reduce the chance of people acquiring infections. Staff told us they were supported to reduce the chance of infections through training and the use of aprons and gloves. A domestic staff member told us they had the resources they needed to ensure the home was clean, tidy and homely.

Staff gave us examples of how they were encouraged to reflect on people's safety needs and to learn from any untoward incidents. One staff member explained changes had been introduced to the way medicines were administered, to further reduce any risks of errors. Records we saw showed us staff and the provider monitored accidents and incidents, the cleanliness of the building and people's safety.



## Is the service effective?

### Our findings

When we inspected the service in January 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People's needs were assessed before they came to live at the home and appropriate support was planned for them. People told their views on their levels of independence and needs were listened to. One person told us they had also chatting with staff about things they enjoyed doing. The person told us this had helped them to settle in quickly at Dunley Hall and Ryan's Court. Records we saw showed us staff these views into account. Staff had also considered the guidance provided by other health and social care professionals when assessing people's needs.

Staff had been supported to develop their skills and knowledge. People told us staff knew how to support them. One person said, "They [staff] are good at seeing if you are alright and looking after you." Staff told us the training they had received supported them to provide good care to people. One staff member told us about the training they had done. The staff member told us, "We've had lots of training and it makes a lot of difference to residents. The more we know the more they benefit."

People were supported to have enough to eat and drink and to remain well. Two people said they were encouraged to make their own decisions about what they might like to eat. People told us they discussed possible menu choices at regular residents' meetings. Catering staff explained how care staff let them know people's food preferences, and if their food needed to be prepared in specific ways to help them to keep safe and well. We saw people's meal times were not rushed and staff spent time chatting with people to put them at their ease. We also saw drinks were available and people were encouraged to have enough fluids so they remained well.

People's relatives, staff and visiting health professionals highlighted communication across staff teams and organisations was good. Relatives told us staff let them know if there were any concerns for their family members well-being. Staff said the regular meetings they had at the start and end of each shift gave them the information they needed to provide the best support, as people's needs changed.

There were systems in place to support people to obtain specialist advice from other health professionals, when needed. One person told us staff had arranged for their GP to visit the home regularly. Relatives were complimentary about the range of access to external health professionals available. These included people's GPs, speech and language therapists, opticians and chiropodists. Health professionals spoke positively about how staff and they worked together, so people would receive the best health outcomes possible.

Records showed us people had been supported to see the health and social care professionals they wanted, when they needed to.

Consideration had been given to the way the home was used to support people's well-being and reduce

their anxiety. This included the use of memory boxes to help people to understand which was their room, and quiet areas for people and visitors to enjoy.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw staff had followed the right process, where this was needed, so people's freedoms were respected.

People told us staff respected their right to freedom, and supported them to make their own decisions where possible. One person told us this enabled them to still do things which were important to them away from the home. One relative gave us an example of the way they had been involved in decisions about their family member's care, so they would be able to remain safe and well, with the minimum amount of restrictions possible. We found staff had a good understanding of how to support people so they could make their own decisions where possible. Records we saw showed us staff had been given guidance on assisting people to make their own decisions, and people were involved in making key decisions about their care.

## Is the service caring?

### Our findings

When we inspected the service in January 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People were positive about the staff who supported them. One person told us, "I wouldn't swap any of them [staff]." Another person highlighted how kind staff were, and said they felt less anxious after moving to the home, as staff often spent time chatting to them. A relative told us their family member had very recently moved to the home, and had settled well. The relative said, "Staff have taken time to get to know her even though she only arrived last week." One member of staff told us, "I love the residents here, they are all so different."

Relatives were complimentary about the relationships between their family members and staff, and told us staff got to know their family members well. One relative told us their family member had initially come for a short visit at the home. The relative told us their family member had got on so well with staff they decided to move in, permanently. One staff member told us some people living at the home liked to be reassured, physically. The staff member said, "You give people a hug, you chat to them and hold their hand. It's a comfort thing."

Staff knew people well, and understand what was important to them. Staff spent time chatting to people about things which interested them, such as their hobbies and people who were central to their lives. People were supported by staff to express their affection for people who were important to them. For example, we saw staff had supported one person to celebrate a family member's birthday. We also saw staff acted to reassure people quickly, if they became anxious.

People were peaceful and contented when talking with staff. Staff spoke respectfully to the people they supported, and people were keen for staff to be involved in their day to day lives. This included when people were supported to do interesting things, and when people received their day to day care, such as such as support with their medicines.

People told us they decided what day to day care and support they wanted, and staff assisted them with this. One person told us they decided what time they got up and went to bed. Staff gave us examples of other day to day choices people made. This included where they wanted to spend their time and what they would like to eat and drink. We saw staff supported people to make their own decisions by communicating with them in different ways. For example, where people needed extra help to make their own day to day decisions, staff took time to explain the different options and showed them items, so they could decide for themselves.

Staff supported people in ways which took their rights to privacy, dignity and independence into account. One person told us staff had respected they liked to spend some time privately in their own, as well as spend time in the communal areas of the home. People told us staff encouraged them to do the elements of their care they could comfortably do for themselves. By doing this, staff were helping people to maintain their

independence. Relatives told us staff were respectful to their family members. One relative told us, "Staff speak well to residents".

Staff gave us examples of how they promoted people's dignity and supported them to maintain their independence. One relative highlighted how their family member's personal care independence had increased, because of the way staff supported them. One staff member explained some people had a preferred gender of carer. The staff member explained this had been communicated to all the staff team, so the person's dignity and privacy needs would be met. We saw people's confidential information was securely stored.

## Is the service responsive?

### Our findings

When we inspected the service in January 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People and their relatives continued to decide what plans should be put in place and how people preferred to be supported. One person told us they had spent time planning with staff what interesting things they would like to do when they had first moved into the home. The person said, "Staff wrote down what care I want, and I plan to go and see Wolves [football match]. I am really excited about this."

Two relatives told us they had been involved in decisions about plans put in place to ensure their family member had the best skin health possible. Staff told us people's planned care provided them with the guidance they needed to provide good care to people. One staff member explained this also included the best way for people to be reassured when they were anxious. Another staff member highlighted guidance was given to staff, so they knew the best way to support people with their spiritual needs.

People told us staff knew what care they wanted and how they liked this to be given. One person explained they had made plans with staff which enabled them to continue see people who were important to them and helped them to enjoy their preferred lifestyle as safely as possible. Two people told us they enjoyed seeing a visiting vicar to the home.

One relative highlighted staff used their family member's care plan as the basis for their care, but worked in flexible ways each day, so their family member would be offered the care they wanted each day. The relative said, "They [staff] understand if [person's name] wants a quieter day." Staff told us they were involved in highlighting people's emerging care needs, as their support needs changed. One member of staff told us staff were regularly asked for their views on the care people needed, such as their mobility or continence needs. The staff member explained their views were listened to, so people continued to receive the care they needed.

Visiting health and social care professionals emphasised staff worked alongside them, so staff could be sure people's care was planned to take their full advice into account. The visiting health and social care professionals advised because of this, people received the care they needed to maintain their health and well-being and to recover as quickly as possible if they had been ill.

We found people's care plans reflected their individual histories and preferences. People's care plans reflected how they wished to live their lives. People's care needs were regularly reviewed, and care plans were amended to reflect changes in the care people needed.

People said they were encouraged to make their own choices about what support they wanted to receive, such as how involved they were in day to day life at the home. One person we spoke with told us they made their own decisions, depending on what they wanted to do each day. The person told us this included where they wanted to eat their meals. The person told us staff respected their decisions, and said, "It's always a

resident's choice."

Where people required support to make their own decisions, staff took time to listen to them, and acted on their decisions. One staff member told us how they supported some people who were not always able to communicate if they wanted additional help, such as extra medicines. The staff member said, "It's about knowing the residents, watching for different behaviours as indicators of pain."

We saw staff took time to support people to decide how they wanted to spend their day. Some people enjoyed being supported to make craft items. Other people enjoyed spending time chatting with staff, or taking part in musical events at the home. We also saw staff understood some people had items which were important to them, and incorporated these into daily life at the home, sensitively.

Staff told us because they cared for people regularly they understood how they liked to spend their time, and how they liked to be supported to do this. We saw staff encouraged people to do things they may like to do.

People and their relatives knew how to raise any concerns or complaints they may have. None of the people we spoke with had wanted to make a complaint about the support provided, as they were happy with the care given. One person said, "There are no complaints to be made." One relative told us, "[We have] no complaints at all, as staff are really helpful. They're wonderful, nothing is too much trouble." Another relative said they had made complaints about the care provided. The relative told us these had been treated positively by the manager, and resolved satisfactorily, so their family member continued to receive the support they needed.

We saw there were systems in place to manage and monitor any complaints made, so the manager would be assured people benefited from good care, and any lessons were learnt.

People benefited from living in a home where their wishes at the end of life were taken into account. This included if people wanted the comfort of having relatives or staff close by. One staff member told us, "We all take turns to sit [with people] if family can't, or don't want to be there. No-one [has to be] alone." The manager gave us examples of improvements in the health and wellbeing of people who were in receipt of end of life care, linked to the care planned and provided for them.

## Is the service well-led?

### Our findings

When we inspected the service in January 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

There was no registered manager in post when we inspected, however, the provider's representative had taken reasonable steps to address this. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A manager had commenced employment before the inspection and was in the process of applying to become registered manager for Dunley Hall and Ryans Court

People told us they regularly saw senior staff and the manager, and said they got on well with them. Two people had recently moved to the home. Both people told us the home was managed well, and this meant they enjoyed living at the home. One person's relative highlighted how well the home was run and said the care provided was good. The relative told us because of this, "[Person's name] is now calm, but they weren't before they moved here."

Staff were positive about the way the home was managed. One staff member said as a result of this, "I really like coming to work." Another staff member said, "We can talk to [manager's name], and they spend time with residents." The manager explained their focus was on meeting the needs of the people living at the home. The manager told us, "I want people to have what they want. I think they have this." We saw senior staff and the manager spent time chatting with people, and checking they had the support they needed.

The manager supported staff to understand how they wanted people's care to be provided. Staff explained this was communicated to them through staff meetings and one to one meetings with their line managers. One staff member told us, "[Manager's name] wants people to have the best attention. I think they get it." We saw staff met regularly with the manager and senior staff, so they would know how they were expected to care for people.

Systems had been put in place to support people, their relatives and friends and health and social care professionals to make suggestions for developing the service provided further. This included through questionnaires. We saw where suggestions had been made action was taken. For example, improvements had been made to the security of the building. People were also encouraged to make provide their views on any improvements they would like at regular residents' meetings. We saw the manager also used these meetings to check people living at Dunley Hall and Ryans Court were happy with the quality of care provided.

Suggestions made by staff were listened to. One staff member explained they had made suggestions for the purchase of additional resources such as furniture and fun things for people to do. The staff member explained their suggestions had been acted on. Another staff member explained their views on the needs of

people living at the home were taken into account when major decisions needed to be made in people's best interests. The staff member said, "They [senior staff and the manager] do listen to us."

Staff and the manager told us the provider's representative ensured there were enough resources made available to support people to have the equipment they needed and to enjoy a good quality of life. One staff member told us, "We've had new furniture, and a lot of painting has been done. [Provider representative's name] is proud of their homes."

The manager checked the quality of the care provided so they could be assured people were receiving the care they needed. The manager told us this included unannounced supervisions. The manager gave us examples of how this process had increased staff confidence, and led to better care for people living at the home. The manager had also introduced new processes on how risks to people were managed as a result of the checks they had made.

Records we saw showed us there were systems in place to check the safety and quality of the care provided. This included reviews of accidents and incidents and complaints made, so any lessons would be learnt. Checks were also undertaken on cleanliness and safety of the building, medication, staff support and training. Where any actions were required these were undertaken, so people would benefit from living in a home where care was developed further.

The registered manager told us about changes they planned to make, including further enhancement to the way risks to people's health and wellbeing was managed. Plans were also being progressed for additional staff training, to meet the needs of people who had recently moved to the home. Staff knew about the planned improvements and gave us further examples of scheduled developments, which included additional opportunities for people to enjoy spending time out in the local community.

People, their relatives and visiting health and social care professionals emphasised staff worked together, across different organisations, to develop the support offered to people further. One staff member said, "We [staff] work well together and know through handover what's got to be done to help residents."